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Form 990-PF

Department of the Treasury Internal Revenue Service

Profiled: Extension attacked

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Name of foundation	A Employer identification number
Name of foundation	2014 P
MARGARET EVANS TUTEN FOUNDATION	23–7856551
Number and street (or P O box number if mail is not delivered to street address)	Room/suite B Telephone number
128 ASHWOOD ROAD	610-527-1609
City or town, state or province, country, and ZIP or foreign postal code VILLANOVA, PA 19085	C if exemption application is pending, check here
G Check all that apply Initial return Initial return of a former public	charity D 1. Foreign organizations, check here
Final return Amended return	2. Foreign organizations meeting the 85% test
Address change Name change	2. Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: X Section 501(c)(3) exempt private foundation	E If private foundation status was terminated
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year J Accounting method X Cash Acc	under section 507(b)(1)(A), check here
(from Part II, col. (c), line 16) Accounting method 25 Cash Accounting	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
\$12287. (Part I, column (d) must be on cash basis.)	under Section 307(b)(1)(b), check here
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not (a) Revenue and (b) Net iii	ivestment (c) Adjusted net (d) Disbursements for chantable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	N/A
2 Check ► X If the foundation is not required to attach Sch B	
3 Interest on savings and temporary cash investments 1263.	1263. Statement 1
4 Dividends and interest from securities 9862.	9862. Statement 2
5a Gross rents	
D Net rental income or (loss)	
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	
D assets on line 6a 11300•	9107.
7 Capital gain net income (from Part IV, line 2)	9107
8 Net short-term capital gain 9 Income modifications	
10a and allowances	RECEITED
D Less Cost of goods sold	100
c Gross profit or (loss)	19: JIN 0 1 page 191
11 Other income	
12 Total. Add lines 1 through 11 20232.	20232.
13 Compensation of officers, directors, trustees, etc 0.	0.
14 Other employee salaries and wages	
νη 15 Pension plans, employee benefits	
16a Legal fees b Accounting fees Stmt 3 1100.	0. 1100.
b Accounting fees Stmt 3 1100.	0. 1100.
9 17 Interest	
18 Taxes Stmt 4 925.	0. 0.
19 Depreciation and depletion	
E 20 Occupancy	
21 Travel, conferences, and meetings	
22 Printing and publications	
23 Other expenses Stmt 5 5000.	5000. 0.
24 Total operating and administrative	E000
b Accounting fees Stmt 3 1100. c Other professional fees 17 Interest 18 Taxes Stmt 4 925. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Stmt 5 5000. 24 Total operating and administrative expenses. Add lines 13 through 23 7025. 25 Contributions, gifts, grants paid 31148.	5000. 1100.
25 Contributions, grits, grants paid 31140.	31148.
26 Total expenses and disbursements. Add lines 24 and 25 38173.	5000. 32248.
27 Subtract line 26 from line 12	32230.
a Excess of revenue over expenses and disbursements -17941.	
b Net investment income (if negative, enter -0-)	15232.
C Adjusted net income (if negative, enter -0-)	N/A
1-23-01 1-24-14 LHA For Paperwork Reduction Act Notice, see Instructions.	Form 990-PF (2014)

CK. \$ 15200

D-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	8.	8.	8
1	2 Savings and temporary cash investments	99477.	60600.	60600
;	3 Accounts receivable ►			
	Less allowance for doubtful accounts			
- -	4 Pledges receivable ►			
	Less allowance for doubtful accounts ▶			
:	5 Grants receivable			
	5 Receivables due from officers, directors, trustees, and other			
İ	disqualified persons		······	
'	7 Other notes and loans receivable			
	Less allowance for doubtful accounts			
ets	3 Inventories for sale or use			
Assets				
11	Da Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 6	277927.	298863.	
	c Investments - corporate bonds Stmt 7	25000.	25000.	27007
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
- 1	2 Investments - mortgage Ioans			
13				
14		-	:	
	Less accumulated depreciation	27554	22554	100650
	o Other assets (describe ► Statement 8)	37554.	37554.	103650.
16	Total assets (to be completed by all filers - see the	420066	40000	010007
	instructions Also, see page 1, item I)	439966.	422025.	812287.
	Accounts payable and accrued expenses			
18	' '			
Ciabilities 21	<u></u>			
20				
를 21	' '			
22	? Other liabilities (describe ►)			
	Total link like a fold have 47 through 00)	0.	0.	
- 23	Total liabilities (add lines 17 through 22)	0.		
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
8 24	,			
Ö 25	· -···			
E 26	· · · · · · · · · · · · · · · · · · ·			
ב צ	Foundations that do not follow SFAS 117, check here			
Ĩ	and complete lines 27 through 31.			
Ö 27	· -	569419.	569419.	
Sets		0.	0.	
Net Assets or Fund Balanc		-129453.	-147394.	
30		439966.	422025.	
2 50	Total flot assets of faile balances		100,000	
31	Total liabilities and net assets/fund balances	439966.	422025.	
			122023	
Par	Analysis of Changes in Net Assets or Fund Ba	ilances		
Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3	10		
	ust agree with end-of-year figure reported on prior year's return)		1	439966.
	er amount from Part I, line 27a		2	-17941.
Oth	er increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	422025.
De	creases not included in line 2 (itemize)		5	0.
Tot	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	422025.
				Form 000-DE (2014)

Part IV Capital Gains and Los	sses for Tax on In	vestment	t Income			······		,
(a) List and describe the kin 2-story brick warehouse, o	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co)		P-	w acquired Purchase Donation	(c) Date (mo , c	acquired day, yr)	(d) Date sold (mo , day, yr.)
1a 46 SHARES CITADEL B	ROADCASTING	- WOR	THLESS		P	05/2	8/99	05/29/14
b 300 SHARES WHOLE FO	OD MARKET				P	03/0	9/98	06/05/14
C								
<u>d</u>								
<u>e</u>				<u> </u>				
	epreciation allowed (or allowable)		st or other basis expense of sale		. <u> </u>	(h) G (e) plu	Sain or (loss s (f) minus	(g)
a				31.				-231.
ь 11580.			224	12.				9338.
C								
d								
e			10/04/00					
Complete only for assets showing gain in c	·				c	(I) Gains ((Col (h) gain not less thai	minus n -0-) or
) Adjusted basis as of 12/31/69		cess of col (i)		·	Losses	(from col ((h))
	45 01 12/31/09	0461	COI ()), II ally					2.21
<u>a</u> .								
b								3330.
<u>C</u>			·					
d					· · ·-			-
8				$\overline{}$	<u> </u>	 		•
2 Capital gain net income or (net capital loss)	If gain, also enter If (loss), enter -0-	In Part I, line	7	 	2			9107.
	•		1	ᄼ	_			J 10 / 1
3 Net short-term capital gain or (loss) as defin		d (6)		٦١				
If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8)				3		N/A	
Part V Qualification Under Se	ection 4940(e) for	Reduced	Tax on Net	Inve	stment In	come		
(For optional use by domestic private foundation							•	
(1 of optional use by domestic private roundation	no subject to the section i	10 10(b) tax on		,				
If section 4940(d)(2) applies, leave this part bla	nk							
Was the foundation liable for the section 4942 t	ax on the distributable am	ount of any ve	ear in the base pe	riod?				Yes X No
If "Yes," the foundation does not qualify under s								
Enter the appropriate amount in each column	nn for each year, see the in	structions be	fore making any e	entries				
(a) Base period years	(b)			(c)			Dietrit	(d) oution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying dist	ributions	Net value of no		ible-use asse	ts	(col (b) div	/ided by col (c))
2013		23243.			59069	0.		.039349
2012	<u> </u>	24050.			52434	3.		.045867
2011		22668.			48810			.046441
2010		22143.			46864	9.		.047249
2009		25227.			42158	3.		.059839
2 Total of line 1, column (d)						2	ļ	.238745
3 Average distribution ratio for the 5-year base	e period - divide the total c	on line 2 by 5,	or by the number	r of year	s			
the foundation has been in existence if less t	than 5 years					3		.047749
4 Enter the net value of noncharitable-use ass	ets for 2014 from Part X, I	ine 5				4		659775.
5 Multiply line 4 by line 3						5		31504.
6 Enter 1% of net investment income (1% of F	Part I, line 27b)					6		152.
•								
7 Add lines 5 and 6						1 -	1	31656.
•						7		31030.
						-/-		
8 Enter qualifying distributions from Part XII, I	line 4					8		32248.

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	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	4948	} - se	e instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔼 and enter 1%	1			1	52.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1	52.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			<u> </u>	52.
	Credits/Payments					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a	\dashv				
	Exempt foreign organizations - tax withheld at source The part with an electron for a tax with a file (Form 2000)					
	Tax paid with application for extension of time to file (Form 8868) Balance with bolders are acceptable to the Community of	\dashv				
	Backup withholding erroneously withheld Total conditional payments. Add lines for through 6d.	┥,				0.
	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7				<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	- <u>8</u>	\neg		1	52.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u>JZ •</u>
	Enter the amount of line 10 to be Credited to 2015 estimated tax					
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ne in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition of	ion)?		1b		Х
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public		r			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ 0 • (2) On foundation managers. ▶ \$	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	,,,	X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,	AT / 70	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	J	N/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
_	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or By the level that the first with the construction of the construction of the conflict with the conflict wi	oto love				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the second of the conflict with	ate law		6	Х	
-	remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV					
′	big the foundation have at least \$5,000 in assets at any time during the year? If thes, complete Part II, con. (c), and Part	^V		7	Х	
Дa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
ua	PA			-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			-		
J	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for a	alendar				
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		Х

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c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Yes X No

during the year? b if "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Х

Х

3h

4a

2b

statement - see instructions)

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		r===7		
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		ın Regulations	,_		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ıctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				Į	
expenditure responsibility for the grant?		√A Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
A Missan and Addison	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	owances
MARGARET EVANS TUTEN	TRUSTEE				
128 ASHWOOD ROAD					
VILLANOVA, PA 19085	3.00	0.	0.		0.
JOHN C. TUTEN	TRUSTEE				
128 ASHWOOD ROAD		1		ļ	
VILLANOVA, PA 19085	2.00	0.	0.		0.
				1	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(all a		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
	devoted to position	(0) 00111110111	compensation	all	owances
NONE					
		ļ			
		-			
]			
		<u></u>		<u> </u>	
Total number of other employees paid over \$50,000					0

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▶

All other program-related investments. See instructions

Total. Add lines 1 through 3

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Part X Minimum Inves	stment Return (All domestic four	ndations must complete this part.	Foreign foundations, see i	nstructions.)
1 Fair market value of assets not u	sed (or held for use) directly in carrying o	ut charitable, etc., purposes		
a Average monthly fair market valu	e of securities		1a	578881.
b Average of monthly cash balance	es		1b	90941.
c Fair market value of all other ass	ets		10	
d Total (add lines 1a, b, and c)			1d	669822.
e Reduction claimed for blockage	or other factors reported on lines 1a and			
1c (attach detailed explanation)		1e	0.	
2 Acquisition indebtedness applica	ble to line 1 assets		2	0.
3 Subtract line 2 from line 1d			3	669822.
4 Cash deemed held for charitable	activities Enter 1 1/2% of line 3 (for great	ter amount, see instructions)	4	10047.
5 Net value of noncharitable-use	assets. Subtract line 4 from line 3. Enter i	here and on Part V, line 4	5	659775.
6 Minimum investment return. En	ter 5% of line 5		6	32989.
Part XI Distributable A foreign organizations of	mount (see instructions) (Section 4stheck here and do not complet		oundations and certain	
1 Minimum investment return from	Part X, line 6		1	32989.
2a Tax on investment income for 20	14 from Part VI, line 5	2a	152.	
b Income tax for 2014 (This does	not include the tax from Part VI)	2b		
c Add lines 2a and 2b			2c	152.
3 Distributable amount before adju	stments Subtract line 2c from line 1		3	32837.
4 Recoveries of amounts treated as	s qualifying distributions		4	0.
5 Add lines 3 and 4			5	32837.
6 Deduction from distributable am	ount (see instructions)		6	0.
7 Distributable amount as adjuste	d Subtract line 6 from line 5. Enter here a	ind on Part XIII, line 1	7	32837.
Part XII Qualifying Dist	ributions (see instructions)			
	strative expenses) to accomplish charitabl	le, etc., purposes:		
a Expenses, contributions, gifts, et	c total from Part I, column (d), line 26		<u>1a</u>	32248.
b Program-related investments - to	otal from Part IX-B		1b	0.
2 Amounts paid to acquire assets i	used (or held for use) directly in carrying (out charitable, etc., purposes	2	
3 Amounts set aside for specific ch	aritable projects that satisfy the			
a Suitability test (prior IRS approva	ıl required)		3a	
b Cash distribution test (attach the	required schedule)		3b_	
-	es 1a through 3b Enter here and on Part	V, line 8, and Part XIII, line 4	4	32248.
	ection 4940(e) for the reduced rate of tax			

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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6

152. 32096.

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Page 9_

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			32837.
2 Undistributed income, If any, as of the end of 2014				
a Enter amount for 2013 only			29430.	· · · · · · · · · · · · · · · · · · ·
h Total for prior years		0.700		
2012		2733.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 32248.				
			29430.	
a Applied to 2013, but not more than line 2a			29430.	
b Applied to undistributed income of prior years (Election required - see instructions) *		2733.		
c Treated as distributions out of corpus		2/33•		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		1		85.
e Remaining amount distributed out of corpus	0.			03.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must		į		
be distributed in 2015	.1	į.		32752.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		į		
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012			1	
d Excess from 2013		•		
e Excess from 2014				Form QQD_DF (2014)
x SOO STOTOMONT U				100m MMH LJL (2014)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CAMP ONAWAY NONE ANNUAL DRIVE PO BOX 1045 KIMBERTON, PA 19442 1000. BRYN MAWR FILM INSTITUTE NONE ANNUAL DRIVE 824 W. LANCASTER AVE BRYN MAWR, PA 19010 ANNUAL DRIVE 500. BARNSTABLE LAND TRUST NONE ANNUAL DRIVE 101 COURT STREET MACHIAS, ME 04654 1500. NONE ANNUAL DRIVE ACADEMY OF NATURAL SCIENCES 1900 BENJAMIN FRANKLIN PARKWAY 500. PHILADELPHIA, PA 19103 AFRICAN EDUCATION PROGRAM NONE ANNUAL DRIVE PO BOX 6 200. WAYNE, PA 19087 See continuation sheet(s) Total ▶ 3a 31148. b Approved for future payment None **▶** 3b Total

t dit (tting) - Alidiyolo di illodilic-i loddollig Additik	Part XVI-A	Analysis	of Income-Producing	Activities
------------------------------------------------------------	------------	----------	---------------------	------------

Enter gross amounts unless otherwise indicated	Unrelate	d business income		d by section 512, 513, or 514	(8)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	code	· ·			·
L			1 1		
C	1 1				
d	l i			·	
е	1 1	· · · ·	 -		
<u> </u>					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1263.	
4 Dividends and interest from securities			14	9862.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					•
b Not debt-financed property					
6 Net rental income or (loss) from personal				-	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	-				
than inventory			18	9107.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	_				
C					
d					
e	_	<u>`</u>		2222	
12 Subtotal Add columns (b), (d), and (e)		0	<u>• _ _</u>	20232.	
13 Total. Add line 12, columns (b), (d), and (e)				13	20232
(See worksheet in line 13 instructions to verify calculations				,	
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of E	Exempt	Purposes	
Line No. Explain below how each activity for which i	ncome is reported in	column (e) of Part YVI	-A contribut	ed importantly to the accomi	olishment of
the foundation's exempt purposes (other ti	han by providing fur	ids for such purposes)	71 001111111111	to the accomp	
		,,			
				-	
		- 1- dda			
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			•		

					Form 990-PF (201

Pa	Lf WAII	. Exempt Organ		siers 10 a	and Transactions a	ina Relationsh	ips with Nonch	aritable	
1	Did the or	 		of the followin	g with any other organizatio	n described in section	n 501(c) of	Y	es No
	-				7, relating to political organi		55 .(5) 5.		
		from the reporting found							
	(1) Cash				•			1a(1)	x
	(2) Other	assets						1a(2)	X
	Other tran								
		of assets to a noncharita	ble exempt organizat	tion				1b(1)	X
	• •	ases of assets from a no	• •					1b(2)	X
	(3) Renta	l of facilities, equipment,	or other assets	-				1b(3)	X
	(4) Reimi	oursement arrangements						1b(4)	X
	(5) Loans	or loan guarantees						1b(5)	X
	(6) Perfo	rmance of services or me	mbership or fundrais	sıng solicitatio	ns			1b(6)	X
C	Sharing of	facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			10	X
					dule Column (b) should alv				s,
		•			ed less than fair market valu	e in any transaction (or sharing arrangement	, show in	
) the value of the goods,				т			
(a) Lii	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Description of	of transfers, transactions, an	d shanng arran	gements
				N/A		<u>-</u>			
						-			
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	ın section	idation directly or indirec 501(c) of the Code (othe implete the following sch	r than section 501(c)		or more tax-exempt organization 527?	zations described		Yes	X No
		(a) Name of org			(b) Type of organization	(0) Description of relation	ship	
		N/A							
		· · · · · · · · · · · · · · · · · · ·							
									
Sig He	re and be	elief, it is true; correct, and cor	mplete Declaration of pr	s return, including eparer (other than	ig accompanying schedules and in taxpayer) is pased on all inform	ation of which preparer h	ias any knowledge	flay the IRS districted in the phown below (see X Yes	reparer
	Sign	ature of officer or trustee		Droposos's as	Date	Title	Check If PTIN		
		Print/Type preparer's na	TITLE	Preparer's s	igirature		self- employed		
D~	id	IRVING BRA	TINGMETN	ار ہے	3	05/26/15		000284	13
Pai	eparer	Firm's name ► I M		T. SPRV	PCES CORP	03/20/13	Firm's EIN ► 23-2		
	e Only	Firm's name 🚩 🗘 M	. PINMICIA	m on u√ ∧	TOES CORF		THIIISEIN P 23-2		_
U 3	Ciliy	Firm's address ▶ 24	18 BRISTO	T. ROAD					
			NSALEM, P				Phone no (215)	757-5	555
,		DE	HOLLEDIN E	-1 1702			1.110110 110 [223	Earm QQA_	

3 Grants and Contributions Paid During to	ne Year (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ELLIS SCHOOL	NONE		ANNUAL DRIVE	
6425 FIFTH AVENUE	İ			
PITTSBURGH, PA 15206		_		100
CASTLE HILL CENTER FOR THE ARTS	NONE		ANNUAL DRIVE	
111 S. INDEPENDENCE MALL EAST				
PHILADELPHIA, PA 19106				50
GENESIS FARM	NONE		ANNUAL DRIVE	}
41A SILVER LARE ROAD BLAIRSTOWN, NJ 07825				100
СНОР	NONE		ANNUAL DRIVE	
34TH & CIVIC CENTER BLVD PHILADELPHIA, PA 19104				
		·	ANNUAL DRIVE	100
INTERNATIONAL STUDENT HOUSE	NONE		ANNUAL DRIVE	
1825 R STREET NW				
WASHINGTON, DC 20009				25
DARTMOUTH COLLEGE	NONE		ANNUAL DRIVE	
6066 DEVELOPMENT OFFICE				
HANOVER, NH 03755				50
DELAWARE NATURE SOCIETY	NONE		ANNUAL DRIVE	
543 WAY ROAD GREENVILLE, DE 19807				50
LIONHEART FOUNDATION	NONE		ANNUAL DRIVE	
PO BOX 194, BACK BAY BOSTON, MA 02117	1			100
LONG PASTURE WILDLIFE SANCTUARY	NONE		ANNUAL DRIVE	
BARNSTABLE, MA 02637				500
Nation Covidence	NOVE		ANDUIAL PRIVE	
NATURE CONSERVANCY 2101 N. FRONT STREET	NONE		ANNUAL DRIVE	
HARRISBURG, PA 17110				50
Total from continuation sheets				2744

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
* Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
PEAKED HILL TRUST	none		ANNUAL DRIVE	
PO BOX 1705 PROVINCETOWN, MA 02657				100
PROVINCETOWN, MA 02057		**********		100
PHILADELPHIA COMMITTEE OF GCA	NONE		ANNUAL DRIVE	
1427 GERTRUDE STREET PHOENIXVILLE, PA 19460				200
, , , , , , , , , , , , , , , , , , , ,				
FOOD AND WATER WATCH	NONE		ANNUAL DRIVE	
PO BOX 92520 WASHINGTON, DC 20090				100
,				
ORANGUTAN FOUNDATION INTERNATIONAL	NONE		ANNUAL DRIVE	
824 S. WELLESLEY AVENUE				
LOS ANGELES, CA 90049				1100
ROSEMONT COLLEGE	NONE		ANNUAL DRIVE	
1400 MONTGOMERY AVENUE				
ROSEMONT, PA 19010			ANNUAL DRIVE	1000
SEA SHEPHERD PO BOX 2616	NONE		ANNUAL DRIVE	
FRIDAY HARBOR, WA 98250				1000
PHS 100 N. 20TH STREET	NONE		ANNUAL DRIVE	
PHILADELPHIA, PA 19103			ANN	500
US FRIENDS OF DAVID SHELDRICK 201 N. ILLINOIS STREET	NONE		ANNUAL DRIVE	
INDIANAPOLIS, IN 46204				2000
VERMONT STUDIO CENTER	NONE		ANNUAL DRIVE	
PO BOX 613 JOHNSON, VT 05656				1000
WOODMERE ART MUSEUM	NONE		ANNUAL DRIVE	
9210 GERMANTOWN AVENUE				1000
PHILADELPHIA, PA 19118 Total from continuation sheets			<u> </u>	1000

3 Grants and Contributions Paid During th	e Year (Continuation)			
• Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
' Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PHILADELPHIA ZOO	NONE		ANNUAL DRIVE	
3400 W. GIRARD AVENUE				
PHILADELPHIA, PA 19104				500
RARE	none		ANNUAL DRIVE	
1310 N. COURTHOUSE ROAD				
ARLINGTON, VA 22201				1000
RICHEN ZANGPO SOCIETY	none		ANNUAL DRIVE	
RAKKAR ROAD				
KANGRA				500
SAINT AUGUSTINE ACADEMY	NONE		ANNUAL DRIVE	
259 N. RADNOR CHESTER ROAD				
RADNOR, PA 19087				200
SHIPLEY SCHOOL	NONE		ANNUAL DRIVE	
814 YARROW STREET				
BRYN MAWR, PA 19010				500
SEEDS OF LEARNING	NONE		ANNUAL DRIVE	
585 FIFTH STREET WEST				
SONOMA , CA 95476				2000
TRIYOGA INTERNATIONAL	NONE		ANNUAL DRIVE	
PO BOX 6367				
MALIBU , CA 90264		·		148
TRIYOGA OF CENTRAL PA	NONE		ANNUAL DRIVE	
ро вох 631				
CENTRE HALL, PA 16828				100
WHYY	NONE		ANNUAL DRIVE	
PO BOX 8500-58793				
PHILADELPHIA, PA 19178				500
WOODS HOLE RESEARCH CENTER	NONE		ANNUAL DRIVE	
149 WOODS HOLE ROAD			}	
FALMOUTH, MA 02540				500

3. Grants and Contributions Paid During the Year (Continuation) Name and address (home or business) Name and address (home or business) NOME Part XV Supplementary Informat	RET EVANS TUTEN FO ion			56551	
Recipient Show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show any relationship to show an					·
ORLUMATCH INSTITUTE 400 15TH STREET NW ASSILWYDW, DC 20036 100 OGA UNITES OGA UNITES O SOX 11770 HILADELFHIA, PA 19101 RYN MAWR HOSPITAL 10 S. BRYN MAWR AVENUE RYN MAWR, PA 19910 100	~ ~~		Foundation -	Durana of an at a	
ASHINGTON, DC 20036 OGA UNITES OGO UNITES NOME ANNUAL DRIVE O SOX 11770 RIN MAWR HOSPITAL NOME ANNUAL DRIVE ANNUAL DRIVE 25 RYN MAWR AVENUE RYN MAWR, PA 19010 100	Name and address (home or business)	any foundation manager or substantial contributor	status of	contribution	Amount
ASHINGTON, DC 20036 OGA UNITES OGO UNITES NOME ANNUAL DRIVE O SOX 11770 RIN MAWR HOSPITAL NOME ANNUAL DRIVE ANNUAL DRIVE 25 RYN MAWR AVENUE RYN MAWR, PA 19010 100					
ASHINGTON, DC 20036 OGA UNITES OGO UNITES NOME ANNUAL DRIVE O SOX 11770 RIN MAWR HOSPITAL NOME ANNUAL DRIVE ANNUAL DRIVE 25 RYN MAWR AVENUE RYN MAWR, PA 19010 100	WORLDWATCH INSTITUTE	NONE		ANNUAL DRIVE	
ASHINGTON, DC 20036 OGA UNITES O BOX 11770 HILADELPHIA, PA 19101 RYN MAWR HOSPITAL 30 S, BRYN MAWR AVENUE RYN MAWR, PA 19010 100					
OGA UNITES O BOX 11770 HILADELPHIA, PA 19101 25 RYN MAWR HOSPITAL NOME ANNUAL DRIVE ANNUAL DRIVE ANNUAL DRIVE ANNUAL DRIVE 100 100	WASHINGTON, DC 20036				1000
D BOX 11770 HILADELPHIA, FA 19101 EYN MAWR HOSPITAL 30 S. BRYN MAWR AVENUE EYN MAWR, FA 19010 100					
D BOX 11770 HILADELPHIA, FA 19101 EYN MAWR HOSPITAL 30 S. BRYN MAWR AVENUE EYN MAWR, FA 19010 100	YOGA UNITES	NONE		ANNUAL DRIVE	
NOME ANNUAL DRIVE RYN MAWR HOSPITAL 30 S. BRYN MAWR AVENUE RYN MAWR, PA 19010 100		10.12		INVOID BRIVE	
RYN MAWR HOSPITAL 30 S. BRYN MAWR AVENUE RYN MAWR, FA 19010 100					250
30 S. BRYN MAWR AVENUE RYN HAWR, PA 19010 100					
30 S. BRYN MAWR AVENUE RYN HAWR, PA 19010 100	BRYN MAWR HOSPITAL	NONE		ANNIIAI. DRIVE	
NYN MAWR, PA 19910 100					
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Form 990-PF Inter	est on Savi	ngs and Tem	porary (Cash In	vestments	Statement 1	
Source		Reve	(a) Revenue Per Books		(b) vestment come	(c) Adjusted Net Income	
THROUGH CHARLES SC	HWAB		1263.		1263.		
Total to Part I, line 3			1263.		1263.		
Form 990-PF	Dividend	s and Inter	est from	n Secur	ities	Statement 2	
Source	Gross Amount	Capital Gains Dividend	Rev	a) venue Books	(b) Net Invest ment Incom		
THROUGH CHARLES SCHWAB	9862	•	0.	9862.	9862	2.	
To Part I, line 4	9862		0.	9862.	9862	2.	
Form 990-PF		Accounti	ng Fees			Statement 3	
Description		(a) Expenses Per Books	(b) Net Inv ment In	rest-	(c) Adjusted Net Income	(d) Charitable Purposes	
I M FINANCIAL SERV	ICES CORP	1100.		0.		1100.	
To Form 990-PF, Pg	1, ln 16b	1100.		0.		1100.	
Form 990-PF		Tax	es			Statement 4	
Description		(a) Expenses Per Books	(b) Net Inv ment In	est-	(c) Adjusted Net Income	(d) Charitable Purposes	
EXCISE TAXES		925.		0.		0.	
To Form 990-PF, Pg	1, ln 18	925.		0.		0.	

Description Expenses Per Books ment Income Net BRETON FINANCIAL - ADVISORY FEES TO Form 990-PF, Pg 1, ln 23 Expenses Per Books ment Income Net Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch Souch So	m 990-PF Other Expenses		Statement 5		
### TEES	Expenses Net Invest				
Form 990-PF Corporate Stock Description Book Val 300 SHS. WHOLE FOODS MKT 400 SHS. WELLS FARGO 400 SHS. AMERICAN EXPRESS 600 SHS. WALT DISNEY 200 SHS. FEDEX 400 SHS. WILLIAMS COMPANIES 300 SHS. AMGEN 200 SHS. AMERICAN EXPRESS 51 300 SHS. AMERICAN EXPRESS 52 400 SHS. PFIZER 700 SHARES WATTS WATER TECH 500 SHARES WATTS WATER TECH 500 SHARES CITADEL BROADCASTING 300 SHARES ANADARKO PETROLEUM 300 SHARES JPMORGAN CHASE		00.	0.		
Description Book Val 300 SHS. WHOLE FOODS MKT 400 SHS. WELLS FARGO 400 SHS. AMERICAN EXPRESS 600 SHS. WALT DISNEY 200 SHS. FEDEX 400 SHS. WILLIAMS COMPANIES 300 SHS. AMGEN 200 SHS. AMERICAN EXPRESS 400 SHS. AMERICAN EXPRESS 500 SHARES WATTS WATER TECH 500 SHARES WATTS WATER TECH 500 SHARES CITADEL BROADCASTING 300 SHARES ANADARKO PETROLEUM 17 300 SHARES JPMORGAN CHASE	Form 990-PF, Pg 1, ln 23 5000. 500	00.	0.		
300 SHS. WHOLE FOODS MKT 400 SHS. WELLS FARGO 400 SHS. AMERICAN EXPRESS 600 SHS. WALT DISNEY 200 SHS. FEDEX 400 SHS. WILLIAMS COMPANIES 300 SHS. AMGEN 200 SHS. AMERICAN EXPRESS 400 SHS. PFIZER 700 SHARES WATTS WATER TECH 500 SHARES HOME DEPOT 46 SHARES CITADEL BROADCASTING 300 SHARES ANADARKO PETROLEUM 300 SHARES JPMORGAN CHASE	m 990-PF Corporate Stock		Statement 6		
400 SHS. WELLS FARGO 400 SHS. AMERICAN EXPRESS 600 SHS. WALT DISNEY 200 SHS. FEDEX 400 SHS. WILLIAMS COMPANIES 300 SHS. AMGEN 200 SHS. AMERICAN EXPRESS 400 SHS. PFIZER 700 SHARES WATTS WATER TECH 500 SHARES HOME DEPOT 46 SHARES CITADEL BROADCASTING 300 SHARES ANADARKO PETROLEUM 300 SHARES JPMORGAN CHASE 113	cription	Book Value	Fair Market Value		
300 SHARES INTEL 300 SHARES PEPSICO 800 SHARES HAIN CELESTIAL GROUP 200 SHARES 3M COMPANY 1773.05 SHARES VANGUARD INFLATION PROTECTED SEC 200 SHARES INTUIT 233.281 SHARES COHEN & STEERS REALTY	SHS. WELLS FARGO SHS. AMERICAN EXPRESS SHS. WALT DISNEY SHS. FEDEX SHS. WILLIAMS COMPANIES SHS. AMGEN SHS. AMERICAN EXPRESS SHS. PFIZER SHARES WATTS WATER TECH SHARES HOME DEPOT SHARES CITADEL BROADCASTING SHARES ANADARKO PETROLEUM SHARES JPMORGAN CHASE SHARES INTEL SHARES INTEL SHARES PEPSICO SHARES PEPSICO SHARES HAIN CELESTIAL GROUP SHARES 3M COMPANY 3.05 SHARES VANGUARD INFLATION PROTECTED SEC SHARES INTUIT 5.281 SHARES COHEN & STEERS REALTY	2242. 7620. 13900. 17262. 7137. 11936. 17762. 5840. 12482. 22365. 18505. 0. 17645. 11150. 5709. 6023. 18009. 12417. 15453. 25036. 11961. 15000. 23409.	15126. 21928. 37216. 56514. 34732. 17976. 47787. 18608. 12460. 44408. 52485. 0. 24750. 18774. 10887. 10887. 28368. 46632. 32864. 23369. 18428. 17930. 28893.		

Form 990-PF	Corporate Bonds		Statement 7
Description		Book Value	Fair Market Value
25M GEN ELEC CAP CRP 5.05% DUE 9/	15/17	25000.	27007.
Total to Form 990-PF, Part II, li	ne 10c	25000.	27007.
Form 990-PF	Other Assets		Statement 8
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
BERKSHIRE LIFE INS POLICY #L0856297 BERKSHIRE LIFE INS POLICY	18777.	18777.	41461.
#L0926172	18777.	18777.	62189.
To Form 990-PF, Part II, line 15	37554.	37554.	103650.

Form 990-PF Election Under Regulations Section Statement 9
53.4942(a)-3(d)(2) to Apply
Excess Qualifying Distributions
to Prior Year's Undistributed Income

FOUNDATION ELECTS TO TREAT DISTRIBUTIONS AS BEING APPLIED TO EARLIEST OUTSTANDING YEAR.

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or MARGARET EVANS TUTEN FOUNDATION print 23-7856551 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See instructions VILLANOVA, PA 19085 Enter the Return code for the return that this application is for (file a separate application for each return) 0 4 Application Return Application Return Is For Is For Code Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 5227 Form 990-PF 04 10 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ► JOHN C. TUTEN JR., ESQUIRE, 128 ASHWOOD RD, VILLANOVA, PA 19085 Telephone No. ► 610-527-1609 Fax No. ► • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is . . ▶ ☐ and attach for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box . a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 17 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☑ calendar year 20 14 or ► 🗌 tax year beginning ______, 20 _____, and ending _____ If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return 2 ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3h c Balance due, Subtract line 3b from line 3a, Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution, If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions