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Form **990-PF**

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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

For cal	endar year 2014, or tax year beginning	, 2014, a	ind ending		
ANGE	L GRAPEVINE	, ,		A Employer Identification number 47-1277768	mber
T745	GOOSETOWN RD		Ī	B Telephone number (see ins	tructions)
FW21	FALLOWFIELD, PA 19320-4644		ŀ		
	[V]	1	· · · · · · · · · · · · · · · · · · ·	C If exemption application is	pending, check here.
G Che	· · · ·	-	er public charity	D 1 Foreign organizations, che	ck here ▶ 🔲
	Address change	Name change		2 Foreign organizations mee	ting the 85% test, check 🦳
H Che	eck type of organization: X Section 50	1(c)(3) exempt private fou	undation	here and attach computation	oa ► ∐
► \$			ash basis.)		
Part	Analysis of Revenue and			t (c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (h), (c), and (d) may not neces-	expenses per books	income	income	for charitable purposes
	sarily equal the amounts in column (a)				(cash basis only)
	1 Contributions of the contrib	5,000		-' -	
	2 CA Sub-law James Well required to attach Sch B				
	G3 - Interact tin servings and tempolar scale investments.	1			
Ι,	4 Drintends and unto 60 kern sackles			-	
11	Dd Woss tents			_	
R/C	Get He court from Tichn est of artifician on fine ID		 		
E //	D Gross sales price to all				
Ę N	7 Capital gain net income (from Part IV, line 2)				
N U	1 -				
Ē	10 a Gross sales less				
	allowances				
	goods sold				
	11 Other income (attach schedule)				
		5,000.		0.	
		U.]			
	15 Pension plans, employee benefits				
Ą		1,530.			
n M		135.			
) o N	17 Interest				
ET	18 Taxes (sttach schedule)(see asstrs),				
R R					
	20 Occupancy				
□G Ε □	21 Travel, conferences, and meetings	11.			
, T E E	23 Other expenses (attach schedule)	65.			
L E	SEE STATEMENT 3	1,887.			850.
0 VIVI 17 19 19 19 19 19 19 19 19 19 19 19 19 19	FALLOWFIELD, PA 19320-4644 Ck all that apply: X Initial return		850.		
- S	GRAPEVINE GOOSETONN RD TALLOWFIELD, PA 19320-4644		240.		
္ဟ	26 Total expenses and disbursements.				
V.)		3,868.		0.	1,090.
	a Excess of revenue over expenses				1
ĺ		1,132.			
					
BAA F		tructions.	TEEA0504L 12/1		Form 990-PF (2014)

TEEA0504L 12/10/14

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Par	i II i	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	<u> </u>
	• • •	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,132.	1,132.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
	l	Local allowance for doubtful accounts B	1		· ·
	4				
		A second control of the second control of th			
	5	Grants receivable			<u> </u>
	_	Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see instructions)			
	7	Other sets, and James resemble feltech sets.			
Α	'	Local allowance for doubtful accounts by			
ASSET	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges		-	· · · · · · · · · · · · · · · · · · ·
S	1 -	, .			
	10	a Investments — U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
	[11	Investments — land, buildings, and equipment: basis			ļ
	i	Less accomplated degree attion	ì		
		(attach schedule)			
	12	Investments - mortgage loans			
	13				
		Land, buildings, and equipment: basis			
	l	Lance annualistad dancenistian			
		(attach schedule)			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item l)		1 100	
			0.	1,132.	1,132.
ŀ	17	Accounts payable and accrued expenses			•
Å B	18	, ,			
B	19	Deferred revenue			
1	20	Loans from officers, directors, trustees, & other disqualified persons			:
ļ	21	Mortgages and other notes payable (attach schedule)			
Ť	22	Other liabilities (describe			:
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	!
<u> </u>				``	i
	ľ	Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.]
NF	24	Unrestricted		1,132.	
Eυ	_	Temporarily restricted		-/	!
T N D	26	Permanently restricted			!
A _		Foundations that do not follow SFAS 117, check here >		······································	Ì
SB		and complete lines 27 through 31.			ŧ
A B A L A N	27	Capital stock, trust principal, or current funds			t
TA	28	Paid-in or capital surplus, or land, bldg, and equipment fund			t .
C	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S		Total net assets or fund balances (see instructions)	0.	1,132.	,
n 3	30 31	Total liabilities and net assets/fund balances	<u> </u>	1,132.	ļ
	<u> </u>	(see instructions)	0.	1,132.	1
Parl	HI	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	I net assets or fund balances at beginning of year - Part II. colu	mn (a), line 30 (must a	ree with	
•	end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)		<u>1</u>	0.
2	Ente	r amount from Part I, line 27a		2	1,132.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3	·	4	1,132.
5	Decre	ases not included in line 2 (itemize)		5	
6	Total	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I	ne 30 6	1,132.

648.614

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b).....

Enter qualifying distributions from Part XII, line 4......

Add lines 5 and 6......

7

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see	instru	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	\Box				- 1
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)	ľ	_			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1			0.
	check here. > and enter 1% of Part I, line 27b	ľ				1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	- }				:
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
	Add lines 1 and 2		3		•	0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0		4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5			0.
6	Credits/Payments:					
а	2014 estimated tax pmts and 2013 overpayment credited to 2014					!
b	Exempt foreign organizations — tax withheld at source	\neg	ſ			[
	Tax paid with application for extension of time to file (Form 8868) 6 c	\neg				
	Backup withholding erroneously withheld	\neg	- 1			
7	Total credits and payments. Add lines 6a through 6d		7	•		0.
8	Enter any penalty for underpayment of estimated tax. Check here		8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			0.
10	Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	10			
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax		11			
	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	it		1	Yes	No X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				Ь	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published				-	
_	or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?			-;	c	-ŀ∑ ¹
9	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			0.	1] ;
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					!
	foundation managers ▶ \$0.					.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.	••••	• • • • •		+	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				_	_
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	ş		3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					<u> </u>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		• • • • •			AVE
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	Ц.,	X
	If 'Yes,' attach the statement required by General Instruction T.				1	,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					1 .
	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that confli- with the state law remain in the governing instrument?	ct	. .	6	$\frac{1}{x}$	- 1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•		_		!
	PA			_		1 .
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8	. Ь _ X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' con	3) or a	4942(Part	j)(5) X/V: 9		<u>x</u> ,
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their namand addresses	es			x	
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	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address			
14	Website address. N/A The books are in care of ► JOAN A ALLEN Telephone no. ► 774-27 Located at ► 1745 GOOSETOWN RD EAST FALLOWFIEDL PA ZIP + 4 ► 19320	2-1	914_	
15	Located at 1745 GOOSETOWN RD EAST FALLOWFIEDL PA 2014 4 19320	NZX		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	.417.41		∐ N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If 'Yes,' enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			i
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	l		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
Ł	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u>.</u> 1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	 1 c	-	. <u>x</u> _
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
8	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If 'Yes,' list the years ► 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	- <u>.</u>	/A
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If 'Yes,' did it have excess business holdings in 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.)	 3b	N.	/A_
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
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?			X
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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)						
5a During the year did the foundation pay or incu	•								
(1) Carry on propaganda, or otherwise attemption	·			No					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?									
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)									
(5) Provide for any purpose other than religio educational purposes, or for the prevention	No								
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	5b	N/A							
Organizations relying on a current notice rega									
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon			N/A. 🗌 Yes 📗	No					
If 'Yes,' attach the statement required by Reg]					
6 a Did the foundation, during the year, receive an on a personal benefit contract?			Yes X						
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	Бь	X_				
If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the found	dation a party to a prob	hited tay shelter transa	oction? Tyes V	No.					
b If "Yes," did the foundation receive any proceed									
Part VIII Information About Officers, D					s,				
and Contractors									
1 List all officers, directors, trustees, foundation	n managers and their o			r :					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, illowances				
JOAN A ALLEN	PRES, SEC, T	0.	0.	(
1745 GOOSETOWN RD	5.00			ĺ					
EAST FALLOWFIELD, PA 19320				ļ					
WILLIAM ALLEN	VICE PRESIDE	0.	0.		0.				
1745 GOOSETOWN RD	1.00			1					
EAST FALLOWFIELD, PA 19320	DIRROMOD			 					
NICOLE ALLEN	DIRECTOR	0.	0.		0.				
54 LOTT ST, APT 1	1.00			l					
BROOKLYN, NY 11226	DIBECTOR	0.	0.		0.				
CHRISTOPHER ALLEN	DIRECTOR	0.	υ.	l	V.				
1745 GOOSEWTOWN RD	1.00								
EAST_FALLOWFIELD, PA 19320 2 Compensation of five highest-paid employees (or	ther than those included	on line 1 — see instruction	ns) If none enter 'NONE	<u> </u>					
	(b) Title, and average	(c) Compensation	(d)Contributions to		se account,				
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(a) compensation	employee benefit plans and deferred compensation	other a	llowances				
NONE									
		_							
	<u> </u>								
Total number of other employees paid over \$50,000) 		······································		0				
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Form 990-PF (2014) ANGEL GRAPEVINE 47-127	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
. (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
	1
	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CASH DONATIONS TO LOCAL CHARITABLE ORGANIZATIONS	
	240.
2	
3	
,	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
N/A	
2	
All allow avagence related investments. Conjugations	
All other program-related investments. See instructions.	
· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1 through 3	0.
BAA	

Form 990-PF (2014) ANGEL GRAPEVINE	47-1277768	
Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign foun	dations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes: a Average monthly fair market value of securities		
b Average of monthly cash balances		
c Fair market value of all other assets (see instructions)		
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part	erating found	ations
1 Minimum investment return from Part X line 6		
2 a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014. (This does not include the tax from Part VI.)		
¢ Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions		
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)		
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	1,090.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.		1,090.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)		
6 Adjusted qualifying distributions. Subtract line 5 from line 4		1,090.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years.		
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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,				0.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			0.	
b Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2014:				ı
a From 2009				i
c From 2011				l
d From 2012	i			ı
e From 2013				Į.
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part				
XII, line 4: ► \$ 1,090.			_	
a Applied to 2013, but not more than line 2a.			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus	•			
(Election required – see instructions) d Applied to 2014 distributable amount	0.			0.
e Remaining amount distributed out of corpus.	1,090.			
5 Excess distributions carryover applied to 2014	1,030.			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:				!
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,090.			i
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed			I	1
income for which a notice of deficiency has been issued, or on which the section 4942(a)		_		i
tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		١		i
amount - see instructions	 	0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
1110 CO. 140-210 C. 160-110 C. 16				
f Undistributed income for 2014. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election		1		i
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	1,090.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				, ,
d Excess from 2013				1
e Excess from 2014 1,090.				For 000 Dr (2014)
BAA				Form 990-PF (2014)

Form 990-PF (2014) ANGEL GRAPEVINE				47~1277768	
Part XIV Private Operating Foundati					N/A
1 a If the foundation has received a ruling or determined is effective for 2014, enter the date of the rules.	mination letter that	it is a private opera	ting foundation, and th	e ruling	
b Check box to indicate whether the foundation				4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	Taking topinaziloti	Prior 3 years	1 4542()(5) 61	1 4342()(3)
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for each year listed	(3) 2014	(0)20.0	(0) 2012	(4)2011	(0) 1012
b 85% of line 2a			1		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:		ļ	1		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section	1				
512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided					
in section 4942(jX3XBX(iii)					
an exempt organization			 		·
Part XV Supplementary Information (Complete this	navi anlie it iha	foundation had	\$5,000 ax mara	in
assets at any time during the	vear – see in	structions.)	; iouiidation nad	45,000 OI IIIOIC	***
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have NONE	contributed more th	an 2% of the total c than \$5,000). (See	contributions received be section 507(d)(2).)	y the foundation befo	ore the
b List any managers of the foundation who own is a partnership or other entity) of which the follows:	0% or more of the bundation has a 10	stock of a corporate 0% or greater inter	on (or an equally large rest.	portion of the owners	ship of
2 Information Dec. 11 Oct 11 Co.	014 1 5 1	tarable -4- P			
2 Information Regarding Contribution, Grant Check here ► ☐ if the foundation only make				nge nat aggart	cited
Check here \(\sum_{\text{off}} \) if the foundation only make requests for funds. If the foundation makes					
complete items 2a, b, c, and d.		•			
a The name, address, and telephone number or e	e-mail address of th	e person to whom a	applications should be	addressed:	
SEE STATEMENT 5				_	
b The form in which applications should be su	bmitted and infor	mation and materia	als they should includ	e:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A				- 	
d Any restrictions or limitations on awards, su	ch as by geograph	nical areas, charita	able fields, kinds of in	stitutions, or other	ractors:
SEE STATEMENT FOR LINE 2A					000 PF /0014\
BAA	TEE	A0310L 06/17/14		FC	orm 990-PF (2014)

Form 990-PF (2014) ANGEL GRAPEVINE

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contained	
a Paid during the year LORD'S PANTRY 141 E LANCASTER AVE DOWNINGTOWN, PA 19335			OPERATIONS	140.
GOODWILL 3231 LINCOLN HIGHWAY THORNDALE, PA 19372		PC	OPERATIONS	100.
Total			▶ 3a	240.
b Approved for future payment			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue:	touc		code		(Dec mandana)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			1		
4 Dividends and interest from securities					·
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property			1		
b Not debt-financed property.					<u></u>
6 Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other than inventory			-		
9 Net income or (loss) from special events			 		
			 		·
10 Gross profit or (loss) from sales of inventory	-		 		
., ., ., ., ., ., ., ., ., ., ., ., ., .	<u> </u>		1		
a					
b			 		
c			-		
d		· · · · · · · · · · · · · · · · · · ·			
e			ļ		
12 Subtotal. Add columns (b), (d), and (e)			<u> </u>	1	
				13	0.
See worksheet in line 13 instructions to verify calculation	ns.)				
Part XVI-B Relationship of Activities to the	Accompl	ishment of Exemp	t Purpe	oses	
	 -				
Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	come is repo purposes (o	orted in column (e) of Fi ther than by providing f	unds for	such purposes). (See it	y to the structions)
N/A			_		
					
·····					
					· · · · · · · · · · · · · · · · · · ·
		·			
				· · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
					
					
				· · · · · · · · · · · · · · · · · · ·	
					
<u> </u>					
					
					

m 990-PF (2	2014) ANGEL (<u>GRAPEVINE</u>					47-1277		Page 13
rt XVII	nformation Reg Exempt Organiz	jarding Trai	nsfers To an	d Transaction	ns and Rela	itionships \	With Nonchar	itable	
	.xcmpt Organia	200113					· · · · · · · · · · · · · · · · · · ·		es No
Did the or	ganization directly in section 501(c)	or indirectly e	ngage in any of	the following wi	th any other o	rganization n section 527.			10
relating to	o political organizat	tions?					ļ	i	
	from the reporting						,	4. 65	-,
								1a(1)	- X
	assets	•••••	,			· • • • • • • • • • • • • • • • • • • •	·····	1 a (2)	X
Other tran	isactions. of assets to a non	scharitable eve	mot organizatio	0			ł	16(1)	x
	ases of assets from							1 b (2)	$\frac{1}{X}$
	of facilities, equip							1 ь (3)	$\frac{1}{x}$
	bursement arrange						P-	1 b (4)	X
	s or loan guarantee						P-	1 b (5)	X
(6) Perfo	rmance of services	or membersh	ip or fundraising	solicitations			. .	1 b (6)	X
Sharing o	of facilities, equipm	ent, mailing lis	sts, other assets	, or paid employ	ees		[1 c	X
			1 . 1 1		0-1 45		مامه ماه		-1
the goods, any trans	wer to any of the a , other assets, or ser action or sharing a	ibove is 'Yes,' rvices given by ' rrangement, s	complete the 10 the reporting fou how in column (ndation. If the four d) the value of t	e, Column (b) ndation receive he goods, oth	snould always d less than fair er assets, or s	snow the fair market value in services received	arket value	OI
ine no.	(b) Amount involved	(c) Name (of noncharitable exer	npt organization	(d) Descr	iption of transfers	, transactions, and sl	arıng arranger	nents
		<u> </u>							_
									
		ļ <u> </u>							
		 							
		 							
		 		-					
		 							
	·		-		 				
		1							
							•		
s Is the four described	ndation directly or inc I in section 501(c)	directly affiliated of the Code (o	d with, or related ther than sectio	to, one or more tands to	ax-exempt organisection 527?	nizations		Yes	χNο
	omplete the follow		··						
	Name of organizati	on	(b) Тур	e of organization	<u> </u>	(c) De	scription of relat	ionship	
1									
· · · · ·				-					
									
Under per	nathes of persury. I declar	re that I berrocxam	l uned this return, inclu	ding accompanying so	hedules and state	ments, and to the	best of my knowledge :	and belief, it is	true,
correct, a	natties of perjury, I declar and complete. Declaration	of preparer (other	than Jaxpayer) is bas	ed on all information	of which preparer I	nas any knowledge	-		
n	- A.	/ #/	1.	000	- •			May the IRS this return wi	th the
e	1)(1)			14-6-10	PRES	, SEC, TI	REA	(see ipstructi	aus)Z
Signatu		<i></i>		Date	Title		<u> </u>	Yes	X
	Print/Type preparer's nai	M. Sign	120 80000		y Date	155/5	CHECK [A]	PTIN	
d 🐔	M . CYNTHIA QU	INN, CPA	M . CY	NTHIA QUINN,	CPA フ	···		P00170051	
P4.0.		. CYNTHIA O		····		Firm	's EIN 23-267	2732	
Only		RED OAK DR							
	c	OATESVILLE,	PA 19320			Pho	ne no. (610)	380-1040	

BAA

Form 990-PF (2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF
➤ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047

2014

Name of the organization		Employer Identification number
ANGEL GRAPEVINE		47-1277768
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation
	501(c)(3) taxable private foundation	·
	[] 501(c)(5) taxable private ioditation	
Check if your organization is covered by the	ne General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule	and a Special Rule See instructions.
General Rule		
X For an organization filing Form 990, 99	0-EZ, or 990-PF that received, during the year, contributi	ons totaling \$5,000 or more (in money or
property) from any one contributor. Con	mplete Parts I and II. See instructions for determining a c	contributor's total contributions
Special Rules		
For an organization described in section	on 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, I ing the year, total contributions of the greater of (1) \$5,00 m 990-EZ, line 1. Complete Parts I and II.	l% support test of the regulations
received from any one Contributor, duri	ing the year, total contributions of the greater of (1) \$5,00	00 or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form	m 990-EZ, line 1. Complete Parts I and II.	
For an organization described in section	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re	ceived from any one contributor,
during the year, total contributions of n	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re more than \$1,000 <i>exclusively</i> for religious, charitable, scie lty to children or animals. Complete Parts I, II, and III.	ntific, literary, or educational
purposes, or for the prevention of crue	ity to children or animals. Complete Parts 1, 11, and 111.	
De	- 501(4)(7) (8) or (10) filler form 900 or 900 F7 that to	eniued from any one contributor
during the year, contributions exclusive	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re ely for religious, charitable, etc., purposes, but no such co	entributions totaled more than
\$1,000. If this box is checked, enter he	ere the total contributions that were received during the year	ear for an <i>exclusively</i> religious,
charitable, etc., purpose. Do not compl	lete any of the parts unless the General Rule applies to the	his organization because
it received nonexclusively religious, cha	aritable, etc., contributions totaling \$5,000 or more during	the year
Caution: An organization that is not source	and by the General Rule and/or the Special Rules does not	file Schedule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part I'	ed by the General Rule and/or the Special Rules does not V, line 2, of its Form 990; or check the box on line H of it et the filing requirements of Schedule B (Form 990, 990-E	s Form 990-EZ or on its Form 990-PF,
BAA For Paperwork Reduction Act Notice or 990-PF.	e, see the Instructions for Form 990, 990EZ, Sched	dule B (Form 990, 990-EZ, or 990-PF) (2014)

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of org	anization GRAPEVINE	1	r identification number 277768
Part	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM & JOAN ALLEN 1745 GOOSETOWN RD EAST FALLOWFIELD, PA 19320	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 -		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/17/14	Schedule B (Form 990	, 990-EZ, or 990-PF) (2014)

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 to	1 of Part II
Name of organization			1 ' '	ntification number
ANGEL	GRAPEVINE		47-127	7768
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is nee	eded.	
(a) No. from Part I	(b) Description of noncash property given	FMV (c	(c) or estimate) ostructions)	(d) Date received
	N/A	\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (d	(c) or estimate) istructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (c	(c) or estimate) ostructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (d	(c) or estimate) estructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	FMV (d	(c) or estimate) istructions)	(d) Date received
		\$_ _		
(a) No. from Part I	(b) Description of noncash property given	FMV (c	(c) or estimate) structions)	(d) Date received
		\$		
BAA	Sched	ule B (Forn	n 990, 990-EZ,	L or 990-PF) (2014)

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 1 to 1 or Part III	
Name of organ	nization GRAPEVINE		Employer Identification number 47-1277768	
		he year from any one contribute ompleting Part III, enter the total o (Enter this information once. See i	cations described in section 501(c)(7), (8) or. Complete columns (a) through (e) and if exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
ВАА		TEEA0704L 11/13/14	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	