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## SCANNED MAY 2 8 2015

Form **990-PF** 

Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
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.lrs.gov/form990pf.

OMB No 1545-0052

roi c	alendar year 2014 of tax year beginning		, and ending		
Nan	e of foundation			A Employer identification	number
R	EACHLEY FOUNDATION, INC.			52-6039903	
	ber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	27 NORTH PROSPECT STREET	,	1	(301)733-1	910
	or town, state or province, country, and ZIP or foreign p	octal code			
	AGERSTOWN, MD 21740	Usiai couc		C if exemption application is p	ending, check here
	heck all that apply: Initial return	Initial return of a fo	rmer nublic charity	D 1. Foreign organizations	chack hara
u	Final return	Amended return	initer public charity	D 1. Foreign organizations	s, check here
	Address change			2 Foreign organizations me check here and attach co	eting the 85% test,
<u></u>		Name change	<del></del> -	7	
<u></u>		Other taxable private founda	•	E If private foundation star	
<u></u>				under section 507(b)(1)	• • •
	r market value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a (	
		ther (specify)		under section 507(b)(1)	(B), check here
					(4) -
Pa	Tt I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
			income		(cash basis only)
	1 Contributions, gifts, grants, etc., received	0.	····	N/A	
	2 Check X if the foundation is not required to attach Sch B	<u>-</u>			
	3 Interest on savings and temporary cash investments	5.	5.		STATEMENT 1
	4 Dividends and interest from securities	8,710.	8,71 <u>0.</u>		STATEMENT 2
Revenue	5a Gross rents				
	Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,337.			
	b Gross sales price for all assets on line 6a 64,040.				
	7 Capital gain net income (from Part IV, line 2)		9,337.	, , , , , , , , , , , , , , , , , , , ,	
<u>~</u>	8 Net short-term capital gain			1 1	
	9 Income modifications			in Minis	8 1 KUIS 17
	10a Gross sales less returns and allowances				* , , , , , , , , , , , , , , , , , , ,
	<b>b</b> Less Cost of goods sold			00	TELL HT
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	18,052.	18,052.		1
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ses	16a Legal fees				
Expens	b Accounting fees STMT 3	1,100.	0.		0.
Ä	c Other professional fees				
<u>8</u>	17 Interest				
rati	18 Taxes STMT 4	1,987.	. 0.		0.
ist	19 Depreciation and depletion				
Operating and Administrative	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
Б	22 Printing and publications				
<u> 6</u>	23 Other expenses STMT 5	3,298.	0.		0.
atin	24 Total operating and administrative				
)er:	expenses. Add lines 13 through 23	6,385.	0.		0.
ŏ	25 Contributions, gifts, grants paid	33,850.	<u> </u>		33,850.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	40,235.	0.	1	33,850.
	27 Subtract line 26 from line 12:		<u>v</u> .		33,330.
	2 Excess of revenue over expenses and disbursements	22,183.		•	
	b Net investment income (if negative, enter -0-)		18,052.		<del></del>
	C Adjusted net income (if negative, enter -0-)			N/A	<del> </del>
4235		instructions		10	Form <b>990-PF</b> (2014)
11.7	LIVE TOLI GOCITTOIR ILGGESTION AUL MULIUS, DEC	INCHESTION OF THE PROPERTY OF		11 1	, 1 (40)

		0-PF (2014) BEACHLEI FOUNDATION, INC			039903 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
<u> </u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,019.	1,828.	1,828.
	2	Savings and temporary cash investments	13,894.	7,702.	7,702.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
	'	Less: allowance for doubtful accounts			
	5	Grants receivable			
	I -				
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ន	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Αs		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	250,057.	236,257.	277,503.
	_		230,037.	230,237.	211,303.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
	' '	Less accumulated depreciation		İ	
	4.5				<del></del>
	1	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	065 050	0.45 505	005 000
	ļ	instructions. Also, see page 1, item I)	267,970.	245,787.	<u> 287,033.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue		]	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
豆	1	Mortgages and other notes payable			
۳:	1	Other liabilities (describe )			
	22	Unter habilities (describe			
			0		
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
ë	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
ā		Foundations that do not follow SFAS 117, check here			
<b>Net Assets or Fund Balances</b>	1	and complete lines 27 through 31.			
9	0.7	•	184,364.	184,364.	
ţ	27	Capital stock, trust principal, or current funds			
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	83,606.	61,423.	
ž	30	Total net assets or fund balances	267,970.	<u> 245,787.</u>	
			İ		
	31	Total liabilities and net assets/fund balances	267,970.	245,787.	
		III Analysis of Changes in Net Assets or Fund Ba	lances	· -	
L	art	Allalysis of Changes in Net Assets of Fund Ba	liances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
	(mu	st agree with end-of-year figure reported on prior year's return)		11	267,970.
2	•	r amount from Part I, line 27a		2	-22,183.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	245,787.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h) line 30	6	245,787.
0	TULA	i net assets of fund parances at end of year (line 4 minus line 3) - Part II, cor	unin (n), mie ou	101	245,767.

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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 qualifying distributions from Part XII, line 4

33,850.

_	n 990-PF (2014) BEACHLEY FOUNDATION, INC. 52-603 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	9903 instru	ctio	Page 4
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%		<u>3</u>	<u>61.</u>
	of Part I, line 27b			
	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-)			0.
-	Add lines 1 and 2			<u>61.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			$\frac{0.}{61.}$
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			01.
	Credits/Payments: 2014 estimated tax payments and 2013 overpayment credited to 2014  6a			
	2014 estimated tax payments and 2013 overpayment credited to 2014  Exempt foreign organizations - tax withheld at source  6b			
	· · · · · · · · · · · · · · · · · · ·			
			3	61.
				<u> </u>
				0.
	Backup withholding erroneously withheld  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments. Add lines 6a through 6d  Fotal credits and payments of estimated tax. Check here if Form 2220 is attached  Fotal credits and payments 5 and 8 is more than line 7, enter amount owed  Payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Fotal credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Fotal credits and corepaid  Payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Fotal credits and corepaid  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  It is amount of line 10 to be: Credited to 2015 estimated tax  Payments. Refunded  Payments			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene 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)?	1b		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			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
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, or			.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_	<u> </u>	X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b 5		Х
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.	3		
2	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ŀ		
O	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		:	
	remain in the governing instrument?	6	Х	
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	7	Х	
·	,,,,,,,, .			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	_		
	MD	-		
b	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	8b	X	<b></b>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9_	v	X
10		10 form <b>990</b>	<u>X</u> -PF	(2014)

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	280,329.
b	Average of monthly cash balances	1b	11,971.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	292,300.
e			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	292,300.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,385.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	287,915.
6	Minimum investment return. Enter 5% of line 5	6	14,396.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	14,396.
2a	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.)		
C	Add lines 2a and 2b	2c	361.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,035.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,035.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,035.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		22.050
а	Expenses, contributions, gifts, etc total from Part 1, column (d), line 26	1a	33,850.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	33,850.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,850.
	Note. The empiret on line C will be used in Dort V, column (b), in subsequent veers when calculating whether the foundation	auglifica for	the coetion

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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,		<u>-</u>		
line 7				14,035.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		_		
		0.	· <del></del> · · · · · · ·	
3 Excess distributions carryover, if any, to 2014:				
a From 2009 16, 421.				
<b>b</b> From 2010 22, 266.				
c From 2011 17,952.				
d From 2012 20,086.				
e From 2013 23,182.	00 007			
f Total of lines 3a through e	99,907.		,	
4 Qualifying distributions for 2014 from Part XII, line 4: ►\$ 33,850.				
			0.	
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		· ·	<u>.</u>	14,035.
e Remaining amount distributed out of corpus	19,815.			
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) )	<u> </u>	·		
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	119,722.	· · · · · · · · · · · · · · · · · · ·		
<b>b</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				0.
be distributed in 2015  7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	16,421.			
9 Excess distributions carryover to 2015.		· · ·		
Subtract lines 7 and 8 from line 6a	103,301.			
10 Analysis of line 9:		***		
a Excess from 2010 22, 266.				
<b>b</b> Excess from 2011 17,952.				
c Excess from 2012 20,086.				
d Excess from 2013 23, 182.				
e Excess from 2014 19,815.				Form <b>990-PF</b> (2014)

	Y FOUNDATIC				039903 Page 10
Part XIV   Private Operating F	<del></del>		I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ ∟_		<del></del>
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		<b>-</b>
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
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:			1		
(1) Value of all assets					
(2) Value of assets qualifying		~~			
under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		}	j		
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,		Í			
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)		}			
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	<del></del>		1		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or n	nore in assets
at any time during				• •	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	_	than 2% of the total con	tributions received by th	ne foundation before the cl	lose of any tax
year (but only if they have contributed i			· · · · · ·		,
NONE					
<b>b</b> List any managers of the foundation wh			(or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha	as a 10% or greater intere	est.			
NONE				·	
2 Information Regarding Contribut	• •	• • • •	•		
Check here ► if the foundation	•	<u> </u>	•	•	•
the foundation makes gifts, grants, etc.	<del></del>			<del></del>	ng a.
a The name, address, and telephone num			lications should be addi	ressed:	
DAVID C. BEACHLEY, 3					
227 N. PROSPECT ST.					- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-
b The form in which applications should WRITTEN-REQUEST FOR				LL BE USED.	
c Any submission deadlines:					
NONE			1 . 4 4	ath and act	
d Any restrictions or limitations on award	is, such as by geographic	aı areas, charitable fields	, kinds of institutions, o	r other factors:	
NONE					
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· · · <del>-</del> ·					

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Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code				
a	- <del>                                    </del>	<del></del> :-			
b	-	<del></del>			
<u> </u>	1 1				
d				-	
e			+++		
g Fees and contracts from government agencies			+ +		
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash		<del> </del>			
investments					5.
4 Dividends and interest from securities	-				8,710.
5 Net rental income or (loss) from real estate:					0,710.
, ,			<del></del>		
a Debt-financed property	<del></del>		<del>-   -   -</del>		
b Not debt-financed property	<del>-</del>			-	
6 Net rental income or (loss) from personal	į				
property		<del> </del>			
7 Other investment income					·
8 Gain or (loss) from sales of assets other than inventory		<del></del> ,			9,337.
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					
12 Subtotal. Add columns (b), (d), and (e)			0.	0.	18,052.
13 Total. Add line 12, columns (b), (d), and (e)				13	18,052.
(See worksheet in line 13 instructions to verify calculations.	)				
Part XVI-B Relationship of Activities	s to the Accor	nplishment of	Exempt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in ian by providing fund	column (e) of Part X\ Is for such purposes)	/I-A contribut	ed importantly to the accom	plishment of
3 THE INCOME REPORTED I				DICATED TO TI	HE PURPOSES
4 AS LISTED IN SECTION					
8 DISBURSEMENT TO A CHA					
<u> </u>	<b>_</b>				

Line No.						
	the foundation's exempt purposes (other than by providing funds for such purposes).					
3	THE INCOME REPORTED IN COLUMN (E) ABOVE IS DEDICATED TO THE PURPOSES					
4	AS LISTED IN SECTION 501(C)(3) OF THE CODE AND IS RESTRICTED TO THE					
8	DISBURSEMENT TO A CHARITABLE OR GOVERNMENTAL ORGANIZATION AS THE					
	TRUSTEES CONSIDER APPROPRIATE, AS STATED IN THE TRUST AGREEMENT.					

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Yes No

	the Code (other than section	on 501(c)(3)	organizations) or in se	ction 527, relating to political organiz	zations?		
а	Transfers from the reporting	ng foundation	to a noncharitable ex	empt organization of:			
	(1) Cash					1a(1)	X
	(2) Other assets					1a(2)	X
b	Other transactions:						
	(1) Sales of assets to a no	oncharitable e	xempt organization			1b(1)	X
	(2) Purchases of assets fi	rom a noncha	ritable exempt organi	zation		1b(2)	X
	(3) Rental of facilities, equ	upment, or of	her assets			1b(3)	X
	(4) Reimbursement arran	gements				1b(4)	X
	(5) Loans or loan guarant	tees				1b(5)	X
	(6) Performance of service		· · · · · · · · · · · · · · · · · · ·			1b(6)	X
	Sharing of facilities, equipi					1c	X
d					ays show the fair market value of the goods, and any transaction or sharing arrangement, t		its,
	column (d) the value of the				, , , , , , , , , , , , , , , , , , , ,		
a)L	ine no (b) Amount invo			haritable exempt organization	(d) Description of transfers, transactions, and	sharing arra	ingements
			1	N/A			
			<u> </u>			,	-
2a				to, one or more tax-exempt organization	ations described	<b></b>	·
	in section 501(c) of the Co	ode (other tha	n section 501(c)(3)) c	or in section 527?	L	Yes	X No
b	If "Yes," complete the follo				( ) De se et se et seletere		
	<u></u>	me of organiz	ation	(b) Type of organization	(c) Description of relations	snip	
	<u>.</u>	N/A	<del></del>				
	_ <del></del>						
	Under penalties of perjury	y, I declare that I	have examined this return	n, including accompanying schedules and s	statements, and to the best of my knowledge	ay the IRS di	scuss this

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
<del></del>		
- · · · · · · · · · · · · · · · · · · ·		

return with the preparer Sign Here X Yes Signature of officer or trustee Date Tıtle Print/Type preparer's name Preparer's signature Date Check X If PTIN

				self- employed	
Paid	JOHN P. ITELL, CPA JOHN P	. ITELL, CP	05/13/15		P00056105
Preparer Use Only	Firm's name ► ALBRIGHT CRUMBACKE				2-1130974
	Firm's address > 1110 PROFESSIONAL HAGERSTOWN, MD 21	•	E 300	Phone no. (3	01) 739-5300
				<u> </u>	- 000 DE

BEACHLEY FOUNDAT		52-603	9903 P	AGE 1	_
	sses for Tax on Investment Income		(h) How acquired		
2-story br	describe the kind(s) of property sold ick warehouse; or common stock, 20	00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(1110., day, y1.)	(mo., day, yr.)
1a 15 SHS. AUTOMA		SING	P	04/23/13	
b 56 SHS. CDK GLO			P	06/24/13	
c 151 SHS. CHUBB			P	06/24/13	
d 5 SHS. COCA CO			P	08/29/13	
e 122 SHS. DOW C			P	04/23/13	
1 2 SHS. GENERAL			P	04/23/13	
g 220 SHS. HSBC			P	08/29/13	
h 519 SHS. INTEL			P	06/24/13	
	N & JOHNSON		P	04/23/13	
	A ENERGY, INC.		P	08/29/13	
	O-DOMINION BANK	<del></del>	<u> P</u>	04/23/13	
	HEALTH GROUP INC	•	P	04/23/13	
m 60 SHS. V F CO			P	04/23/13	
n 18 SHS. 3M COM	PANY		P	04/23/13	09/17/14
0	(5) Depresenting allowed	(a) Cost or other basis		Coup or (loss)	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 1,249.		993.			256.
b 1,679.		1,410.			269.
c 13,662.		13,279.	- <del></del>		383.
d 208.		191.			17.
e 6,607.		3,853.			2,754.
f 53.		43.			10.
g 11,289.		11,742.			-453.
h 13,893.		12,074.	<del></del>		1,819.
1,912.		1,534.			378.
952.		805.	····		147.
k 2,827.		2,126.			701.
3,133.	· · · · · · · · · · · · · · · · · · ·	2,116.			1,017.
m 3,964.		2,613.			1,351.
n 2,612.		1,924.	<del></del>		688.
Complete only for assets showing	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	sses (from col. (h))	<u> </u>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain òve ot less than "-0-")	r col. (k),
a					256.
b					269.
C					383.
d					17.
e					2,754.
f					10.
g .					-453.
h					1,819.
1					378.
1					147.
k					701.
1					1,017.
m					1,351.
n					688.
0					
2 Capital gain net income or (net ca	apital loss) {   If gain, also enter   If (loss), enter   -0	in Part I, line 7	2		9,337.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	, I			
If gain, also enter in Part I, line 8,	column (c).	<b>)</b>		37 / 3	
If (loss), enter "-0-" in Part I, line	0		3	N/A	

BEACHLEY FOUNDATION, INC.

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor HCC FOUNDATION N/A PUBLIC GENERAL PURPOSE 750, PUBLIC GENERAL PURPOSE N/A ST. MARIA GORETTI 250. N/A PUBLIC GENERAL PURPOSE MARYLAND SYMPHONY ORCHESTRA 1,000. N/A PUBLIC GENERAL PURPOSE SUSAN G. KEMEN 3-DAY 100. 2,100, Total from continuation sheets

## 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.lrs.gov/form8868 .

OMB No 1545-1709

•						
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form)		
o not c	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previou	sly filed For	m 8868	
Electro	nic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of til	ne to file (6	months fo	r a corporation
	d to file Form 990-T), or an additional (not automatic) 3-moi					
•	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap					
			dee mandenons). For more details	011 1110 0100	a or no mang	0. 1.110 10.111,
Part	w.urs gov/efile and click on e-file for Chanties & Nonprofits  Automatic 3-Month Extension of Time		submit original (no copies ne	odod)		
					<del></del>	
•	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		<b>.</b> —
Part I or	•					
	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reque			
o file in	come tax returns.					ing number
Гуре от	Name of exempt organization or other filer, see instru		Employer identification number (EIN) or			
orint						
	BEACHLEY FOUNDATION, INC.				52-60	39903
ile by the lue date f		ee instruc	tions.	Social sec	curity numb	er (SSN)
iling your	227 NORTH PROSPECT STREET					
eturn Sei nstruction	·	oreign add	ress, see instructions	1		
	HAGERSTOWN, MD 21740	<b>.</b>				
	IMIGERATIONAL, III ZIIII					
Entar th	ne Return code for the return that this application is for (file	a conara	te application for each return)			0 4
znier u	he neturn code for the return that this application is for the	a separa	te application for each return)			0,2
		T	I	<del></del>		D.4
Applica	ation	Return	Application			Return
s For		Code	Is For			Code
orm 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
orm 99	90-BL	02	Form 1041-A			08
orm 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
				12		
orm 9	90-T (trust other than above)	06	Form 8870			16
Form 9	90-T (trust other than above)  D. C. BEACHLEY	06	Form 8870			1 12
	D. C. BEACHLEY	1000		MD 21	741-09	<u> </u>
● The	D. C. BEACHLEY books are in the care of > 227 N. PROSPEC	1000	EET - HAGERSTOWN,	MD 21	741-09	<u> </u>
The	D. C. BEACHLEY books are in the care of $\triangleright$ 227 N. PROSPEC' phone No $\triangleright$ (301) 733-1910	r str	EET - HAGERSTOWN, Fax No ▶	MD 21	741-09	<u> </u>
The Tele	D. C. BEACHLEY books are in the care of $\triangleright$ 227 N. PROSPEC' phone No $\triangleright$ (301) 733-1910 e organization does not have an office or place of business	T STR	EET - HAGERSTOWN,  Fax No ►  nited States, check this box	·		978 ▶ □
The Tele If the	D. C. BEACHLEY books are in the care of  227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of businessis is for a Group Return, enter the organization's four digit	T STR	EET - HAGERSTOWN,  Fax No ►  nited States, check this box emption Number (GEN)	If this is foi	the whole	978  ▶ □ group, check this
The Tele If the	D. C. BEACHLEY books are in the care of > 227 N. PROSPEC' phone No > (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box	T STR s in the Ur Group Exe ] and atta	EET - HAGERSTOWN,  Fax No ▶  nited States, check this box  emption Number (GEN)  ach a list with the names and EINs of	If this is foi	the whole	978  ▶ □ group, check this
The Tele If the	D. C. BEACHLEY books are in the care of  227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box  request an automatic 3-month (6 months for a corporation)	I STR	EET - HAGERSTOWN,  Fax No ►  nited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the Dox	D. C. BEACHLEY books are in the care of  227 N. PROSPEC' phone No  (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp	I STR	EET - HAGERSTOWN,  Fax No ▶  nited States, check this box  emption Number (GEN)  ach a list with the names and EINs of	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the poox	D. C. BEACHLEY books are in the care of  227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation  AUGUST 15, 2015 , to file the exemp is for the organization's return for.	I STR	EET - HAGERSTOWN,  Fax No ►  nited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the pox	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit is if it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 s for the organization's return for. X calendar year 2014 or	T STR	EET - HAGERSTOWN,  Fax No - nited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time action return for the organization name.	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the poox	D. C. BEACHLEY books are in the care of  227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation  AUGUST 15, 2015 , to file the exemp is for the organization's return for.	T STR	EET - HAGERSTOWN,  Fax No - nited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time action return for the organization name.	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the poox	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit is if it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 s for the organization's return for. X calendar year 2014 or	T STR	EET - HAGERSTOWN,  Fax No - nited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time action return for the organization name.	If this is foi of all memb e until	the whole	978  ▶ □ group, check this ension is for.
The Tele If the If the Dox	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit is if it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 s for the organization's return for. X calendar year 2014 or	S In the Ur Group Exe and atta required of organiza	EET - HAGERSTOWN,  Fax No ►  Inited States, check this box  emption Number (GEN)  ach a list with the names and EINs of the Form 990-T) extension of time  action return for the organization name  and ending	If this is foi of all memb e until	the whole ers the extens	978  ▶ □ group, check this ension is for.
The Tele If the If the Dox	D. C. BEACHLEY books are in the care of ▶ 227 N. PROSPEC' phone No ▶ (301) 733-1910 e organization does not have an office or place of busines: is is for a Group Return, enter the organization's four digit ☐ . If it is for part of the group, check this box ▶ request an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemples for the organization's return for. ▶ X calendar year 2014 or ▶ ☐ tax year beginning	S In the Ur Group Exe and atta required of organiza	EET - HAGERSTOWN,  Fax No ►  Inited States, check this box  emption Number (GEN)  ach a list with the names and EINs of the Form 990-T) extension of time  action return for the organization name  and ending	If this is foi of all memb e until ned above	the whole ers the extens	978  ▶ □ group, check this ension is for.
The Tele If the If the Oox	D. C. BEACHLEY books are in the care of ▶ 227 N. PROSPEC' phone No ▶ (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ▶  request an automatic 3-month (6 months for a corporation  AUGUST 15, 2015 , to file the exemp is for the organization's return for.  X calendar year 2014 or  tax year beginning  If the tax year entered in line 1 is for less than 12 months, or  Change in accounting period	S In the Ur Group Exe and atta required of organiza , ar	EET - HAGERSTOWN,  Fax No ▶  nited States, check this box emption Number (GEN)  ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending  for □ Initial return □	If this is foi of all memb e until ned above	the whole ers the extens	978  ▶ □ group, check this ension is for.
The Tele If the If the DOX  I I  Is  2 If and If If If If If If If If If If If If If	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  I if it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp is for the organization's return for. X calendar year 2014 or tax year beginning  I the tax year entered in line 1 is for less than 12 months, of this application is for Forms 990-BL, 990-PF, 990-T, 4720	S In the Ur Group Exe and atta required of organiza , ar	EET - HAGERSTOWN,  Fax No ▶  nited States, check this box emption Number (GEN)  ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending  for □ Initial return □	If this is foi of all memb e until ned above	the whole ers the extens	group, check this ension is for.
The Tele If the If the DOX  I I  IS  2 If I  3a If	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit is if it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp is for the organization's return for. X calendar year 2014 or tax year beginning  If the tax year entered in line 1 is for less than 12 months, or Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720 conrefundable credits. See instructions.	s in the Ur Group Exe and atta in required of organiza , ar check reas	EET - HAGERSTOWN,  Fax No ►  nited States, check this box emption Number (GEN)  ach a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name and ending  fon	If this is for of all memb e until ned above Final retur	the whole ers the extens The extens	978  ▶ □ group, check this ension is for.
The Tele If the If the Ook If the	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation  AUGUST 15, 2015 stor the organization's return for.  X calendar year 2014 or tax year beginning  If the tax year entered in line 1 is for less than 12 months, or Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6068 If this application is for Forms 990-PF, 990-T, 4720, or 6068	s in the Ur Group Exe and atta required of organiza , ar check reas	EET — HAGERSTOWN,  Fax No ▶  Inited States, check this box emption Number (GEN)  ach a list with the names and EINs of the file Form 990-T) extension of time the file form for the organization named ending  from ☐ Initial return  enter the tentative tax, less any by refundable credits and	If this is for our of all member of all members of	the whole ers the extens The extens	group, check this ension is for.
The Tele If the If the ox	D. C. BEACHLEY books are in the care of ▶ 227 N. PROSPEC' phone No ▶ (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit	s in the Ur Group Exe and atta in required of organiza , ar check reas , or 6069,	EET - HAGERSTOWN,  Fax No ►  Inited States, check this box emption Number (GEN)  ach a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name and ending  con	If this is for of all memb e until ned above Final retur	the whole ers the extens The extens	group, check this ension is for.
The Tele If the	D. C. BEACHLEY books are in the care of 227 N. PROSPEC' phone No (301) 733-1910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation  AUGUST 15, 2015 stor the organization's return for.  X calendar year 2014 or tax year beginning  If the tax year entered in line 1 is for less than 12 months, or Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6068 If this application is for Forms 990-PF, 990-T, 4720, or 6068	s in the Ur Group Exe and atta required to organiza , ar check reas , or 6069, o, enter an payment a	Fax No Fa	If this is for our of all member of all members of	the whole ers the extens The extens	group, check this ension is for.

Form 8868 (Rev 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14

FORM 990-PF INTEREST	ON SAVIN	GS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	REVEN	(A) REVENUE I PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
SUSQUEHANNA BANK	<del></del>	5.					
TOTAL TO PART I, LINE		5.		5.			
FORM 990-PF I	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) VENUE BOOKS	(B) NET INVES MENT INCO		
RBC CAPITAL MARKETS, LLC	8,710.	. (	 D.	8,710.	8,71	10.	
TO PART I, LINE 4	8,710.		0.	8,710.	8,71	LO.	
FORM 990-PF		ACCOUNTI	NG FEES	}		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	IVEST-	(C) ADJUSTEI NET INCOM		
ACCOUNTING FEES		1,100.		0.			0.
TO FORM 990-PF, PG 1,	LN 16B	1,100.		0.			0.
FORM 990-PF		TAX	TAXES		STATEMENT		4
DESCRIPTION		(A) EXPENSES PER BOOKS		3) IVEST- INCOME			
EXCISE TAXES FOREIGN TAX PAID		1,910. 77.		0.			0.
TO FORM 990-PF, PG 1,	LN 18	1,987.		0.			0.

BEACHLEY FOUNDATION, INC.				52-6039903
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BANK FEES ADVERTISING RBC - INVESTMENT EXPENSE	318. 18. 2,962.	0	•	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	3,298.	0	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE
PROCTER & GAMBLE CO AT&T INC AUTOMATIC DATA PROCESSING INC CHEVRON CORP CHUBB CORP	C		11,428. 13,847. 11,487. 12,453.	16,007. 11,891. 0.
COCA COLA COMPANY DOW CHEMICAL CO EXXON MOBIL CORP GENERAL ELECTRIC CO INTEL CORP			12,876. 8,334. 12,442. 11,583.	11,995. 12,943. 13,545. 0.
JOHNSON & JOHNSON KINDER MORGAN INC MCDONALDS CORP NEXTERA ENERGY INC PHILIP MORRIS INTERNATIONAL			11,335. 13,487. 12,873. 11,919. 13,297.	14,639. 12,087. 15,731.

9,533.

9,282.

0.

10,383.

10,535.

13,917.

13,743.

11,503.

236,257.

16,275.

15,879.

15,939.

12,805.

12,859.

15,341.

12,718.

277,503.

0.

UNITEDHEALTH GROUP INC

TORONTO-DOMINION BANK

UNITED PARCEL SERVICE, INC. CL B

TOTAL TO FORM 990-PF, PART II, LINE 10B

VF CORPORATION 3M COMPANY

QUALCOMM, INC.

HSBC HOLDINGS PLC

WELLS FARGO & CO.