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# Form **990-PF**

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

OMB No 1545-0052

2009

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 2009, or tax year beginning , 2009, and ending 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 Employer identification number Use the IRS label. John Edward Fowler Memorial Foundation 51-6019469 Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) print 206 or type 4340 East-West Highway (301) 654-2700 See Specific City or town ZIP code If exemption application is pending, check here Instructions BETHESDA MD 20814 1 Foreign organizations, check here |X | Section 501(c)(3) exempt private foundation Check type of organization 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Ε Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 31,501,057. ► Ś (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) 17. J. A. 1, 30 Contributions, gifts, grants, etc, received (att sch) 13844 Brawai v 3.83 1.40 X if the foundn is **not** req to att Sch B 2 Ck ► Interest on savings and temporary cash investments 176 176 279,784 Dividends and interest from securities 279,784. 520,144. 5a Gross rents 1,520,144 **b** Net rental income or (loss) 电影场级 宝沙 L-6a Stmt -209,871.REVENU 6a Net gain/(loss) from sale of assets not on line 10 Start of the second **b** Gross sales price for all 690,876. assets on line 6a (2) 4: 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold Other income (altach sc で数でした c Gross profit/(loss) (at 20.0 WALKER P. Total. Add I 590,233. 1,800,104. 136,500. 59,550. 13 76,950. 9,806. 14 Other emproyee 19,611. 9,805. SCANNED Pension plans 16 a Legal fees (attach sons 8,720 4,360 4,360. ADMINISTRAT **b** Accounting fees (atte c Other prof fees (attach sch) 83,407 29,312 54,095. 17 Interest 18 Taxes (attach schedule Xsee instr.) See Line 18 Stmi 45,526. 11,704. Depreciation (attach 19 2,990. L-19 Stmt sch) and depletion <u>47,</u>087. 37,883. 20 Occupancy 9,204. ķ 21 Travel, conferences, and meetings 358. 179. 1,185. 22 Printing and publications 906. 721 EXPENSES Other expenses (attach schedule) 23 Office expenses 8,379 2,122 6,257. Total operating and administrative 24 expenses. Add lines 13 through 23 354,484 126,779 190,714. Contributions, gifts, grants paid 286,000. 1,296,000. 26 Total expenses and disbursements. Add lines 24 and 25 1,640,484. 126,779. 1,486,714. 27 Subtract line 26 from line 12: a Excess of revenue over expenses -50,251and disbursements 1,673,325 b Net investment income (if negative enter -0-) C Adjusted net income (if negative, enter 0-) Form 990-PF (2009)

4 16,147,135. 4 Add lines 1, 2, and 3 5 5 Decreases not included in line 2 (itemize) 6 16, 147, 135. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

	- 1	
Total of line 1, column (d)	2	0.258778
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	0.051756
Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	29,137,091.
Multiply line 4 by line 3	5	1,508,019.
Enter 1% of net investment income (1% of Part I, line 27b)	6	16,733.
Add lines 5 and 6	7	1,524,752.
Enter qualifying distributions from Part XII, line 4	8	1,486,714.
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part usin	g a 1% tax ra	ate See the

8

Form 9	90-PF (2009) John Edward Fowler Memorial Foundation	1-60	19469		Pa	age <b>4</b>
Part \	/ Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –	see the	instruct	tions)		
1 a E	xempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1		200			
D	ate of ruling or determination letter (attach copy of letter if necessary - see instr.)					
<b>b</b> 0	Comestic foundations that meet the section 4940(e) requirements in Part V,		1		33,4	67.
С	heck here    ☐ and enter 1% of Part I, line 27b					
c A	If other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		7775	~; ~ ·	a 179 149 179 179	٠,٠
2 T	ax under section 511 (domestic section 4947(a)(1) trusts and taxable				أفأكف	لننك
- i	oundations only Others enter -0-)	L	2			0.
3 A	Add lines 1 and 2	L	3		33 <b>,</b> 4	<u>67.</u>
4 9	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	4			0.
5 T	ax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		33,4	<u>67.</u>
6 (	Credits/Payments					Story Co.
<b>a</b> 2	009 estimated tax pmts and 2008 overpayment credited to 2009 6a 46, 3	<u> </u>				· , · - 4 3
b E	xempt foreign organizations — tax withheld at source 6b		(1) E			72 . 1363
сT	ax paid with application for extension of time to file (Form 8868)	0.	32.7			
d E	Backup withholding erroneously withheld 6d 6d		Maria .			
<b>7</b> T	otal credits and payments Add lines 6a through 6d	<u> </u>	7		46,3	00.
8 E	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $X$ if Form 2220 is attached	<u> </u>	8			4.
9 T	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>-</b>	9			
10 0	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u> </u>	10		12,8	29.
	nter the amount of line 10 to be Credited to 2010 estimated tax 12,829. Refunded	<u>►</u> 1	11			
Part !	VII-A Statements Regarding Activities			135 V 1	<del></del>	
<b>1 a</b> E	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a	Yes	No X
<b>b</b> [	Old it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)?			1 b		Х
i	f the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities	publish	ned			
	Did the foundation file <b>Form 1120-POL</b> for this year?			1 c		X
d E	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			2 6m/1	12	£
	1) On the foundation \$ (2) On foundation managers \$					<b>y</b>
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	ed on		1700		
	oundation managers \$			2	- 6-2-6-1	X
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			¥ .	# 15 mg	<u> </u>
	f 'Yes,' attach a detailed description of the activities					75 1804
3 ⊦	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artional incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	cles		3		X
	Oid the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	f 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			4b		
	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	f 'Yes,' attach the statement required by General Instruction T			: T.	. :::22	<b>1</b>
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1,		ಕ ಕ
	By language in the governing instrument, or			ja -	. 13	
•	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> </ul>	t conflic	ct	6	X	*********
<b>7</b> [	Oid the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	Х	
	Enter the states to which the foundation reports or with which it is registered (see the instructions)	<b>•</b>		,		
	See States Registered In			214		150%
<b>b</b> l	f 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 <sup>2</sup> If 'No,' attach explanation			8b	X	
`	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 101	12(1)(5)			
f	or calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' comp	olete Pa	art XIV	9		Х
	Old any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the	ır name	es =	10		х
BAA			F	orm 99	0-PF (	2009)

-	n <b>990-PF</b> (2009) John Edward Fowler Memorial Foundation	51-	6019469	<u> </u>	P	age <b>5</b>
<u>Par</u>	t.VII-A   Statements Regarding Activities Continued					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application	n <sup>2</sup>	13	Х	
	Website address ► http:\\Fdncenter.org		•			
14		ne no ►	(301)	654	-270	0
	Located at • 4340 East-West Hwy, Ste 206, Bethesda, MD ZIP + 4 •					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here					П
	and enter the amount of tax-exempt interest received or accrued during the year	▶ .	15			ш
Pår	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					
, <del>u</del> t	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1.	a During the year did the foundation (either directly or indirectly)			-:-		
1 4	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	. F.4.	松平'	
		ies	A 140			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes	X No	-deposite		***************************************
	disqualified person?	<b>—</b>	X No		66.43	ซื้นที่
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	<del> </del>			4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes	∐No		24	Soul
	(5) Transfer any income or assets to a disqualified person (or make any of either available		l			
	for the benefit or use of a disqualified person)?	Yes	X No	學學	70%	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the			- *		, (1.4)
	foundation agreed to make a grant to or to employ the official for a period after termination		_	7.7	Care Care	2 4 2
	of government service, if terminating within 90 days )	Yes	X No	, *; 2,,	ا ومعالمة	
ŧ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in				it of the last it	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?		1 b		X
	Organizations relying on a current notice regarding disaster assistance check here	•				
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			£32	*SJ -	
	that were not corrected before the first day of the tax year beginning in 2009?			1 c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a			17, 42°C	75,00	<u> </u>
_	private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			138	- 11	
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			1. A.	10 . A	
•	and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No	acije.	S - 34	Road
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	_	_	1000	]	7
_		·		j. Egg		趣目
ŀ	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	a)(2) a)(2) to		1	**	1.5%
	all years listed, answer 'No' and attach statement — see the instructions )	3)(2) 10		2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	iere		2000		Ġ.,
	► 20, 20, 20, 20					
_					1	
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		770	9
					45.	Spir
ì	b If 'Yes,' did it have excess business holdings in 2009 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	4		1890 - 3.		2
	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	-			1-3-	<u>*``</u> ]
	(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 2009)			3b		
	· · · · · · · · · · · · · · · · · · ·			35		
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		х
	Chantable pulposes			- 70	<u> </u>	
i	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			£	6.	
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			4h		

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Form 990-PF (2009) John Edward Fowle:			51-601	9469 Page <b>6</b>
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incur	•			
(1) Carry on propaganda, or otherwise attempt	•		Yes X	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registral	tion drive?			No Significant
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes <sup>7</sup>	Yes X	No Property of the second seco
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instruc	anization described ctions)	Yes X	( ) Age ( )
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children or	literary, or r animals?	Yes X	No
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to qua current notice regardi	ualify under the exception ng disaster assistance	ons	5b
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ 🗌	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exer ibility for the grant?	mption from the	Yes	No Company
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	5(d)		
6a Did the foundation, during the year, receive any on a personal benefit contract?	y funds, directly or indire	ectly, to pay premiums	Yes X	No S
<b>b</b> Did the foundation, during the year, pay premit	ims, directly or indirectly	y, on a personal benefit	contract?	6b X
If 'Yes' to 6b, file Form 8870	ation a partir to a probib	uted toy shelter transport	ion? Yes X	No Para Para Para Para Para Para Para Par
7a At any time during the tax year, was the foundation receive any proceeds	, , ,			7b
Part VIII Information About Officers, D				mployees,
and Contractors	<del></del>			
1 List all officers, directors, trustees, foundation				(a) Evange appoint
(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
Richard H. Lee				
4340 East West Highway	President		_	_
Bethesda, MD 20814	15.00	109,500.	0.	0.
Michael P. Bentzen 888 17th ST, NW,	Director			
Washington, DC 20005	2.00	26,500.	0.	0.
Jeffery P. Capron				
805 King Farm Blvd, Ste 300,	Director			
Rockville, MD 20850	2.00	0.	26,500.	0.
			:	
2 Compensation of five highest-paid employee				
(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
NONE				
				!
0				
0				
0				
Total number of other employees paid over \$50,000 BAA	TEEA0306 0	07/06/09	<u> </u>	None Form <b>990-PF</b> (2009)

Form 990-PF (2009) John Edward Fowler Memorial Foundation 51-601 Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
<b>Total</b> number of others receiving over \$50,000 for professional services ▶	None
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 <u>N/A</u>	
	0.
2	
3	
4	
Part IXB: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A	Amount
	0.
2	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3  BAA	None Form <b>990-PF</b> (2009)

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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1,486,

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7			· .	1,423,388.
2 Undistributed income, if any, as of the end of 2009		, , , ,	2, 7,	-
a Enter amount for 2008 only	10 To 10 10 10 10 10 10 10 10 10 10 10 10 10		ō.	5.0 %
<b>b</b> Total for prior years 20 , 20 , 20		· · · · · · · · · · · · · · · · · · ·		
3 Excess distributions carryover, if any, to 2009			\$ 0.7	*
<b>a</b> From 2004 773, 666.			· **	
<b>b</b> From 2005				,
<b>c</b> From 2006 0.	3 - K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO THE STATE OF TH	1.種 ながたから参	West of the se
<b>d</b> From 2007 0.				
<b>e</b> From 2008 0.		在1000年 1100年 1100年 1100日 1	Marie Francisco	
f Total of lines 3a through e	773,666.	Marie Ke		Language Control Control
4 Qualifying distributions for 2009 from Part	197.35 T. T. T.	3 3500	21 8 35 30	3. 25 %
XII, line 4 ► \$ 1,486,714.		· 422.		
a Applied to 2008, but not more than line 2a				3.
	And the second			
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				* * ***
	N. 4. 190 24. 180	100 1 100 100 100 100 100 100 100 100 1	7. 48	
c Treated as distributions out of corpus (Election required — see instructions)			The second second	
d Applied to 2009 distributable amount	¥ 55°135			1,423,388.
e Remaining amount distributed out of corpus	63,326.	AND THE PROPERTY OF	( Mr. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 Excess distributions carryover applied to 2009				
(If an amount appears in column (d), the	CAN OF A CAN	800 fg 6	·	, , , , , , , , , , , , , , , , , , , ,
same amount must be shown in column (a) )	Control in the second			A.
C. Fotouth and Add of each column as				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	836,992.			*
<b>b</b> Prior years' undistributed income Subtract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		14. 🦓 13.	
line 4b from line 2b		0.	· · · · · · · · · · · · · · · · · · ·	
c Enter the amount of prior years' undistribut-	新年1000 · 第70 注 · · · ·		,	* **
ed income for which a notice of deficiency has been issued, or on which the section	San Sin Sin Sin San Si			, ,
4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b Taxable				4 🔅 👫 . **
amount - see instructions		0.	· · · · · · · · · · · · · · · · · · ·	, ,
e Undistributed income for 2008 Subtract line 4a from				. , , ,,,,
line 2a Taxable amount — see instructions	A who was a		0.	* * * * * * * * * * * * * * * * * * * *
			( 1 ) 1	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2010	× .	3	• ′	0.
7 Amounts treated as distributions out of		* * * * * * * * * * * * * * * * * * *		_
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)		***	7 12.	
(see instructions)		3	<b>1</b>	
8 Excess distributions carryover from 2004 not		2n	Ť	, ,
applied on line 5 or line 7 (see instructions)	773,666.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	63,326.			
10 Analysis of line 9		ľ		
a Excess from 2005 0.	,			
<b>b</b> Excess from 2006 0.				}
<b>c</b> Excess from 2007 0.	, ,		,	,
<b>d</b> Excess from 2008 0.				1
<b>e</b> Excess from 2009 63, 326.	<u>`</u>	<u> </u>		Form 990 PE (2000)

Form 990-PF (2009) John Edward Fow				51-6019469	
Part XIV: Private Operating Foundati					N/A
1 a If the foundation has received a ruling or our is effective for 2009, enter the date of the	determination letter t ruling	hat it is a private op	perating foundation,		
<b>b</b> Check box to indicate whether the foundate	ion is a private opera	ating foundation des	scribed in section	4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
Income from Part I or the minimum Investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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) 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					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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		<u> </u>		<u> </u>	
Part XV Supplementary Information	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
assets at any time during t		structions.)			
Information Regarding Foundation Managers of the foundation who is close of any tax year (but only if they have NONE)	nave contributed mor	e than 2% of the to nan \$5,000) (See s	tal contributions rec ection 507(d)(2) )	eeved by the foundati	on before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corpo % or greater interes	oration (or an equali st	ly large portion of the	ownership of
O Information Department of the No. of	. 0:0 1				
2 Information Regarding Contribution, Gran Check here • I if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected chari	table organizations		
a The name, address, and telephone number Suzanne F. Martin	er of the person to wi	nom applications sh	ould be addressed	<del>\</del>	· —
4340 East West Highway, S	111to 206				
Bethesda	MD 2081	4 /30	1) 654-2700		
<b>b</b> The form in which applications should be					
Grant Application Atta		ation and motorials	ancy should include	<b>-</b>	
c Any submission deadlines None					
d Any restrictions or limitations on awards, Grants generally limite					ctors

Page 11

Part XV, Supplementary Information (continued)

3 Grants and Contributions Paid	d During the Ye	ar or Approved for Futu	re Payment		
Recipient		If recipient is an individual, show any relationship to any foundation manager or	Foundation	Purpose of grant or contribution	Amount
Name and address (home or	business)	substantial contributor	recipient		
a Paid during the year AHC, INC 2230 N. Fairfax Dr Arlington	VA 2220	N/A		General Operating Support	10,000.
Alexandria Seaport Fdr P.O. Box 25036 Alexandria	n VA 2231	N/A	1	General Operating Support	10,000.
Alive, Inc. 2723 King Street Alexandria	VA 2231	N/A	I	General Operating Support	10,000.
Alzheimer's Family Day 2812 Old Lee Hwy Fairfax	y Care Ct VA 2203	N/A	1	General Operating Support	10,000.
Anaccostia Community Ou 2443 Ainger Pl, SE Washington See Line 3a statement	itreach Ct DC 2002		L.	General Operating Support	10,000.
					1,236,000.
Total		<u> </u>	<u> </u>	<u> </u>	1,286,000.
b Approved for future payment					
Total		1,	,	► 3b	

### Part XVI-A Analysis of Income-Producing Activities

Ente	gross amounts unless otherwise indicated	Unrelat	ed business income	Exclude	d by section 512, 513, or 514	
1	Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
а	ŭ					
ь	<del></del>					
c						
d		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
е						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	176.	
4	Dividends and interest from securities			14		
5	Net rental income or (loss) from real estate	osiii		£	Arthur Market & Affect	
а	Debt-financed property					
b	Not debt-financed property			16	1,520,144.	
6	Net rental income or (loss) from personal property			<u> </u>		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	-209,871.	-209,871.
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue	. E will	Acres a librarias		<b>物量上月第4.5</b> 3	
а						
b				<u> </u>		
c						
d						
е						
12	Subtotal Add columns (b), (d), and (e)	を主要ない		The second	1,590,233.	-209,871.
13	Total. Add line 12, columns (b), (d), and (e)				13	1,380,362.
(See	worksheet in the instructions for line 13 to verify	calculations)	· · · · · · · · · · · · · · · · · · ·			

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
1	N/A

Part XVII	Information Regarding	Transfers To and	d Transactions	and Relationships	With Noncharitable
	<b>Exempt Organizations</b>				

	·····		<del>5</del>					15% 75 V	I NI:
	descr	ie organization dire ibed in section 501 ng to political orgar	(c) of the Code (ot	ngage in any of the follow her than section 501(c)(3	ving with an 3) organizati	y other organization ons) or in section 52	27,		es No
	a Trans	fers from the repor	rting foundation to	a noncharitable exempt	organization	of		10 18 E	
	<b>(1)</b> C	ash						1a(1)	X
	<b>(2)</b> O	ther assets						1 a (2)	X
	<b>b</b> Other	transactions						7 34 7 34	
	<b>(1)</b> S	ales of assets to a	noncharitable exer	mpt organization				1b(1)	X
	<b>(2)</b> P	urchases of assets	from a noncharita	ble exempt organization				1 b (2)	X
	<b>(3)</b> R	ental of facilities, e	equipment, or other	assets				1 b (3)	X
	` '	eimbursement arra	3					1b (4)	<u>X</u>
		oans or loan guara						1 b (5)	X
				p or fundraising solicitat				1 b (6)	X
	<b>c</b> Sharii	ng of facilities, equ	iipment, mailing lis	ts, other assets, or paid	employees			1 c	X
	the ac	oods, other assets.	or services given	complete the following so by the reporting foundation from the column (d) the va	on If the fou	undation received les	ss than fair market	value in	
- (2	a) Line no	(b) Amount involv	1	of noncharitable exempt organi	T .		nsfers, transactions, and		ments
	-y 2.110 110	(2) /	(0) 11.11.1		22.00		,	3	
_						-			
_									<del> </del>
_									
_									
	<del>,</del>							<del></del>	
_								-	<del></del>
				<del></del>	<del></del>				
	****								
		<u> </u>	I	· · · · · · · · · · · · · · · · · ·			<del></del>		
	descr	foundation directly ibed in section 501 section 501 s,' complete the fol	(c) of the Code (ot	ited with, or related to, o her than section 501(c)(	ne or more 3)) or in sec	tax-exempt organiza tion 527?	itions	Yes	X No
		(a) Name of organ		(b) Type of org	anization	(	c) Description of re	lationship	
_									
		<del></del>			<del></del>				<del></del>
	Under pen complete	alties of perjury, I declare Declaration of preparer (	e that I have examined th other than taxpayer or fi	nis return, including accompanyi Juciary) is based on all informat	ng schedules ar ion of which pre	nd statements, and to the teparer has any knowledge	best of my knowledge an	d belief, it is true,	correct, and
		2 \ "				$\sigma/$	$\bigcirc$	,	
s	<b>/</b>	uls of	Lee			17/20/10	► Treside	mt	
I G N	Sign	ature of officer or trustee				Date	Title	<u> </u>	
		Propagar's			<del></del>	Date	Check if (Se	parer's identifying	number
H E R E	Paid	Preparer's signature					self- employed		
R	Pre- parer's	Firm's name (or JC	OHN EDWARD E	OWLER MEMORIAL	FOUNDA'	TION	EIN ►	<del></del> -	
	Use	vours if self		T HWY STE 206			1		
	Only	address and	ETHESDA	<u> </u>	MD	20814-4467	Phone no		
В	AA		<del></del>	<u></u>			-	Form <b>990</b> -	PF (2009)

# Form **4562**

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

2009

OMB No 1545 0172

Name(s) shown on return

► See separate instructions.

Identifying number

	n Edward Fowler		undation				5	1-6019469
Busine	ess or activity to which this form rel	ates						
	m 990-PF page 1							
Par	Election To Ex Note: If you have a	pense Certain F any listed property, o	Property Under Secomplete Part V before	ction 179 you complete Pa	rt I			
1	Maximum amount See th	e instructions for a	higher limit for certain b	usinesses			1	\$250,000.
2	Total cost of section 179 p	property placed in s	ervice (see instructions)	•			2	
3	Threshold cost of section	179 property before	reduction in limitation (	(see instructions)			3	\$800,000.
4	Reduction in limitation St	ubtract line 3 from li	ne 2 If zero or less, en	ter -0-			4	
5	Dollar limitation for tax ye separately, see instruction		rom line 1 If zero or les	ss, enter -0- If m	arried fil	ing	5	
6	(a	Description of property		(b) Cost (business	use only)	(C) Elected c	ost	Marie and the same
								The same of the same
		<u> </u>						
7	Listed property Enter the	amount from line 2	9	·	7			
8	Total elected cost of section	on 179 property Ad	ld amounts in column (c	), lines 6 and 7			8	
9	Tentative deduction Enter	r the <b>smaller</b> of line	5 or line 8				9	
10	Carryover of disallowed de		•				10	
11	Business income limitation		•	,		s (see instrs)	11	
12	Section 179 expense dedu		•				12	<del></del>
	Carryover of disallowed de				▶ 13			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	: Do not use Part II or Part				<del></del>			
Par	tilled Special Deprec	lation Allowand	ce and Other Depre	eciation (Do no	t include	listed property	<b>)</b> (See	instructions)
14	Special depreciation allow tax year (see instructions)	vance for qualified p	roperty (other than liste	d property) place	ed in serv	vice during the	14	
15	Property subject to section	n 168(f)(1) election					15	
	Other depreciation (includ						16	
	till MACRS Depre		clude listed property ) (	See instructions)				· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		·	Section					
17	MACRS deductions for as	sets placed in servi	ce in tax vears beginnin	a before 2009			17	2,990.
	If you are electing to grou	p any assets placed	,	-	or more ç	general	5 63	
	asset accounts, check her		in Service During 2009	Tay Year Using t	ho Cono	ral Danuaciatia	- Cuet	
	(a) Classification of property	(b) Month and year placed	(C) Basis for depreciation (business/investment use	(d) Recovery period	(e) Conver	(f)		(g) Depreciation deduction
19 2	3-year property	in service	only — see instructions)		<del> </del>			<del> </del>
	5-year property							<del> </del>
	7-year property				<del>                                     </del>	<del></del>		<del> </del>
	10-year property			<del></del>	<del> </del>			<del></del>
					<del> </del>			<del> </del>
_	15-year property 20-year property				<del> </del>			<del></del>
		┪ <sup>*</sup> 。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。		25 yrs	<del>                                     </del>	S/:		<del> </del>
	25-year property Residential rental	1.5		27.5 yrs	MM			<u> </u>
r	property				MM			· · · ·
<del></del> -	<del></del>	<del></del>		27.5 yrs	MM	<u>_</u>		<del></del>
ı	Nonresidential real property		·	39 yrs	MM	<del></del>		<del> </del>
	<del></del>	<u></u>			MM			<u> </u>
		- Assets Placed in	Service During 2009 T	ax Year Using the	e Alterna			stem
	Class life	-			<del> </del>	S/		
	12-year	<u> </u>		12_yrs	<del> </del>	S/:		ļ
	: 40-year			40 yrs	MM	I   S/	<u>L</u>	
	t IV   Summary (See I							
21	Listed property Enter amo	ount from line 28					21	0.
22	Total Add amounts from line 12 the appropriate lines of your retu				and on		22	2,990.
23	For assets shown above a	and placed in service	e during the current yea 263A costs	r, enter	23			-

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

-	Sectio	n A — Deprecia	tion and Oth	er Information (Ca	ution: See the instr	uctions for lin	uts for passeng	ger automobiles )		
24 8	Do you have eviden	ce to support the bu	siness/investm	ent use claimed?	X Yes	No 24b If Ye	es,' is the evidence	written? X	Yes	No
	(a) pe of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	Ele section	(i) ected on 179 ost
25	Special depreci	ation allowance 50% in a quali	for qualified fied business	l listed property pla s use (see instruction	ced in service durin ons)	g the tax yea	r and <b>25</b>	· · · · · · · · · · · · · · · · · · ·	1	
26	Property used r	more than 50%	ın a qualified	business use						
Te	lephones	05/01/97	100.00	2,828.	2,828.	7.00	SL-HY	0.		
27	Property used 5	00% or less in a	qualified bu	siness use					المالية المالي	Property Care
28	Add amounts in	column (h), lin	es 25 throug	h 27 Enter here ar	nd on line 21, page	1	28	0.	Est	<u> </u>
29	Add amounts in	column (ı), lıne	e 26 Enter h	ere and on line 7, p	page 1			29	1	
Corr	plete this section	n for vehicles us	sed by a sole		rmation on Use of ', or other 'more tha		or related pers	on If you provide	ed vehic	cles

to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the year (do not include commuting miles)	Vehi	-	<b>(b</b> Vehic		Vehi	cle 3	Vehi	-	<b>(€</b> Vehic		Vehi	
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32						,						
		Yes	_No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												-
36	Is another vehicle available for personal use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

27	De versite a suitte and au determent that exclude all personal use of values including committing	Yes	No
3/	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles	ι	, , .

(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins du	ring your 2009 tax year (see i	nstructions)			
Amortization of costs that began be	fore your 2009 tax year			43	
4 Total. Add amounts in column (f) S	see the instructions for where	to report		44	

Form 990-PF, Page 1, Part I, Line 18

#### Line 18 Stmt

Taxes (see the instructions)	_Rev/Exp Book_	Net Inv Inc	Adj Net Inc	Charity Disb
Gross receipts	6,281.	6,281.		
Foreign tax withheld	5,255.	5,255.		
Real estate tax	168.	168.		
Federal excise tax	33,822.			

Total 45,526. 11,704.

Form 990-PF, Page 4, Part VII-A, Line 8a States Registered In

DE		Delaware		
VA	_	Virginia		
MD		Maryland		

# Form 990-PF, Page 11, Part XV, line 3a

#### Line 3a statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				Person or Business
Archbishop Carroll HS 4300 Harewood Rd, NE Washington DC 20017	N/A	501 (c) (3) 509 (a)	General Operating Support	Person or Business X 45,000. Person or Business
Arlington Free Clinic 2921 11th Street, South Arlington VA 22204	N/A	501 (c) (3) 509 (a)	General Operating Support	Person or Business X 10,000. Person or Business
Ayuda/Clinica Legal Latina 1707 Kalorama Rd, NW Washington DC 20009	N/A	501 (c) (3) 509 (a)	General Operating Support	Person or Business X 10,000. Person or Business
Bay Area Community Church 903 Barbury Place Annapolis MD 21401	N/A	501 (c) (3) 509 (a)	General Operating Support	Person or Business X 15,000. Person or Business

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				_
Boys/Girls Clubs Wash, DC				Person or
4103 Benning Rd, NE			General	Business X
Washington DC 20019	N/A	509(a)	Operating Support	75,000.
				Person or
				Business
Brainfood				Person or
1525 Newton St, NW	<b></b>	501 (C) (3)	E	Business X
Washington DC 20010	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
Daniel for the City				Person or
Bread for the City			General	Business X
1525 7th St, NW		501 (C) (3)	1 <b></b> -	30,000.
Washington DC 20001	N/A	509(a)	Operating Support	Person or
				Business
				Dusiriess
Bright Beginnings				Person or
128 M St, NW			General	Business X
Washington DC 20001	N/A	501 (C) (3) 509 (a)	Operating Support	10,000.
washington be 20001	N/A	309(a)	operating support	Person or
				Business
				Dusiriess
Bucknell				Person or
Marts Hall	<b></b>	501 (C) (3)	General	Business X
Lewisburg PA 17837	N/A	509(a)	Operating Support	10,000.
Hewisburg In 17037	117.71	303(4)	operating support	Person or
				Business
			<b></b>	
Building Bridges Across the River	-			Person or
1901 Mississippi Ave, SE		501 (C) (3)	General	Business X
Washington DC 20020	N/A	509(a)	Operating Support	75,000.
		1		Person or
				Business
Calvary Women Services				Person or
110 Maryland Ave, NE		501(C)(3)	General	Business X
Washington DC 20002	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
Capital Interfaith Hospitality Network				Person or
4200 Butterworth Pl, NW		501 (C) (3)	General	Business X
Washington DC 20016	N/A	509(a)	Operating Support	10,000.

Line 3a statement				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
				Person or Business
Carpenters Shelter				Person or
930 N. Henry St Alexandria VA 22314		501 (C) (3) 509 (a)		Business X 20,000. Person or Business
Catalogue for Philanthropy				Person or
397 South Street  Needham MA 02492	  N/A	501 (C) (3) 509 (a)	General Operating Support	Business X 5,000.
		<b>_</b>		Person or Business
Center for Inspired Teaching 1436 U Street, NW		 501 (C) (3)	, — — — — — — — — — — — — — — — — — — —	Person or Business X
Washington DC 20009	N/A	509(a)	Operating Support	20,000. Person or Business
Child Ctr & Adult Services	~	<b>-</b>		Person or
16220 S. Frederick Ave Gaithersburg MD 20877	N/A	501 (C) (3) 509 (a)		Business X 10,000.
Garchersburg Mb 20077	N/A			Person or Business
Christ House				Person or
1717 Columbia Rd, NW Washington DC 20009	 		General Operating Support	Business X
				Person or Business
Church of the Epiphany 1317 G Street, NW		501 (C) (3)	General	Person or Business X
Washington DC 20005	N/A		Operating Support	10,000.
				Person or Business
College Bound 128 M Street, NW Washington DC 20001	N/A	501 (C) (3) 509 (a)	General Operating Support	Person or Business X 10,000. Person or
				Business

				<del> </del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Community Council for the Homeless 4713 Friendship Pl, NW Washington DC 20016		501 (c) (3) 509 (a)	General Operating Support	Person or Business X 35,000. Person or Business
DC Creative Writing Workshop 601 Mississippi Ave, SE Washington DC 20032		501 (c) (3) 509 (a)	General Operating Support	Person or Business X 15,000. Person or Business
Daughter for the Day		1		Person or
10903 Indian Head Hwy Fort Washington MD 20744	N/A	501 (C) (3) 509 (a)		Business X 10,000. Person or Business
DC Control Vitaboo				Person or
DC Central Kitchen 425 2d Street, NW		501 (C) (3)	General	Business X
Washington DC 20001	N/A	509 (a)	Operating Support	25,000. Person or Business
DC_Scores 1224 M Street, NW Washington DC 20005	N/A	501 (C) (3) 509 (a)	General Operating Support	Person or Business X 10,000. Person or Business
DePauw University		-		Person or
PO Box 37  Greencastle IN 46125	N/A	501 (C) (3) 509 (a)		Business X 10,000. Person or Business
Downtown Cluster of Congregations 1313 New York Ave, NW Washington DC 20005	N/A	501 (c) (3) 509 (a)		Person or Business X 25,000. Person or Business
Dumbarton Concerts		<del> </del>		Person or
3133 Dumbarton St, NW Washington DC 20007	N/A	501 (c) (3) 509 (a)	I -	Business X 20,000.

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				Person or
				Business
Dwelling Place, Inc.				Person or
610 East Diamond Ave			General	Business X
Gaithersburg MD 20877	N/A	509(a)	Operating Support	10,000.
				Person or
			<b></b>	Business
Emerging Scholars Program				Person or
3320 Jermantown Rd		501 (C) (3)	General	Business X
Oakton VA 22124	N/A	509(a)		20,000.
				Person or
				Business
Seabury Resources for the Aging				Person or
900 2d Street, NE		501(C)(3)	General	Business X
Washington DC 20002	N/A		Operating Support	10,000.
				Person or
				Business
Faith in the Family				Person or
8001 Braddock Rd		501 (C) (3)	General	Business X
Springfield VA 22151	N/A	509(a)	1	25,000.
				Person or
				Business
		<del> </del>		Borson or
Falls Church Mclean Children's Ctr 7230 Idlewood Rd		501 (C) (3)	General	Person or Business X
Falls Church VA 22043	N/A	509 (a)	<del></del>	10,000.
		<u> </u>		Person or
				Business
				Porcon or
Fellowship of Christian Athletes 801 G Street, NW		501 (C) (3)	General	Person or Business X
Washington DC 20001	N/A	509(a)	<del>-</del>	30,000.
				Person or
				Business
Foundation Center				Person or
1627 K Street, NW		501 (C) (3)	General	Business X
Washington DC 20006	N/A	509 (a)		5,000.
		<u>                                     </u>		Person or
				Business
		<u></u>		

Line Sa Statement				<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a David during the uper				
a Paid during the year Georgetown Ministry Ctr 1041 Wisconsin Ave, NW Washington DC 20007	  N/A	501 (c) (3) 509 (a)	General Operating Support	Person or Business X  10,000.  Person or
				Business
Higher Achievement Program 317 8th Street, NW ashington DC 20002		509(a)	General Operating Support	Person or Business X 15,000. Person or Business
Horton's Kids				Person or
110 Maryland Ave, NE		501 (C) (3)	<del>-</del>	Business X
Washington DC 20002	N/A	509(a)	Operating Support	15,000. Person or
				Business
House DC, Inc.		<del> </del>		Person or
PO Box 30958		501 (C) (3)	General	Business X
Washington DC 20030	N/A	509(a)	Operating Support	20,000.
				Person or Business
	[		[	Dusiness
House of Ruth				Person or
5 Thomas Circle		501 (C) (3)	1	Business X
Washington DC 20005	N/A	509(a)	Operating Support	25,000. Person or
				Business
				Dusiness
Housing Opportunities Ptnrs				Person or
10400 Detrick Ave		501 (C) (3)		Business X
Kensington MD 20895	N/A	509(a)	Operating Support	5,000.
				Person or Business
				D0311033
Iona Senior Services				Person or
4125 Albemarle St, NW			General	Business X
Washington DC 20016	N/A	509(a)	Operating Support	10,000.
				Person or Business
				Dualificas []
Joseph's House	<del> </del>	T		Person or
1730 Lanier Place, NW		501 (C) (3)	General	Business X
Washington DC 20009	N/A	509(a)		20,000.

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
a Tala during the year				Person or
				Business
Jubilee Jobs, Inc.				Person or
2712 Ontario Rd, NW		501 (C) (3)	General	Business X
Washington DC 20009	N/A	509(a)	Operating Support	15,000.
				Person or
				Business
Tudah Project	<del>-</del>			Person or
Judah Project 939 R Street, NW		501 (C) (3)	General	Business X
Washington DC 2000		509 (a)	Operating Support	5,000.
			, , , , , , , , , , , , , , , , , , , ,	Person or
				Business
Keys for the Homeless Fdr	1			Person or
PO Box 32027		501 (C) (3)	General	Business X
Washington DC 2000	N/A	509(a)	Operating Support	5,000.
				Person or Business
				Dusiness
Lisner-Louise-Dickson Home	2			Person or
5425 Western Ave, NW		501 (C) (3)	General	Business X
Washington DC 2001	N/A	509(a)	Operating Support	6,000.
				Person or
				Business
Tatalo Ingha Mahar Minasana				Person or
Little Lights Urban Ministries 760 7th Street, SE	'   <b></b>	501 (C) (3)	General	Business X
Washington DC 2000	   N/A		Operating Support	
	· · · <u> </u>			Person or
				Business
	<u> </u>	ļ		
Live It Learn It				Person or
719 E Street, SE	<b></b>	1	General	Business X
Washington DC 20003	S   N/A	509(a)	Operating Support	15,000.
				Person or Business
				20311033
Manna Food Center				Person or
9311 Gaither Rd		501 (C) (3)	General	Business X
Gaithersburg MD 2087	N/A	1	Operating Support	10,000.
				Person or
				Business
	_L		<u> </u>	

			<u> </u>	
Recipient  Name and address  (home or business)	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	substantial contributor			
a Paid during the year				
Mentors of Minorities				Person or
PO_Box_75481		501 (C) (3)	General	Business X
Washington DC 20013	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
Mentors, Inc.				Person or
1012 14th Street, NW		501 (C) (3)	General	Business X
Washington DC 20005	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
Mıriam's Kitchen				Person or
2401 Virginia Ave, NW		501 (C) (3)	General	Business X
Washington DC 20037		509(a)	Operating Support	25,000.
				Person or
				Business
N Street Village				Person or
1333 N Street, NW		501 (C) (3)	General	Business X
Washington DC 20005	N/A	509(a)	Operating Support	20,000.
				Person or
				Business
New Commuity for Children		<del> </del>		Person or
1722 6th Street, NW		501 (C) (3)	General	Business X
Washington DC 20001	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
Nick's Place, Inc.				Person or
4604 W. Caroline Ave		501 (C) (3)	General	Business X
Beltsville MD 20705			Operating Support	5,000.
				Person or
				Business
Sitar Center for the Arts				Person or
1700 Kalorama Rd, NW		501 (C) (3)	General	Business X
Washington DC 20009	N/A		Operating Support	10,000.
				Person or
				Business
Painhow Place				Person or
Rainbow Place 215 W. Montgomery Ave		501/01/31	General	Person or Business X
Rockville MD 20850			Operating Support	

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

any status Checkbox  nip to of re- dation cipient Amount  er or nitial utor  Person or
Business
Person or Business X  501(C)(3) General Business X  509(a) Operating Support 10,000.  Person or Business
Person or
Person or
Person or
Person or Business X  500 (a) Operating Support 20,000.  Person or Business Description or Business Description Business Description Business Description Business Description Description Business Bu
Person or   Business   X
Person or Business X  501(C)(3) General Business X  509(a) Operating Support 20,000.  Person or Business

			— ·— · · · · · · · · · · · · · · · · ·	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Treatment & Learning Centers				Person or
2301 Research Blvd		501 (c) (3)	General	Business X
Rockville MD 20850		1	Operating Support	10,000.
				Person or
				Business
WANADA Education Institute				Person or
5301 Wisconsin Ave, NW		501 (C) (3)	General	Business X
Washington DC 20015	N/A		Operating Support	20,000.
				Person or
			[	Business
Washington_Ballet				Person or
3515 Wisconsin Ave		501 (C) (3)	General	Business X
Washington DC 20016	N/A	509(a)	Operating Support	30,000.
				Person or
			 	Business
		ļ		
Washington Hospital Center Fdn				Person or
110 Irving Street, NW			General	Business X
Washington DC 20010	N/A	509(a)	Operating Support	10,000.
				Person or
				Business
		-		<u> </u>
Washington Jesuit Academy				Person or
900 Varnum Street, NE		501 (C) (3)		Business X
Washington DC 20017	N/A	509(a)	Operating Support	25,000.
	[			Person or Business
				Dusiness
Washington Literacy Council				Person or
1918 18th Street, NW		501 (C) (3)	General	Business X
Washington DC 20009	N/A	509(a)	Operating Support	10,000.
mashington bo 2000)		303107	operating support	Person or
	<b>-</b>			Business
Washington Middle School for Girls				Person or
1901 Mississippi Ave, SE		501 (C) (3)	General	Business X
Washington DC 20020	N/A	509(a)	Operating Support	25,000.
		1		Person or
				Business
Western Fairfax Christian Ministries				Person or
PO Box 220802		501 (C) (3)	General	Business X
Chantilly VA 20151	N/A	509(a)	Operating Support	10,000.
	·	·		

Continued

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address (home or business)	show any relationship to	status of re-		Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year				Person or Business
Women Who Care Ministries				Person or
19634 Clubhouse Rd	1	501 (C) (3)	l General	Business   X

509(a) Operating Support

Total

1,236,000.

10,000.

54,095.

Form 990-PF, Page 1, Part I

Montgomery Village MD 20886

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Curtin, Law, Roberso	Legal	8,720.	4,360.		4,360.
Total		8,720.	4,360.		4,360.

Form 990-PF, Page 1, Part I

#### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
S. Martin	Grants consulting	50,970.			50,970.
RBC Dain Rauscher	Investment advice	26,187.	26,187.		
Millenium Services	Appraisal	6,250.	3,125.		3,125.

83,407. 29,312.

Form 990-PF, Line 19

Total

#### **Allocated Depreciation**

Description	Date Acquire	Cost or Basis	Prior Yr Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
Telephones Computer (Network Serv	05/01/97 11/01/99	2828 2653	2828 2653	SL SL	7.00	0		

Form 990-PF, Line 19 **Allocated Depreciation**  Continued

Description	Date Acquire	Cost or Basis	Prior Yr Depr	Mthd	Lıfe	Current Depr	Net Invest Income	Adjusted Net Income
HO Laser Jet 2100 prin	11/01/99	730	730	SL	5.00	0		
Dell 17" Monitor	01/30/02	201	201	SL	5.00	0		
Internal tape and hard	01/31/02	778	778	SL	5.00	0		
Grants software	05/15/02	1677	1677	SL	5.00	0		
Dell Computer XP	08/15/05	2515	1761	SL	5.00	503		
Dell Inkjet printer	08/15/05	176	123	SL	5.00	35		
Dell Computers XP	01/11/06	5884	2942	SL	5.00	1177		
Brother Laser Printer	12/05/06	420	210	SL	5.00	84		
Conference table/chair	06/21/07	3000	643	SL	7.00	429		
Exec HBK Chair (SFM)	08/15/07	210	45	SL	7.00	30		
Brother Typewriter	08/22/07	446	134	SL	5.00	89		
Safford chair (RHL)	08/22/07	105	23	SL	7.00	15		
Drapes (Bethesda)	12/01/07	2892	867	SL	5.00	579		
HP 1040 Fax	01/02/08	100	10	SL	5.00	20		
HP 1006 Laser printer	01/03/08	147	15	SL	5.00	29		

Total

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
RBC Dain Rauscher - Wentworth Hauser & Violich	227,519.	183,116.	
RBC Dain Rauscher - Lateef Mgmt Associates	815,648.	955,415.	
RBC Dain Rauscher - Tradewinds Global Investors	492,214.	456,332.	
RBC Dain Rauscher - Snow Capital Mgmt	878,322.	866,085.	
Charles Schwab (#2507) - Various Mutual funds	11,247,395.	10,265,251.	
Charles Schwab (#7436) - Various Mutual funds	49,990.	43,575.	
Vanguard - Short-term Federal Fund	155,897.	157,901.	
Unrealized loss	-939,310.	0.	

Total

12,927,675. 12,927,675.

Form 990-PF, Page 2, Part II, Line 11

L-11 Stmt

Line 11b - Description of Investments Land, Buildings and Equipment	(a) Cost/Other Basıs	<b>(b)</b> Accumulated Depreciation	<b>(c)</b> Book Value
Commercial Real Estate, Rosslyn, Va	2,933,818.	0.	2,933,818.
Undeveloped Land, Augusta Cnty, Va	4,500.		4,500.

Total

2,938,318. 0. 2,938,318.

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	<b>(b)</b> Accumulated Depreciation	<b>(c)</b> Book Value	
Per Form 4562 Depreciation Report	24,763.	18,631.	6,132.	
Total	24,763.	18,631.	6,132.	

#### JOHN EDWARD FOWLER MEMORIAL FOUNDATION

4340 EAST-WEST HIGHWAY, SUITE 206, BETHESDA, MD 20814

#### **GRANT APPLICATION**

FULL NAME OF ORGANIZATION							
ADDRESS							
MAILING ADDRESS (IF OTHER THAN ABOVE)							
TELEPHONE NUMBER OF ORGANIZATION							
	CH YOU ARE REQUESTING A GRANT						
BY WHAT DATE DO YOU NEED THIS GRANT?							
\$NEEDED FOR PROJECT. \$	GRANT REQUESTED						
WHAT OTHER SOURCES DO YOU HAVE OR ANTICIPATE FOR FUNDING THE PROJECT?							
	······································						
IF AN ONGOING PROJECT, HOW DO YOU INTEND TO FUND IT	IN THE FUTURE?						
SOURCES OF THE ORGANIZATION'S INCOME (IN DOLLARS, N	OT PERCENTAGES)						
GOVERNMENT S	UNITED WAY/UNITED BLACK FUND \$						
FOUNDATIONS/CORPORATIONS S	PROGRAM REVENUE \$						
INDIVIDUALS \$	FUNDRAISING ACTIVITIES \$						
OTHER \$							
THIS APPLICATION WILL BE CONSIDERED COMPLETE	WITH THE FOLLOWING ENCLOSURES:						
1) A COPY OF THE ORGANIZATION'S IRS DETERMINATION LE	ETTER.						
2) BUDGET FOR THE PROJECT (IF APPLICATION IS FOR A SPE	CIFIC PROJECT).						
3) THE CURRENT GENERAL OPERATING BUDGET							
4) FINANCIAL STATEMENTS							
5) LIST OF BOARD OF DIRECTORS/OFFICERS							

DATE SUBMITTED \_\_\_\_\_

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

File a separate application for each return.

THE THE THE PENGE	Jervice	a sepa	iate application to t					
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, compl	ete only Part I and cl	neck this box				<b>▶</b> X
<ul><li>If you are</li></ul>	filing for an Additional (Not Auto	matic) 3-Month E	xtension, complete	only Part II (on p	age 2 of this f	orm)		_
Do not comp	lete Part II unless you have alread	dy been granted a	n automatic 3-month	extension on a	previously file	d Form 886	58	
Part I	Automatic 3-Month Extens	ion of Time.	Only submit origii	nal (no copie:	s needed)	•		
A corporation	required to file Form 990-T and i	equesting an auto	omatic 6-month exter	nsion – check th	is box and cor	nplete Part	l only	► 🗌
All other corp	porations (including 1120-C filers) eturns	, partnerships, RE	EMICS, and trusts mu	st use Form 700	4 to request a	n extensior	of time to	file
returns noted the additional Form 990-T	ling (e-file). Generally, you can elember below (6 months for a corporation of the file of	n required to file l on or (2) you file l completed and s	Form 990-T) Howeve Forms 990-BL, 6069, agned page 2 (Part II	er, you cannot fill or 8870, group	e Form 8868 e returns, or a c	lectronical omposite o	ly if (1) you r consolidate	want ed
	Name of Exempt Organization					Employer ide	entification nun	nber
Type or								
print	John Edward Fowler N	Memorial Fo	undation			51-6019469		
File by the	Number, street, and room or suite number					131 001	7407	
due date for filing your	  4340 East-West Highv							
return See instructions	City, town or post office, state, and ZIP co		ss. see instructions	<del></del>				
		· · · · · · · · · · · · · · · · · ·				MD	20814	
	BETHESDA	o analysation for a	and roturn)			MD	20014	
Form 990	of return to be filed (file a separat	<b>¬</b>	•		Form 472	^		
H	·	Form 990-T (co		-> 1 -1>				
Form 990	<u> </u>		ection 401(a) or 408(a		Form 522			
Form 990	<u> -</u>	<b>≔</b>	ust other than above)		Form 606			
X Form 990	J-PF 1	Form 1041-A			Form 887	U		
If the orga If this is for check this the extens  1 I reques until A The extens  X	e No (301) 654-2700 anization does not have an office or a Group Return, enter the organs box If it is for part of the sion will cover st an automatic 3-month (6 month aug 16 , 20 10 , to file ension is for the organization's recalendar year 20 09 or tax year beginning	or place of busine nization's four digne group, check the store of a corporation the exempt organiturn for	ess in the United States Group Exemption I his box and and n required to file Fore	es, check this bo Number (GEN) attach a list with m 990-T) extens	the names ar		he whole gra	
_	ax year is for less than 12 months		Initial return	Final retu	 ırn ∏ C	hange in a	ccounting pe	eriod
3a If this a	pplication is for Form 990-BL, 990	)-PF, 990-T, 4720	), or 6069, enter the t	entative tax, les	s any			
	ndable credits See instructions					3a Ş	33	3,467.
	pplication is for Form 990-PF or 9 nclude any prior year overpayme			estimated tax p	ayments 	<b>3b</b> \$	46	5,300.
deposit	e Due. Subtract line 3b from line 3 with FTD coupon or, if required, but tructions	Ba Include your poy using EFTPS (E	ayment with this forn Electronic Federal Ta	n, or, if required, x Payment Syste	em)	3c \$		0.
Caution. If yo payment instr	ou are going to make an electronic ructions	fund withdrawal	with this Form 8868,	see Form 8453-	EO and Form	8879-EO fo	or 	
BAA For Priv	vacy Act and Paperwork Reduction	on Act Notice, see	e instructions.			Forn	n <b>8868</b> (Rev	4-2009)