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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 990 (2014)

Department of the Treasury

Form **990**

▶ Do not enter social security numbers on this form as it may be made public.

1	nterna	I Rever	nue Service Information about Form 99	<u>O and its instructions is </u>	s at www.irs	.gov/torm990.	inspection
	A F	or the	2014 calendar year, or tax year beginning	and	ending		
	B Ch	neck if	C Name of organization	· -		D Employer ident	ification number
	ар	plicable	JE BARBEY 8 TENACRE FOUND	ATION			
	X	Addres			TEE		
		Name change				23~	6205505
		Ilnitial	Number and street (or P.O. box if mail is not delivered t	to street address)	Room/suite	E Telephone num!	
	-	return	1600 MADEET CODEET _ TAY 1		1 toom/suite	•	-585- <u>55</u> 97
	L	return/ termin		· · · · · · · · · · · · · · · · · · ·		_	
		ated Ameno	City or town, state or province, country, and ZIP or	-		G Gross receipts \$	58,959,579.
	<u> </u>	return Applic	PHILADEDPHIA, PA 19103-1.	<u> </u>		H(a) Is this a group	
	L	Ition pendir	F Name and address of principal officer.			for subordinat	
<u>[</u> † -		,	SAME AS C ABOVE	<u> </u>		H(b) Are all subordinate	
ξ.	1 Ta	ax-exe	empt status: 501(c)(3) 501(c) () ◀ (ins	sert no.) X 4947(a)(1)	or 527	-	a list. (see instructions)
<u>.</u>	<u>J W</u>	/ebsit	e: ► N/A			H(c) Group exempt	
ί,			organization: Corporation X Trust Association	on Other >	L Year	of formation: 1956	M State of legal domicile: PA
.	Pa		Summary	· · · · · · · · · · · · · · · · · ·			
:	اره	1	Briefly describe the organization's mission or most signification	cant activities: TO P	ROVIDE	FINANCIAL	SUPPORT TO
?	잍		THE TENACRE FOUNDATION TO PUL	RSUE ITS PHI	LANTHR	OPIC, CHAR	ITABLE AND
•	Governance	2	Check this box If the organization discontinued	d its operations or dispos	sed of more	than 25% of its net	assets
	Š	3	Number of voting members of the governing body (Part V	/1, line 1a)		;	3
	Ğ	4	Number of independent voting members of the governing	g body (Part VI, line 1b)			4 3
	ଧ୍ୟ ଜୁ	5	Total number of individuals employed in calendar year 20	014 (Part V, line 2a)		Γ.	5 0
	Activities		Total number of volunteers (estimate if necessary)	, , ,			6 0
	흕	_	Total unrelated business revenue from Part VIII, column ((C) line 12	•		a 0.
	Ă		Net unrelated business taxable income from Form 990-T				ъ 0.
				RECEIVED	1	Prior Year	Current Year
		٥	Contributions and grants (Part VIII, line 1h)	<u></u>	,] -	0	
	Revenue		1-1	i co	3	0	
	ě		Program service revenue (Part VIII, line 2g)	QV 1 7 2015 🖓	`j	32,940,286	
	B.		Investment income (Part VIII, column (A), lines 3 P and 7	· u) . = ! (5)	i –		
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1		£ -	22 040 206	
			Total revenue - add lines 8 through 11 (must equal Park)		1	32,940,286	
	i		Grants and similar amounts paid (Part IX, column (A), line		•	30,005,113	
	- [Benefits paid to or for members (Part IX, column (A), line			0	
	es		Salaries, other compensation, employee benefits (Part IX			2,104,049	
	Expenses		Professional fundraising fees (Part IX, column (A), line 11	e)	_	0	<u>.</u> 0.
	Š		Total fundraising expenses (Part IX, column (D), line 25)		0.		
	۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2-	· ·	-	135,656	
		18	Total expenses Add lines 13-17 (must equal Part IX, colu	ımn (A), line 25)	-	32,244,818	
		19	Revenue less expenses Subtract line 18 from line 12			695,468	
	Net Assets or Fund Balances					ginning of Current Yea	
	alar	20	Total assets (Part X, line 16)			<u>97,958,597</u>	97,944,253.
	AB IdB	21	Total liabilities (Part X, line 26)			0	. 0.
	원	22	Net assets or fund balances. Subtract line 21 from line 20	0		97,958,597	97,944,253.
		rt II	Signature Block				
	Unde	r pena	ilties of perjury, I declare that I have examined this return, includi	ing accompanying schedule	s and statem	ents, and to the best of	my knowledge and belief, it is
	true,	correc	t, and complete. Declaration of preparer (other than officer) is ba	ased on all information of wh	hich preparer	has any knowledge.	
ı			Dela C Da	الد.		11-	-13-2015
	Sign	1	Signature of officer	7		Date	
	Here		JOHN C. REILLY, ASSISTANT	VICE PRESID	ENT		
		-	Type or print name and title				
			Print/Type preparer's name Prepai	rer's signature		ate Check	PTIN
	Paid		,	o.gu.o. o		ıf self-emp	
	Prep		Firm's name		<u></u>	Firm's EIN	
	Use (_		1		THIII 3 LIN	
	J36 (J y	Firm's address			Dhone no	
	N.4 a	the I	29 degrees this rature with the propers shows shows 2 (s	ena inetructions)		Phone no.	Ves Day
	ividy	uie ii	RS discuss this return with the preparer shown above? (s	ee manuchons)	-		Yes No

Page 3

1 Is the organization described in section 501(c)(3) or 4947(d)(1) (other than a private foundation)? 11 'Yes, 'complete Schedule B, Schedule B, Schedule of Contributions' 2 Is the organization required to complete Schedule B, Schedule of Contributions' 3 In the organization required to complete Schedule B, Schedule of Contributions' 4 Section 501(c)(6) organization, and the organization engage an indibution of the complete Schedule C, Part II Section 501(f) (organization and the complete Schedule C, Part II Section 501(f)) (organization and the complete Schedule C, Part III Section 101(c)) (organization as accinio 501(c)) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-192 if "Yes," complete Schedule C, Part III Section 101(c) (organization receives in doi: 101(c)) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-192 if "Yes," complete Schedule C, Part II Section 101(c) (organization receives in doi: 101(c)) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-192 if "Yes," complete Schedule C, Part II Section 101(c) (organization receive of the Carolina of a conservation and search of a conservation assessment of the complete Schedule O, Part II Section 101(c) (organization receive and amount or the Part X, Ine 21, for accrow or custodial account lability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servers. If yes, complete Schedule D, Part V II Did the organization report an amount for interesting a children organization report an amount for orbit part of the part V III Did the organization report an amount f				Yes	No
2 Is the organization required to complete Schedule 8, Schedule 6, Contribution? Dot the organization engage in direct or indirect ophical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 50 (ip(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year II If "Yes," complete Schedule C, Part II Is the organization ascettion 501(ip(4), 501(ip(5), or 501(ip(6)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 If "yes," complete Schedule C, Part III Obt the organization manitian any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on this distribution or investment of amounts not funds or accounts If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easiement, including assements to preserve open space, the environment, Instinct land areas, or historic activatives? If "Yes," complete Schedule D, Part II Did the organization ineport an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, iten 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, iten 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, iten 21, for escrive or custodial account liability, serve as a custodian for amounts for lineary in the part X, iten 21, for escription or experiment in the part X, iten 21, for experiment in Part X, iten 21, for experiment	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 L Marchael of the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offices if "Yes," complete Schedule C, Part II 4 Section 50 (Ic(I)) organizations. Did the organization engage in lobbying activities, or have a section 50 (Ic(I)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 List the organization assention 50 (Ic(I)), 50 (Ic(I)), 50 (Ic(I)), 60 (Ic(I)),		If "Yes," complete Schedule A	_1_	X	ļ
section 50P(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 99.19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar minutes or accounts to which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including assements to preserve open space. By the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments orther securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X Did the organization report an amount for investments orther securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for investments orther securities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," c	2	<u> </u>	_2		<u>X</u>
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 10 Did the organization developed or part V it if the organization sanswer to any of the following questions is 'Yes,' then complete Schedule D, Part V it if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V it is as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V it is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V it is assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V it is organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V it is organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part V it is 0 did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report an amount for other satestian Part X, line 15? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report an amount for other satestians in Part X, line 15? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report an amount for other satestians in Part X, line 15? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report an amount for other satestians in Part X, line 15? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report an amount for other satestians in Statements for the tax year? If "Yes," complete Schedule D, Part X it 11d X is 0 did the organization report on			7		X
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V as a applicable. a Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				 	
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	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	200		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	 -
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		7.7
	Schedule K If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	 	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ĺ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u></u>		
J/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
	NOTE: All 1 Offit 330 filets are required to complete ouredure o			(2014)
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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	88		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	_9a_		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 0.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 -
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
	organization is licensed to issue qualified health plans			ĺ
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(0011)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mile da, da, or too below, accombe the encounteract, proceeding, or enables			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	6	- 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_ X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	<u> </u>	_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	ļ	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u></u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			.,
12a	•	12a		X
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			·
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent		ļ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			İ
	exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	ыe	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ınan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PNC BANK, N. A CO-TRUSTEE - 215-585-5597	140		
	1600 MARKET STREET - TAX DEPARTMENT, PHILADELPHIA, PA 19103-72	4 U		

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Form 990 (2014)	C/O PNC	BANK, N.	AHAWTHORN	-CO-TRUSTEE	23-6205505	Page					
Part VII Compensa	tion of Officers	Directors, Ti	rustees, Key Emplo	yees, Highest Comp	pensated						
Employees and Independent Contractors											

	cycco, and maspertache community	
Chec	if Schedule O contains a response or note to any line in this Part \	ΛII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	box	, unte	ss pe	rson	s bot	h an	compensation	compensation	amount of		
	week	-	T an	0 4 0	recit	J/IIUS	(ee)	from	from related	other		
	(list any	lecto						the	organizations	compensation		
	hours for	- 5	يو ا			ated		organization	(W-2/1099-MISC)	from the		
	related	stee	tsa		به	beus		(W-2/1099-MISC)		organization		
	organizations	를	ag		loye	E 8				and related		
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
	1.00	트	<u>-</u>	ō	3	로등	æ					
(1) CLARENCE OTIS, JR.	1.00	X						638,438.	0.	0		
CO-TRUSTEE (2) JULIANA L CHUGG	1.00	 ^						030, ±30.	•			
CO-TRUSTEE	1.00	\mathbf{x}						608,227.	0.	0		
(3) PNC BANK, N.A.	10.00							000,22.0	<u>~ ~ ~ </u>			
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Section A. Officers, Directors, Irus	tees, Key Em	рюу	ees,	and	HI C	gne	șt C	ompensated Employe	es (continuea)				
(A)	(B)			Post	C) ition			(D)	(E)		_	(F)	
Name and title	Average hours per		not ch	neck i	more	than		Reportable	Reportable compensation			stimate nount	
	week		unles er and					compensation	from related		aı	other	Oi
	(list any	ector						the	organization	1		pensa	
	hours for related	or dir	a			sated		organization	(W-2/1099-MI	SC)		om th	
	organizations	rustee	l trust		e Je	mpen		(W-2/1099-MISC)			_	janizat d relat	
	below	individual trustee or director	Institutional trustee	e.	Key employee	Highest compensated employee	ner					anızatı	
	line)	텰	Instr	Officer	Key	喜	Former						
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		1											
									-				
		<u> </u>			<u> </u>	<u> </u>		<u> </u>					
		-				\vdash							
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		1	:										
												-	
		ļ				<u> </u>							
	<u> </u>	Щ.	<u>L</u>		l	J		2,473,310.		0.			0.
1b Sub-total c Total from continuation sheets to Part V	Il Costion A							0.		0.			0.
d Total (add lines 1b and 1c)	ii, Section A							2,473,310.		0.			0.
Total number of individuals (including but r	ot limited to th	nose	liste	d al	bove	e) wh	no r		,000 of reportab				
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		_		
line 1a? If "Yes," complete Schedule J for s							4 م	har agamanastian from	the ergonization		3		X
4 For any individual listed on line 1a, is the st and related organizations greater than \$15									the Organization		4	Х	
5 Did any person listed on line 1a receive or a									idual for services	,			
rendered to the organization? If "Yes," com											5		_X
Section B. Independent Contractors													
 Complete this table for your five highest co 										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endır	ng v	vrth	or w	rthir		year.				
(A) Name and business	address						i	(B) Description of s	services	C	O) ompe	>) nsatio	n
PEPPER HAMILTON, LLP, 30		τ.Ω(ZAN	J									-
SQUARE - 18TH & ARCH, PH					A			LEGAL			14	7,9	70.
	-												
			_				_			<u> </u>			
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ızatıon 🕨				:	1							

Form 990 (2014)		N.	AHAWTHORN	-CO-TRUSTEE	23-6205505	_ Page \$
Part VIII Statement	of Revenue					

		Check if Schedule O cont	ains a response	or note to any lin		· · · · · · · · · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Đ, Đ	С	Fundraising events	1c					
	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
i Si	f	All other contributions, gifts, gran	ts, and					
풀		similar amounts not included abo	ve 1 f					
d d	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 8	h	Total. Add lines 1a-1f	_ .	>				
				Business Code				
8	2 a							
اه چ	b							
Program Service Revenue	c							
	d							
5 G	е							
اة	f	All other program service reve	enue	L.,				
\dashv	g	Total. Add lines 2a-2f	·				<u> </u>	
1	3	Investment income (including	dividends, inter-	est, and				
1		other similar amounts)			38,695,887.			38,695,887.
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties .	r					
1			(i) Real	(ii) Personal				
	6 a	• •						
	b	•						
		Rental income or (loss)						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	20, 263, 692,					
	b	Less: cost or other basis						
		and sales expenses	4,485,416					
		Gain or (loss)	15,778,276					
		Net gain or (loss) .			15,778,276.	15,778,276.		
e l	8 a	Gross income from fundraisin	g events (not					
le l		including \$	or					
Other Rever		contributions reported on line	•					
je		Part IV, line 18	а.					
₹		Less: direct expenses	b					
		Net income or (loss) from fund						+
	9 a	Gross income from gaming ac						
	L	Part IV, line 19	а					
		Less: direct expenses	b b					
		Net income or (loss) from game Gross sales of inventory, less	-					
	io a	and allowances						
	L	Less: cost of goods sold	a b					
		Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code	<u>.</u>			
ŀ	11 a			Dusiness Code		†		
	II a					<u> </u>		
	C							
İ		All other revenue						
		Total. Add lines 11a-11d		>	· ····			
	12	Total revenue. See instructions.			54 474 163	15 778 276.		38 695 887
432009	9						<u>_</u>	Form 990 (2014)

Form 990 (2014) C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 51,388,975. 51,388,975 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,473,310. 2,473,310. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees). Management 152,915. 152,915 Legal Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 10,000. 10,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,484 1,484 FRONTINO REPORTING LLC e All other expenses 54,026,684. 51,388,975. 2,637,709. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		,	
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	-1.
	2	Savings and temporary cash investments	494,909.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	11,174,029.	11	22,461,899.
	12	Investments - other securities. See Part IV, line 11	86,289,659.	12	75,482,355.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>97,958,597.</u>	16	97,944,253.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities	F	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	T	21	·····
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	0.	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here			
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>an</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets	 	29	
乓		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	97,934,516.	20	07 044 252
set	30	Capital stock or trust principal, or current funds	97,934,516.	1	97,944,253.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	24,081.	31	0.
Net	32	Retained earnings, endowment, accumulated income, or other funds	97,958,597.	32 33	97,944,253.
_	33	Total net assets or fund balances	97,958,597.	33	97,944,253.
	34	Total liabilities and net assets/fund balances	31,330,331.	34	51,544,233.

Form	990 (2014) <u>C/O_PNC_BANK, N. AHAWTHORN -CO-TRUSTEE</u>	<u> 23-6</u>	<u> 205</u>	<u>505</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				63.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	,02	6,6	84.
3	Revenue less expenses Subtract line 2 from line 1	3		44	7,4	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97	<u>, 95</u>	8,5	<u>97.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-46	1,8	<u>23.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	97	<u>,94</u>	4,2	<u>53.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ.
			-		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	.	_2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-	İ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		_	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?	-	-	3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. JE BARBEY 8 TENACRE FOUNDATION

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

Employer identification number 23-6205505

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	ee instructions.	
he o	organi	zation is not a private found	lation because it is: (For lines 1 through 11, o	heck only	one box.)		_
1		A church, convention of ch	urches, or associatio	on of churches described	d ın sectio	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)				
3		A hospital or a cooperative			ection 170	kb)(1)(A)(ii	i).	
4		A medical research organiz						the hospital's name.
•		city, and state		,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental unit describ	ed in
•		section 170(b)(1)(A)(iv). (C			: - - -: -:	,		
_		A federal, state, or local go		nental unit described in	section 17	70/KV1VAV	(v)	
6		An organization that norma					•	nublic described in
7		•	•	Intial part of its support	ioin a gov	Cirincina	unit of from the general;	pablic acsoribed lit
_		section 170(b)(1)(A)(vi). (C		(4)/A)/wil /Complete Dan	F 11 \			
8	片	A community trust describe				oontributu	ana mambarahin fasa ar	ad aroos rossints from
9	L	An organization that norma	-					
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization a	arter June 30, 1975.
	-	See section 509(a)(2). (Co		walita toot for public or	ifatu Caa		10(a)(4)	
10	<u></u>	An organization organized						
11	LX.	An organization organized						
		more publicly supported or	•	,			* * * *	neck the box in
		lines 11a through 11d that					=	ai ua a
а		Type I. A supporting orga	•	•	-	_		
		the supported organization			a majority	or the aired	ctors or trustees of the st	upporting
		organization You must o						
b	ـــــا	Type II. A supporting org	•					
		control or management of			ame perso	ons that co	ntrol or manage the sup	рогтеа
		organization(s) You mus						
С	L	Type III functionally inte	•					ed with,
	r==	ts supported organizatio	, , ,					
d	X							
		that is not functionally in	-					veness
	_	requirement (see instruct	•	•				
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, o		nally integrated support	ing organi	zation		
f		r the number of supported	_					11
g		ide the following information	n about the supporte		(w) is the o	rganization	(v) Amount of monetary	(vi) Amount of
	٧,) Name of supported organization	(11) 2114	(described on lines 1-9	listed i	n your	support (see	other support (see
		organization.		above or IRC section	governing		Instructions)	Instructions)
				(see instructions))	Yes	No		
			04 0555400	2			E1 200 00E	
ľ.E.	NAC.	RE FOUNDATION	21-05//480	3	X		51,388,975.	
								77.10.10
						-		
_					1		E1 200 07E	^

	edule A (Form 990 or 990 EZ) 2014		D	0 - 4: 470	(I-)(4)(A)(E-)	-1 470/b\/4\/A\/	Page 2
Pa	rt II Support Schedule for	_					
	(Complete only if you checke				on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	s listed below, plea		···)			
	ction A. Public Support	ı ' 	т	1	· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			 	 	 	<u> </u>
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4					<u> </u>	
_	ction B. Total Support	4) 0040	7,0044	1 1 2010	4 0 0040	4.3.004.4	(0 T-+-)
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			İ			
_	and income from similar sources		<u> </u>				
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	Other income Do not include gain				 		
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10				1		
11	Gross receipts from related activities	etc. (see instructi	ions)	l	.1	12	<u> </u>
	First five years. If the Form 990 is fo			rd fourth or fifth t	ax vear as a secti		· · · · · · · · · · · · · · · · · · ·
13	organization, check this box and stop		5 (mat, 0000) (a, tim	id, ioditii, or mart	ax your ao a soon	311 00 1(0)(0)	
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (column (fl)		14	%
15	Public support percentage from 2013					15	%
	a 33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies					,	
ŀ	33 1/3% support test - 2013. If the				d line 15 is 33 1/39	% or more, check to	nis box
•	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be Section A. Public Support	ow, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0) 20.0	(3) = 3 · ·	(9)====	(4)	(4),	(7, 1-1-1
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						-
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	······································					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				-		
4 Tax revenues levied for the organ-			,			
ization's benefit and either paid to						•
or expended on its behalf					 	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u></u>	
6 Total. Add lines 1 through 5					-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			,			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						· - ·
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			<u></u>			
Section B. Total Support			,	· · · · · · · · · · · · · · · · · · ·	T	,
Calendar year (or fiscal year beginning in) ► 👤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						_
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)			1			
14 First five years. If the Form 990 is for	the organization	's first, second thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
check this box and stop here	5. 34.11.24.1011	,	_,, 🕶	,	(-)(-) 0.80.112	▶ □
Section C. Computation of Public	Support Pe	ercentage			<u>-</u> .	
15 Public support percentage for 2014 (lir			column (fl)		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			_	•	17	%
18 Investment income percentage for 20	,	•	,		18	%
19a 33 1/3% support tests - 2014. If the c		-	on line 14, and line	e 15 is more than:		
more than 33 1/3%, check this box an						▶
b 33 1/3% support tests - 2013. If the c	•					and
line 18 is not more than 33 1/3%, chec						
			*			
20 Private foundation. If the organization	, ale not offern a	. 200 On 1110 17 ₁ 18	, c , oncort ti			

Schedule A (Form 990 or 990-EZ) 2014 C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
		<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	İ		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		_X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	i		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	ł		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		_X_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		37
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	<u> </u>	_X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			7.7
	If "Yes," complete Part I of Schedule L (Form 990).	8		_X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0-		₹.
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		_X_
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			₩.
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_X_
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	_		₩.
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	 	_X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	400		Х
	organizations)? If "Yes," answer (b) below.	10a	1	Λ

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2014 C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 5

Pai	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
_	below, the governing body of a supported organization?	11a		x
h	b A family member of a person described in (a) above?	11b	 	X
			 	X
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ction B. Type I Supporting Organizations		<u> </u>	<u> </u>
<u> Sec</u>	ction b. Type i Supporting Organizations		T	T
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		i	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		ĺ
Sec	ction C. Type II Supporting Organizations			1
	out of the state o		Yes	T Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ŀ
	the supported organization(s)			
Sec	ction D. Type III Supporting Organizations		т	
		Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	(
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		x
Sec	ction E. Type III Functionally-Integrated Supporting Organizations		ــــــا	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see ins	tructional:		
		u acuons).		
a				
b			,	
С		y (see instructions	<u> </u>	· ·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	 	
U		01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ــــــــــــــــــــــــــــــــــــــ	

Schedule A (Form 990 or 990-EZ) 2014 C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 0. 1 16,817. Net short-term capital gain 0 Recoveries of prior-year distributions 2 2 3 32,130,627. 38,695,887. Other gross income (see instructions) 3 32,130,627 38,712,704. 4 Add lines 1 through 3 0. 0. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 2,104,049. 2,473,310. 6 maintenance of property held for production of income (see instructions) 135,656. 164,399. Other expenses (see instructions) 7 <u>29,890,92</u>2. 36,074,995. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1490199794. 2003829022. 1a a Average monthly value of securities 0. 1b 0. b Average monthly cash balances c Fair market value of other non-exempt-use assets 0. 0. 10 1490199794. 2003829022. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0. factors (explain in detail in Part VI): 0. 0. Acquisition indebtedness applicable to non-exempt-use assets 2 2003829022. 1490199794 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 30,057,435. 22,352,997. 4 see instructions) 1467846797 1973771587. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 51,374,638. 69,082,006. 6 Multiply line 5 by .035 6 0. 7 0. 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 51,374,638. 69,082,006. 8 Current Year Section C - Distributable Amount 29,890,922. Adjusted net income for prior year (from Section A, line 8, Column A) 1 25,407,284. 2 Enter 85% of line 1 2 51,374,638. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 51,374,638. 4 Enter greater of line 2 or line 3 5 0. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 51,374,638. emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 51,388,975. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 51,388,975. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 51,388,975. (provide details in Part VI) See instructions 51,374,638. Distributable amount for 2014 from Section C, line 6 100% Line 8 amount divided by Line 9 amount (i) (ii) Distributable **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 51,374,638. Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D. 51,388,975. a Applied to underdistributions of prior years 51,374,638. b Applied to 2014 distributable amount 14,337 c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j 14,337. and 4c Breakdown of line 7: 8 а b C d Excess from 2013 14,337. e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 C/O PNC BANK, N. A. HAWTHORN -CO-TRUSTEE 23-6 205505 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)
SECTION D - LINE 3
THE TRUSTEES OF THIS TRUST HAVE AT LEAST THREE IN-PERSON MEETINGS EACH
YEAR WITH THE OFFICERS AND BOARD OF TRUSTEES OF THE TENACRE FOUNDATION.
AT THE MEETINGS, THE TRUSTEES AND REPRESENTATIVES FROM THE TENACRE
FOUNDATION DISCUSS THE INVESTMENTS OF THE TRUST, THE NEEDS OF THE
TENACRE FOUNDATION, WEATHER THE DISTRIBUTIONS ARE ADEQUATE TO MEET
THEIR NEEDS, AND WEATHER THE TENACRE FOUNDATION IS EXPENDING THE FUNDS
RECEIVED FROM THE TRUST FOR ITS PHILANTHROPIC, CHARITABLE AND
EDUCATIONAL PURPOSES IN SUCH MANNER AS ITS GOVERNING BODY SHALL
DETERMINE INCLUDING ITS USE FOR THE PURCHASE, ERECTION AND EQUIPMENT OF
BUILDINGS AND OTHER FACILITIES. THE TRUSTEES PROVIDE THE TENACRE
FOUNDATION WITH MONTHLY REPORTS DELINEATING THE INCOME AND EXPENSES OF
THE TRUST AND THE ASSET HOLDINGS OF THE TRUST. THE TRUSTEES HAVE
NUMEROUS TELEPHONE CALLS AND REPLY TO E-MAILS FROM THE TENACRE
FOUNDATION ON A FREQUENT BASIS. THE TRUSTEES PROVIDE INFORMATION TO THE
TENACRE FOUNDATION CONCERNING THR TRUST'S INVESTMENTS AND TO THE EXTENT
POSSIBLE, HONORS THE TENACRE FOUNDATION'S REQUEST TO NOT INVEST IN
CERTAIN MARKET SECTORS, SUCH AS HEALTH CARE. THE TRUSTEES AND THE
TENACRE FOUNDATION INTERACT ON A FREQUENT AND CONSTANT BASIS.

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JE BARBEY 8 TENACRE FOUNDATION

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

Employer identification number 23-6205505

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Pa		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
	day of the tan your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d			
_	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
_	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor-	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		ın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		S
h	Assets included in Form 990, Part X		▶ \$

Schee		BANK, N.	A . −H rt, His	AWTHOR torical Tre	N -CO- easures,	TRUST	EE Simil		05505 ts (continu		<u>je 2</u>
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	C	ı 🗀	Loan or excl	hange progr	ams					
b	Scholarly research	•	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further th	he organizat	ion's exem	pt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations	of art, h	storical treas	sures, or oth	ner sımılar a	assets		_		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nızation's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	•	ete if the	e organizatio	n answered	"Yes" to F	orm 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other a	ssets not ir	ncluded				
	on Form 990, Part X?		-						Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
_	3	·	· ·						Amount		
С	Beginning balance						1c				
	Additions during the year		·				1d				
	Distributions during the year		•				1e				
f	Ending balance			•			1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial acci	ount liability	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par											
		(a) Current year	(b) F	Prior year	(c) Two year	ars back (c) Three	years back	(e) Four y	ears ba	ack
1a	Beginning of year balance			_							
b	Contributions										
c	Net investment earnings, gains, and losses						-				
	Grants or scholarships	·····	1								
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	lg, column (a	a)) held as:			•			
а	Board designated or quasi-endowment	•	%	•							
b	Permanent endowment	%	_								
	Temporarily restricted endowment ▶	 %									
_	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%									
За	Are there endowment funds not in the posse		ation th	at are held a	nd administ	ered for the	e organı	zation			
	by:	-								res l	No
	(i) unrelated organizations					_			3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part I\	/, line 11a. S	ee Form 990	0, Part X, III	ne 10.				
	Description of property	(a) Cost or o		I	or other	T	cumulat	ed	(d) Book	value	
	. , , ,	basis (invest	ment)	basis	(other)	depr	eciation				
1a	Land										
	Buildings										
c	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colu	mn (B), line 1	10c)			>			0.

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 C/O PNC BAI	VK, N. AHAW	THORN -CO-	TRUSTEE	23-6205505	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes	" to Form 990, Part IV, line	11b See Form 990	Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	·		or end-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) COMMON STOCK - V-F CORP	75,482,355	COST			
	13,402,333	COSI			
(B)	 	 			
(C)					
(D)					
(E)	-	 			
(F)	 	 -			
(G)					
(H)	75 400 055		·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	75,482,355	<u>, </u>			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes					
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost	or end-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					·· · · · · · · · · · · · · · · · · ·
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes	" to Form 990 Part IV line	11d See Form 990	Part V line 16		
	Description	Tro See Form 330,	rait X, line 13	(b) Book va	lue
) Bosonption			(B) Book va	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 15)			▶	
Part X Other Liabilities.					
Complete if the organization answered "Yes	" to Form 990, Part IV, line	11e or 11f See For	m 990, Part X, II	ne 25	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)		· - + ····			
(4)		·			
			-		
(5)		 	-		
(6)			4		
(7)			4		
(8)			4		
(9)		· · · · · · · · · · · · · · · · · · ·	4		
Total. (Column (b) must equal Form 990, Part X, col. (B) III			1		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote t	o the organization's	fınancıal staten	nents that reports the	
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740) Check	here if the text of the	ne footnote has	been provided in Part	XIII 🔲

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 Page 4 Schedule D (Form 990) 2014 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a 2b Donated services and use of facilities Recoveries of prior year grants 2c 2d Other (Describe in Part XIII) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4h Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses 20 d Other (Describe in Part XIII.) Add lines 2a through 2d 20 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FORM 990 - SCHEDULE D - PART VII - LINE (3)(A) FOR THE V-F CORP THE \$ 75,482,355 REPRESENTS THE BOOK CARRYING VALUE FOR 34,076,904 SHARES.

JE BARBEY 8 TENACRE FOUNDATION

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047

2014

Open to Public

Inspection

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ջ ⊠ Employer identification number 23-6205505 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection -CO-TRUSTEE JE BARBEY 8 TENACRE FOUNDATION C/O PNC BANK, N. A.-HAWTHORN Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addition	if additional space is needed	pel			
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENACRE FOUNDATION BOX 632 THE GREAT ROAD PRINCETON NJ 08542	21-0577480	501(0)(3)	51,388,975,	o			TO PROVIDE FINANCIAL SUPPORT TO THE TENACRE FOUNDATION TO BE USED FOR ITS PHILANTHROPIC.
							•

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

23-6205505

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

Schedule I (Form 990) (2014) C/O PNC BANK, N. A.—HAWTHORN —CO—TRUSTEE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	- 1	TENACRE FOUNDATION	NO		
(H) PURPOSE OF GRANT OR ASSISTANCE:		VIDE FINAN	TO PROVIDE FINANCIAL SUPPORT TO THE	RT TO THE	
TENACRE FOUNDATION TO BE USED FOR	ITS	ANTHROPIC,	PHILANTHROPIC, CHARITABLE AND	E AND	
EDUCATIONAL PURPOSES IN SUCH MANNER	AS	GOVERNING	BODY SHAL	ITS GOVERNING BODY SHALL DETERMINE	
INCLUDING ITS USE FOR THE PURCHASE	1	on and equ	ERECTION AND EQUIPMENT OF BUILDINGS	BUILDINGS	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2014

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

JE BARBEY 8 TENACRE FOUNDATION Empl

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

23-6205505

Employer identification number

Pa	ort I Questions Regarding Compensation			
Щ.			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	1		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	۱.,		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			•
	organization or a related organization:			<u> </u>
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	<u></u>	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2014

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	ın column (B) reported as deferred ın prıor Form 990
(1) CLARENCE OTIS, JR.	Ξ	638,438.	0.	0.	0	0.0	638,43	0
	Ξ		0.	0	0	0		0
(2) JULIANA L CHUGG	≘	608,227.	0	0.	0	0.	608,227.	0.
CO-TRUSTEE	(ii)		0	.0	0	0.		0
	(i)							
	≘							
	Θ							
	Ξ							
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	Ξ							
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JE BARBEY 8 TENACRE FOUNDATION
C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE Part III Supplemental Information

Schedule J (Form 990) 2014

23-6205505

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

JE BARBEY 8 TENACRE FOUNDATION

Inspection

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE 23-6205505 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL PURPOSES INCLUDING THE PURCHASE OF AND ERECTION OF BUILDINGS. FORM 990, PART VI, SECTION A, LINE 8A: THE TRUST HAS MINUTES OF THE MEETINGS. FORM 990, PART VI, SECTION A, LINE 8B: JE BARBEY 8 TENACRE FOUNDATION IS A TRUST FUND AND HAS NO WRITTEN POLICY REGARDING DOCUMENTATION OF MEETINGS AND WRITTEN ACTIONS OF ITS GOVERNING BODY AND COMMITTEES TO ACT ON ITS BEHALF. FORM 990, PART VI, SECTION B, LINE 11: PNC BANK, N.A. AS CO-TRUSTEE OF THIS TRUST PREPARES THE TAX RETURNS FOR THE TRUST. THUS FORM 990 IS PREPARED BY THE GOVERNING BODY. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AND RELATED INFORMATION IS MADE AVAILABLE BY REQUEST AND THROUGH "WWW.GUIDESTAR.ORG". FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ADJUSTMENT TO BOOK CARRYING VALUE ON SALE OF V-F CORP STOCK -453,227.ADJUSTMENT TO BOOK CARRYING VALUE -8,596.-461,823. TOTAL TO FORM 990, PART XI, LINE 9

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization JE BARBEY 8 TENACRE FOUNDATION	Employer iden	tification number
C/O PNC BANK, N. AHAWTHORN -CO-TRUSTEE	23-620	5505
ATTACHED ARE THE SUMMARY OF INVESTMENTS AND DETAILED STAT	EMENT OF	
INVESTMENTS SHOWING THE MARKET VALUE AS WELL AS THE BOOK	CARRYING	VALUE
		
OF THE SECURITIES WHICH MAKE UP THE TOTAL ASSETS OF THIS	FOUNDATIC	N.
		
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
		·············

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2014

OMB No 1545-0047

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

JE BARBEY

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public Inspection

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 8 TENACRE FOUNDATION

Employer identification number 23-6205505

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part i

(a)	(q)	(0)	(p)	(e)	(J)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
	j				
Identification of Related Tax-Exempt Organizations Complete	tions Complete If the organization ans	If the organization answered "Yes" on Form 990. Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	e it had one or more re	elated tax-exempt

Identification of Related Tax-Exempt Organizations Complete if the organizat organizat organizations during the tax year. Part II

6							
(a)	(q)	(0)	(p)	(e)	(2)	b)	000000
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	Z(d) is)
of related organization		foreign country)	section	status (if section		entity?	у
				501(c)(3))		Yes	N _o
TENACRE FOUNDATION - 21-0577480	PHILANTHROPIC, CHARITABLE		·				
BOX 632 THE GREAT ROAD	AND EDUCATIONAL PURPOSES						
PRINCETON NJ 08542	OF THE FOUNDATION	NEW JERSEY	501(C)(3)		N/A		×
	 						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

Part III

C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE Schedule R (Form 990) 2014 *19 Ì

Page 2

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General or Percentage managing ownership 3 Code V:UBI General orlPe amount in box managing or 20 of Schedule Pes No. | Yes No. | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Disproportionate Yes No allocations? Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	table as a Corporation or Trust st during the tax year.	Complete if th	or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	rered "Yes" on For	m 990, Part IV, line	34 because it ha	d one or mor	e relatec	_
(a)	(q)	(၁)	(9	(e)	€	(6)	Ē		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	_@p
		country)		O mast		433013		Yes	ટ
					-				

Schedule R (Form 990) 2014

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Yes No

JE BARBEY 8 TENACRE FOUNDATION
Schedule R (Form 990) 2014 C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				>	Yes	ہ او
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed i	n Parts II-IV?		-	,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a	\dashv	×
b Gift. grant. or capital contribution to related organization(s)			:	Q	×	1
				10	7	×
				1d	_	×
				4		×
e Loans of loan guarantees by related organization(s)				2	+	
f Dividends from related organization(s)				7		×
				10		×
				ŧ	_	×
				;=	~	×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	_	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	7	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ţ		×
o Sharing of paid employees with related organization(s)				ę	_	×
 Reimbursement paid to related organization(s) for expenses 			:	5		×
				1	7	5 4
r Other transfer of cash or property to related organization(s)				+		×
				18		×
s for inform	who must complete t	his line, including covered	ation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) TENACRE FOUNDATION	д	51,388,975.	CASH GRANTS			
(5)						1
(4)						1
(5)						
(9)						
432163 08-14-14			Schedule	Schedule R (Form 990) 2014	90) 2C	4

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JE BARBEY 8 TENACRE FOUNDATION
C/O PNC BANK, N. A.-HAWTHORN -CO-TRUSTEE Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

S, and EIN Primary activity Lagal domotile Predictional integrated, Single of Digital end-of-year and end-of-	(a) (b) (c) (d)	(q)	(0)	(d)	<u> </u>	£	(6)	ε	3	9	Æ
Sections 512-514) Yes No Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	ne ail ners sec 1(c)(3) rgs ?	Share of total	Share of end of year	Oispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General of managing partner?	Percentage ownership
			1	sections 512-514) Yes	S S	ıncome	assets	Yes No	(Form 1065)	Yes	
					_						
								+			
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									Schedule	e R (For	Schedule R (Form 990) 2014

Part VII	(Form 990) 2014 C/O PNC BANK, N. AHAWTHORN -CO-TRUSTEE 23-6205505 Page 5 Supplemental Information
	Provide additional information for responses to questions on Schedule R (see instructions)
	
	

Schedule R (Form 990) 2014

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