

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning 9/01, 2014, and ending 8/31, 2015

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.</p> <p>THE DIETRICH W. BOTSTIBER FOUNDATION 200 E. STATE STREET STE 306-A MEDIA, PA 19063</p>	<p>D Employer identification number (Employers' trust, see instructions.) 23-7807828</p> <p>E Unrelated business activity codes (See instructions.) 900099</p>
<p>C Book value of all assets at end of year 33,829,044.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type: <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity.
 ▶ **UBTI FROM PARTNERSHIP SCH K*1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
 If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of ▶ **TERRANCE KLINE, ADMINISTRATOR** Telephone number ▶ (610) 566-3375

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...			
b Less returns and allowances ... c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7) ...	2		
3 Gross profit. Subtract line 2 from line 1c ...	3		
4 a Capital gain net income (attach Schedule D) ...	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ...	4 b		
c Capital loss deduction for trusts ...	4 c		
5 Income (loss) from partnerships and S corporations (attach statement) ...	5		
6 Rent income (Schedule C) ...	6		
7 Unrelated debt-financed income (Schedule E) ...	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) ...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch 6) ...	9		
10 Exploited exempt activity income (Schedule I) ...	10		
11 Advertising income (Schedule J) ...	11		
12 Other income (See instructions; attach schedule) ... SEE STATEMENT 1	12		
13 Total. Combine lines 3 through 12.	13	556.	556.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K) ...	14		
15 Salaries and wages ...	15		
16 Repairs and maintenance ...	16		
17 Bad debts ...	17		
18 Interest (attach schedule) ...	18		
19 Taxes and licenses ...	19		
20 Charitable contributions (See instructions for limitation rules) ...	20		
21 Depreciation (attach Form 4562) ...	21		
22 Less depreciation claimed on Schedule A and elsewhere on return ...	22 a		
23 Depletion ...	23		
24 Contributions to deferred compensation plans ...	24		
25 Employee benefit programs ...	25		
26 Excess exempt expenses (Schedule I) ...	26		
27 Excess readership costs (Schedule J) ...	27		
28 Other deductions (attach schedule) ...	28		
29 Total deductions. Add lines 14 through 28.	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	30		556.
31 Net operating loss deduction (limited to the amount on line 30) ...	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32		556.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) ...	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35 c** _____
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount
 on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36** 0.
37 Proxy tax. See instructions **37** _____
38 Alternative minimum tax **38** _____
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40 a** _____
b Other credits (see instructions) **40 b** _____
c General business credit. Attach Form 3800 (see instructions) **40 c** _____
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d** _____
e Total credits. Add lines 40a through 40d. **40 e** 0.
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule) **42** _____
43 Total tax. Add lines 41 and 42 **43** 0.
44 a Payments: A 2013 overpayment credited to 2014 **44 a** 339.
b 2014 estimated tax payments **44 b** 500.
c Tax deposited with Form 8868 **44 c** _____
d Foreign organizations: Tax paid or withheld at source (see instructions) **44 d** _____
e Backup withholding (see instructions) **44 e** _____
f Credit for small employer health insurance premiums (Attach Form 8941) **44 f** _____
g Other credits and payments: Form 2439
 Form 4136 Other _____ Total ... **44 g** _____
45 Total payments. Add lines 44a through 44g **45** 839.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46** _____
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** _____
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 839.
49 Enter the amount of line 48 you want: **Credited to 2015 estimated tax** 839. | **Refunded** **49** 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .. **Yes** **No**
 If YES, see instructions for other forms the organization may have to file. _____
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0. **Yes** **No**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1 _____	6 Inventory at end of year 6 _____
2 Purchases 2 _____	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 _____
3 Cost of labor 3 _____	
4 a Additional section 263A costs (attach schedule) 4 a _____	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No
b Other costs (attach sch) 4 b _____	
5 Total. Add lines 1 through 4b 5 _____	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: T. Q. K. Date: 7/1/2016 Title: ADMINISTRATOR/TTEE May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name LESLIE KURTAS CPA	Preparer's signature <u>Leslie Kurtas CPA</u>	Date <u>7/1/2016</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00179087
Firm's name LESLIE F. KURTAS, CPA	Firm's EIN 23-2867259			
Firm's address 1106 WELLESLEY TR WEST CHESTER, PA 19382-6681	Phone no. _____			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

- 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).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. THE DIETRICH W. BOTSTIBER FOUNDATION	Employer identification number (EIN) or 23-7807828
	Number, street, and room or suite number. If a P.O. box, see instructions. LESLIE F. KURTAS, CPA 1106 WELLESLEY TR.	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST CHESTER, PA 19382-6681	

Enter the Return code for the return that this application is for (file a separate application for each return) **06**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 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.

- The books are in the care of **TERRANCE KLINE, ADMINISTRATOR**
Telephone No. **(610) 566-3375** 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.

- I request an additional 3-month extension of time until 7/15, 20 16.
- For calendar year _____, or other tax year beginning 9/01, 20 14, and ending 8/31, 20 15.
- 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... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.....	8b \$	839.
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 must be completed for Part II only.

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 **BAA** Title **ADMINISTRATOR/TTEE** Date _____

2014

FEDERAL STATEMENTS

PAGE 1

CLIENT PFB022

THE DIETRICH W. BOTSTIBER FOUNDATION

23-7807828

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

PARTNERSHIP SCH K-1.....	\$	556.
TOTAL	\$	<u>556.</u>



Department of Treasury
Internal Revenue Service
Ogden UT 84201

084836.639490.251735.30437 1 AT 0.416 370



THE DIETRICH W BOTSTIBER FOUNDATION
% TERRY KLINE
200 E STATE ST STE 306-A
MEDIA PA 19063-3434

Notice	CP211A
Tax period	August 31, 2015
Notice date	February 29, 2016
Employer ID number	23-7807828
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

Important information about your August 31, 2015 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your August 31, 2015 Form 990T.
Your new due date is July 15, 2016.

What you need to do

File your August 31, 2015 Form 990T by July 15, 2016.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.