

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

2010

Department of the Treasury
Internal Revenue Service

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

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

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

Name of foundation THE PRESSER FOUNDATION		A Employer identification number 23-2164013
Number and street (or P O box number if mail is not delivered to street address) 385 LANCASTER AVENUE	Room/suite 205	B Telephone number (610) 658-9030
City or town, state, and ZIP code HAVERFORD, PA 19041		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 59,440,527. (Part I, column (d) must be on cash basis)	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received	1,740,171.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	527,006.	527,006.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	130,604.			
b Gross sales price for all assets on line 6a	2,622,401.			
7 Capital gain net income (from Part IV, line 2)		130,604.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	58,776.	58,776.		STATEMENT 2
12 Total Add lines 1 through 11	2,456,557.	716,386.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages	82,500.	16,500.		66,000.
15 Pension plans, employee benefits	23,251.	4,650.		18,601.
16a Legal fees STMT 3	28,465.	0.		28,465.
b Accounting fees STMT 4	34,667.	0.	RECEIVED	34,667.
c Other professional fees STMT 5	23,750.	0.		23,750.
17 Interest			MAR 15 2012	
18 Taxes STMT 6	7,803.	2,754.		5,049.
19 Depreciation and depletion	129.	129.		
20 Occupancy	21,429.	4,286.	CORRECTION	17,143.
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 7	17,194.	3,439.		13,755.
24 Total operating and administrative expenses. Add lines 13 through 23	239,188.	31,758.		207,430.
25 Contributions, gifts, grants paid	3,733,317.			2,385,075.
26 Total expenses and disbursements Add lines 24 and 25	3,972,505.	31,758.		2,592,505.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<1,515,948.>			
b Net investment income (if negative, enter -0-)		684,628.		
c Adjusted net income (if negative, enter -0-)			N/A	

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

Part III Analysis of Changes in Net Assets or Fund Balances

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

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a AVAILABLE AT TAXPAYER'S OFFICE	P		
b			
c			
d			
e			

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

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

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

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

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

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

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

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

Part VII A Statements Regarding Activities

	Yes	No
1a		X
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		
1c		X
d		
(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e		
Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2		X
If "Yes," attach a detailed description of the activities.		
3		X
If "Yes," attach a conformed copy of the changes		
4a		X
4b		
N/A		
5		X
If "Yes," attach the statement required by General Instruction T.		
6	X	
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?		
7	X	
If "Yes," complete Part II, col. (c), and Part XV.		
8a		
PA		
8b	X	
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		
9		X
Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		
10		X
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	X		
14	The books are in care of ▶ <u>SUSAN LEE</u> Telephone no. ▶ <u>(215) 858-1485</u> Located at ▶ <u>231 CRICKET AVENUE, GLENSIDE, PA</u> ZIP+4 ▶ <u>19038</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> <u>N/A</u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		Yes	No
		16		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____		
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.) <u>N/A</u>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) <u>N/A</u>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2010?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here Yes No

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d). N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARIEL FRANK - 385 LANCASTER AVE, HAVERFORD, PA 19041	ADMIN. 40.00	82,500.	23,251.	0.

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 ASSISTANCE OF NEEDY MUSIC TEACHERS	247,175.
2 MUSIC SCHOLARSHIPS TO STUDENTS IN UNIVERSITIES IN THE UNITED STATES	1,238,400.
3 GRANTS TO SCHOOLS/ORGANIZATIONS FOR SPECIAL MUSIC PROJECTS	325,500.
4 GRANTS TO MUSICAL ORGANIZATIONS FOR THE ADVANCEMENT OF MUSIC	574,000.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	21,968,328.
b	Average of monthly cash balances	1b	36,702.
c	Fair market value of all other assets	1c	656,622.
d	Total (add lines 1a, b, and c)	1d	22,661,652.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	22,661,652.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	339,925.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,321,727.
6	Minimum investment return. Enter 5% of line 5	6	1,116,086.

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

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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,592,505.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,592,505.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,592,505.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

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

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

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.

	Tax year				(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
<p>a <i>Paid during the year</i> SEE STATEMENT 17</p>				<p>2,385,075.</p>
<p>Total</p>				<p>▶ 3a 2,385,075.</p>
<p>b <i>Approved for future payment</i></p> <p>NONE</p>				
<p>Total</p>				<p>▶ 3b 0.</p>

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

THE PRESSER FOUNDATION

Employer identification number

23-2164013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Name of organization THE PRESSER FOUNDATION	Employer identification number 23-2164013
---	---

Part I Contributors (see instructions)

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

Name of organization

Employer identification number

THE PRESSER FOUNDATION

23-2164013

Part II Noncash Property (see instructions)

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

Name of organization

Employer identification number

THE PRESSER FOUNDATION

23-2164013

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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

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

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

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	23,750.	0.		23,750.
TO FORM 990-PF, PG 1, LN 16C	23,750.	0.		23,750.

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

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SEE STATEMENT 15	17,194.	3,439.		13,755.
TO FORM 990-PF, PG 1, LN 23	17,194.	3,439.		13,755.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES		STATEMENT 8
DESCRIPTION			AMOUNT
NET UNREALIZED GAINS ON LONG TERM INVESTMENTS REALIZED AND UNREALIZED GAIN-T/U/W THEODORE PRESSER-BENEFICIAL INTEREST			3,356,100. 4,385,819.
TOTAL TO FORM 990-PF, PART III, LINE 3			7,741,919.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	22,644,259.	22,644,259.
TOTAL TO FORM 990-PF, PART II, LINE 13		22,644,259.	22,644,259.

FORM 990-PF	OTHER ASSETS	STATEMENT 10	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN PERPETUAL TRUST	31,291,493.	35,677,312.	35,677,312.
OTHER ASSETS	246,803.	265,327.	265,327.
TO FORM 990-PF, PART II, LINE 15	31,538,296.	35,942,639.	35,942,639.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 11	
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
PAYROLL TAXES WITHHELD	1,313.	1,792.	
DEFERRED COMPENSATION	246,803.	265,327.	
DUE TO AFFILIATE	559,598.	154.	
TOTAL TO FORM 990-PF, PART II, LINE 22	807,714.	267,273.	

FORM 990-PF

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

STATEMENT 12

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

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

610-658-9030

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NO DEADLINES ARE ESTABLISHED.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

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

EIN: 23-2164013

Statement 15 - Other Expenses
Part 1, Line 23

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

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

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

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

EIN: 23-2164013

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

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

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

EIN: 23-2164013

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

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

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

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

THE PRESSER FOUNDATION

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

QUESTIONNAIRE IN SUPPORT OF APPLICATION
FOR ASSISTANCE FROM THE PRESSER FOUNDATION

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

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

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

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

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

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

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

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

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

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

13. What is the condition of your health?

.....

.....

.....

.....

14. Describe any chronic diseases which you may have:.....

.....

.....

.....

15. Specify any physical limitations:.....

.....

.....

.....

16. If you are under special medical care please explain:.....

.....

.....

17. Do you have Health Insurance?

 Name of Company:.....

 Medicare/Medicaid:.....

 Monthly Cost:.....

18. Religious Affiliation/Church Organizations:.....

.....

Financial Information

<u>Income</u>	<u>Amount Per Month</u>
Teaching Fees or Salary	\$.....
Social Security	\$.....
Pension	\$.....
Annuity	\$.....
Trust	\$.....
Rental	\$.....
Dividends	\$.....
Interest	\$.....
Bonds	\$.....
Other (describe)	\$.....
Total	\$.....

Assets

Checking Accounts:.....
(bank) (amount)

Savings Accounts:.....
(bank) (amount)

Real Estate (in your name).....
.....

Assessed value:.....Encumbrances:.....

Life Insurance (Death Benefits).....
.....

Debts, obligations, mortgages, etc. affecting your income or assets.....
.....

EXPENSES

	<u>Amount Per Month</u>
Rent or Mortgage	\$.....
Real Estate Taxes	\$.....
Homeowners Insurance	\$.....
<u>Utilities:</u>	
Heat	\$.....
Electric	\$.....
Water	\$.....
Telephone	\$.....
Cable	\$.....
Food	\$.....
<u>Medical:</u>	
Prescriptions	\$.....
Other	\$.....
<u>Automobile:</u>	
Insurance	\$.....
Gas	\$.....
Maintenance	\$.....
Total	\$.....

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

GRAND TOTAL \$.....

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

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

The Presser Foundation Undergraduate Scholar Award Application

<i>Total Music Unit Operating Expense:</i> ⁵	<i>Total Music Unit Endowment</i> ⁶	
\$ _____	\$ _____	
<i>Annual Full-time Undergraduate Music Major Tuition & Fees</i>		
In State \$ _____	Out of State \$ _____	
<i>Total Annual Undergraduate Scholarship Funds Controlled by Music Unit.</i>		
\$ _____		
<i>Number of Music Faculty:</i>		
Full-time: _____	Part-time: _____	
<i>For Each of the Last Four Fall Semesters, Give the Number of Full-time Music Majors, Starting with the Most Recent Year:</i>		
Year	Undergraduate	Graduate
20____	_____	_____
20____	_____	_____
20____	_____	_____
20____	_____	_____
<i>In the Most Recently Completed Fall Semester, How Many Students Who Were Not Music Majors Participated In:</i>		
<i>Music Ensembles:</i> _____		<i>Music Courses Other Than Ens.:</i> _____
<i>List the Full and Correct Titles of All Music Degrees Offered by the Institution:</i>		

<i>Is the Music Unit Accredited by the National Association of Schools of Music? If So, What Was the Last Accreditation Date?</i>		

<i>Give the Number of Students Participating in the Following Ensembles in the Most Recently Completed Fall Term:</i>		
Choruses _____	Orchestras _____	Concert Bands _____
Wind Ens. _____	Chamber Ens. _____	Marching Band _____
Jazz Ens. _____	Opera/Music Th. _____	Other _____

⁵ Most recently completed Fiscal Year, including salaries

⁶ Market Value as of most recently completed Fiscal Year

The Presser Foundation Undergraduate Scholar Award Application

<i>Give the Number of Each of the Following Facilities:</i>		
Teaching Studios _____	Classrooms _____	Practice Rooms _____
Rehearsal Rooms _____	Computer Labs _____	
<i>List All Performance Facilities and Their Seating Capacity:</i>		

<i>Give the Number of Each of the Following:</i>		
Grand Pianos _____	Upright Pianos _____	Pipe Organs _____
Harpsichords _____	Harps _____	Elec. Keyboards _____
<i>Briefly Describe Technology Resources Available to Support Music Instruction:</i>		

<i>Give the Number of Each of the Following Music Library Holdings, Regardless of Where They are Located:</i>		
Music Books _____	Scores ⁷ _____	Periodicals _____
CDs _____	LPs _____	Audio Tapes _____
VCRs _____	CD ROMS/DVDs _____	Other _____
<i>Give the Total Acquisition Expenditures for Music Materials in the Last Complete Fiscal Year.</i>		
\$ _____		
<i>Indicate Where Your Music Materials are Housed:</i>		
Main Library <input type="checkbox"/>	Departmental Library <input type="checkbox"/>	Both <input type="checkbox"/>
<i>Additional Material:</i>		
<p>Please enclose one copy of each of those portions of the course catalog pertaining to music admission policies and procedures, music faculty, music course offerings, and curricular requirements for all music degrees offered.</p>		

⁷ Other than Ensemble Performance Music

The Presser Foundation Undergraduate Scholar Award Application

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

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

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

Signed: _____ Date _____

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

Part I only

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

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

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

04

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

HEMMENWAY & REINHARDT, INC.

- The books are in the care of ▶ **4 PARK AVENUE - SWARTHMORE, PA 19081**
 Telephone No. ▶ **(610) 544-4545** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 04

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

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

HEMMENWAY & REINHARDT, INC.

- The books are in the care of **4 PARK AVENUE - SWARTHMORE, PA 19081**
Telephone No. **(610) 544-4545** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

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

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature Malden Mauch Title CPA Date 2/13/12