

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## . Form 990-

#### **Return of Private Foundation**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

		dar year 2013 or tax year beginning	ii 990-PF and its separate i	, and endi		go <u></u>	Open to Public Inspection
		foundation		<del></del>		A Employer identificatio	n number
		SEN FAMILY FOUNDATION,	INC.				
C	/0	WASHINGTON PROPERTY CO	MPANY			20-0448228	3
Num	nber ar	nd street (or P O box number if mail is not delivered to street	address)	Ro	om/suite	B Telephone number	
4	719	HAMPDEN LANE, 3RD FLO	OR			301-229-82	223
City	or to	wn, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is	pending, check here
_ <u>B</u>	ETI	HESDA, MD 20814-2909					
G C	Check	all that apply: Initial return	Initial return of a for	rmer public char	rity	D 1. Foreign organization	is, check here
		Final return	Amended return			Foreign organizations m check here and attach or	eeting the 85% test,
		Address change	Name change	<del></del>		check here and attach o	computation
H C		type of organization: X Section 501(c)(3) ex				E If private foundation st	
		ction 4947(a)(1) nonexempt charitable trust rket value of all assets at end of year   J Accounti	Other taxable private foundating method: X Cash	Accrual		under section 507(b)(1	
			her (specify)	Accidal		F If the foundation is in a under section 507(b)(1	
•	<i>0111 F</i> -\$	2,112,599. (Part I, colu		asis.)		ander section our (b)(	I/(D), GIIOGK NGIO
			(a) Revenue and	(b) Net inves	stment	(c) Adjusted net	(d) Disbursements
		The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income		income	for charitable purposes (cash basis only)
	_	Contributions, gifts, grants, etc., received				N/A	
		Check X If the foundation is not required to attach Sch B	-		-		
	3	Interest on savings and temporary cash investments	669.		669.		STATEMENT 1
	4	Dividends and interest from securities	50,052.	50	<u>,052.</u>		STATEMENT 2
	5a	Gross rents					
	Ь	Net rental income or (loss)	66.060				
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 6 1 5 6 0	<66,062.	<u> </u>			<del> </del>
Revenue	b	assets on line 6a	<del></del>		0.		
Ŗ	(	Capital gain net income (from Part IV, line 2)			<u> </u>		
	8	Net short-term capital gain Income modifications					
	1 -	Gross sales less returns and allowances					
		Less concommon VED			-		-
	11	Other income Total. Addunces #through 11	2,140.		,140.		STATEMENT 3
	12		<13,201.	<u>&gt; 52</u>	<u>,861.</u>	<u> </u>	
	13	Compensation of officers, directors, trus 66, atc	0.		0.		0.
	14	Other employee salafles and wages					<del>                                     </del>
တ္	15	Pension plans, employee benefits		_			
nse	16a	Legal fees Accounting fees STMT 4	1,800.		900.	· · · · <del></del>	900.
x	. D	Accounting fees STMT 4 Other professional fees STMT 5	500.		250.		250.
ē m	17	Interest				· · · · · · · · · · · · · · · · · · ·	
Administrative Expenses	18	Taxes STMT 6	1,277.		72.		0.
iistr	19	Depreciation and depletion					
_ <u>:</u>	20	Occupancy			_ =		
₹	21	Travel, conferences, and meetings					
and	22	Printing and publications					
į		Other expenses STMT 7	10,154.	5	<u>,156.</u>		5,156.
Uし」 こ Operating	24	Total operating and administrative	12 721	6	270		6 206
i ë	0.5	expenses. Add lines 13 through 23	13,731. 107,400.		,378.		6,306.
2		Contributions, gifts, grants paid  Total expenses and disbursements.	107,400.				10/,400.
බ	20	Add lines 24 and 25	121,131.	6	,378.		113,706.
<u> </u>	27	Subtract line 26 from line 12:		<u>_</u>			
のに記される OC1 この Carling and Adm	1	Excess of revenue over expenses and disbursements	<134,332.	>			
Ź	1	Net investment income (if negative, enter -0-)		46	,483.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

1

NULSEN FAMILY FOUNDATION, INC.

Form 990-PF (2013) C/O WASHINGTON PROPERTY			0448228 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year  (a) Book Value	(b) Book Value	year (c) Fair Market Value
_ <del></del>	(a) BOOK Value	(D) DOOK Value	(c) Fall Warket Value
1 Cash - non-interest-bearing	25 076	5,874.	
2 Savings and temporary cash investments	25,976.	5,8/4.	5,874.
3 Accounts receivable ►			
Less: allowance for doubtful accounts			
4 Pledges receivable ►	_		•
Less: allowance for doubtful accounts			<del> </del>
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other	i .		
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts	7		
9 Prepaid expenses and deferred charges	3,657.	2,452.	2,452.
10a Investments - U.S. and state government obligations	370371	2,1321	
b Investments - corporate stock STMT 8	1,403,822.	1,322,932.	1,698,414.
	1,405,022.	1,322,332.	1,000,414.
c Investments - corporate bonds	-	·	
11 Investments - land, buildings, and equipment basis	-		
Less accumulated depreciation	<del> </del>		
12 Investments - mortgage loans	407 004	204 060	405 050
13 Investments - other STMT 9	427,004.	394,869.	405,859.
14 Land, buildings, and equipment basis ▶	<b>⊣</b>		
Less accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item 1)	1,860,459.	1,726,127.	<u>2,112,599.</u>
17 Accounts payable and accrued expenses			
18 Grants payable			
9 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
Deterred revenue  Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			
22 Other liabilities (describe >			-
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			_
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
27 Capital Stock, trust principal, or current tunds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	1,860,459.	1,726,127.	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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	1,860,459.		
2 30 Total net assets or fund balances	I,66.0,459.•	_1,726-,127	
31 Total liabilities and net assets/fund balances	1,860,459.	1,726,127.	
		1,720,1276	
Part III Analysis of Changes in Net Assets or Fund			
1 Total net assets or fund balances at beginning of year - Part II, column (a), lin	ne 30		·
(must agree with end-of-year figure reported on prior year's return)		1	1,860,459.
2 Enter amount from Part I, line 27a		2	<134,332.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	1,726,127.
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	1,726,127.
			Form <b>990-PF</b> (2013)

Part IV   Capital Gains	and Lo	sses for Tax on In	vestment	Income						T
		nd(s) of property sold (e.g. or common stock, 200 shs			` P	How ac - Purc - Dona		(c) Date : (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a MERRILL LYNCH	(040	15)					P	VARI	OUS	VARIOUS
							P	VARI	ous	VARIOUS
c SCG FUND INVES					,			VARI	ous	VARIOUS
d SCG FUND INVES								VARI		VARIOUS
e CAPITAL GAINS							1			
(e) Gross sales price		Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss (f) minus	
a 48,600.	_			52,43	3.					<3,833.
b 112,123.				196,10						<83,985.
C ====================================										2,769.
d										18,150.
e 837.		- · · -			i					837.
Complete only for assets shown	ng gain in	column (h) and owned by t	the foundation	оп 12/31/69				) Gains (C	ol. (h) gair	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)				l. (k), but r	ot less that (from col.	ın -0-) <b>or</b>
			<u> </u>					**		<3,833.
a b										<83,985.
						••			<del></del>	2,769.
<u>c</u>					_				<del></del>	18,150.
_d										837.
e	L		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		I			03/.
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter $-0$ .			}	2				<66,062.
3 Net short-term capital gain or (lo	ss) as defi	ned in sections 1222(5) an	ıd (6):		_ \					
If gain, also enter in Part I, line 8,	column (	c).								
If (loss), enter -0- in Part I, line 8					للِـ	3	L		<u> </u>	<u> </u>
Part V   Qualification L	maer s	ection 4940(e) for	neduced	Tax on Net	HIV	esui	ient me	Julie		
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not quate the appropriate amount in	tion 4942 lify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt						Yes X No
(a)		(b)			(c)				Dietri	(d) bution ratio
Base period years Calendar year (or tax year beginn	ıng ın)	Adjusted qualifying dis	tributions	Net value of no	nchá	rıtable-	use assets	:	col. (b) dı)	vided by col. (c))
2012		14	1,834.	•	1	.63	8,878	3.		.086543
2011			5,564.				0,791			.089880
2010			7,214.				9,528			.054161
2009			$\frac{7}{1,812}$ .				4,497			.057375
2008			5,390.		1		0,158			.119401
2 Total of line 1, column (d)			3,350.			<u>,                                    </u>	0,150	2		.407360
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	of ye	ars _		3-		081472
		-	luna E							-
4 Enter the net value of noncharital	DIE-USE AS	sets for 2013 from Part X,	line 5					4		1,852,207.
5 Multiply line 4 by line 3								_5		150,903.
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		465.
7 Add lines 5 and 6								7		151,368.
8 Enter qualifying distributions from			45 - 1			n/ ·	4-	8		113,706.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ch	neck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1º	% tax ı	rate.			
323521 10-10-13			. <u> </u>							Form <b>990-PF</b> (2013)

NULSEN FAMILY FOUNDATION, INC. C/O WASHINGTON PROPERTY COMPANY 20-0448228 Form 990-PF (2013) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here 
and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 930. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \( \bigs \) and enter 1% of Part I, line 27b 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-) 930. 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 930. 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 2,452. a 2013 estimated tax payments and 2012 overpayment credited to 2013 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 2,452. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 1.522. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 522. Refunded ▶ 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? X 1b 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 X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. > \$ 0 • (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. 🟲 💲 X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes." attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 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 X remain in the governing instrument? X 7 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or-with-which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) X of each state as required by General Instruction G? If "No," attach explanation 8Ъ 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar vear 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV

Form **990-PF** (2013)

10

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

NULSEN FAMILY FOUNDATION, INC. 20-0448228 Form 990-PF (2013) C/O WASHINGTON PROPERTY COMPANY Page 5 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) 11 X Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. ► 703-760-9500 14 The books are in care of ▶ CHARLES K. NULSEN Located at ▶ 4719 HAMPDEN LANE, 3RD FLOOR, BETHESDA, MD ZIP+4 ►20814-2909 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year No At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, Yes X securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) 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 instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2013? 1c 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2013? 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 N/A statement - see instructions.) 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 Yes X No during the year? b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after

Form **990-PF** (2013)

X

3Ь

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

NULSEN FAMILY FOUNDATION, INC. C/O WASHINGTON PROPERTY COMPANY 20-0448228 Form 990-PF (2013) Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? 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)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here 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? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other (b) Title, and average (If not paid, (a) Name and address to position allowances CHARLES K. NULSEN, III DIRECTOR, PRES & TREASURER 5301 ELLIOTT ROAD 0.00 BETHESDA, MD 20816 0 0 0. DIRECTOR, V PRES & SECY JOANN K. NULSEN 5301 ELLIOTT ROAD 0.00 BETHESDA, MD 20816 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average (e) Expense account, other hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE

323551

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

Form **990-PF** (2013)

Part IX-B Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	<b>▶</b> 0.
	Form <b>990-PF</b> (2013

323561

C/O WASHINGTON PROPERTY COMPANY

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, 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_	1,672,569.
b	Average of monthly cash balances	1b_	15,925.
	Fair market value of all other assets	1c	191,919.
d	Total (add lines 1a, b, and c)	1d	1,880,413.
е	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	1,880,413.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,206.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5_	1,852,207.
6	Minimum investment return. Enter 5% of line 5	6	92,610.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	92,610.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	930.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	91,680.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	91,680.
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	91,680.
Р	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	113,706.
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	113,706.
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_	113,706.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	or the section

Form **990-PF** (2013)

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				91,680.
2 Undistributed income, if any, as of the end of 2013		· - · · · · · · · · · · · · · · · · · ·		
a Enter amount for 2012 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 26,030.				
<b>b</b> From 2009 13,767.				
c From 2010 12,377.				
d From 2011 70,030.				
e From 2012 62,300.				
f Total of lines 3a through e	184,504.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 113,706.			_	
a Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			24 522
d Applied to 2013 distributable amount				91,680.
e Remaining amount distributed out of corpus	22,026.		_	
5 Excess distributions carryover applied to 2013 (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:	_			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	206,530.			
<b>b</b> Prior years' undistributed income. Subtract	200,000			
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	-	0.		
assessed d Subtract line 6c from line 6b. Taxable		<u> </u>	· · · · · ·	
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of	·			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	·			
not applied on line 5 or line 7	26,030.			
9 Excess distributions carryover to 2014.	· ·			_
Subtract lines 7 and 8 from line 6a	180,500.			
10 Analysis of line 9:		- 1-		-
a Excess from 2009 13,767.				
<b>b</b> Excess from 2010 12,377.	-			-
c Excess from 2011 70,030.				
d Excess from 2012 62,300.				
e Excess from 2013 22,026.			<u> </u>	5 000 PE (0040)

Form **990-PF** (2013)

Part XIV Private Operating Fo	oundations (see ins		I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2013, enter the date of th	ne ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found			in section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) 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)			<del> </del>		
(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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t			ii die iodilaadon	1144 40,000 01 1110	no in accord
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total cor	stributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed r			in ibunons received by the	Touridation before the clos	ic of any tax
JOANN K. NULSEN					
b List any managers of the foundation wh	n own 10% or more of the	e stock of a corporation	(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha			(or an oquan) in go porte	or and ownering or a pa	
NONE	-				
2 <u>Information Regarding Contribut</u>	ion Grant Gift Loan	Scholarship etc. F	Programs:	<del></del>	
Check here ► X If the foundation of				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·			<del></del>	
a The hame, address, and telephone fluit	5. 5 450	porcon to mnom upp		- <del>-</del>	
<b>b</b> The form in which applications should	oe submitted and informat	ion and materials they	should include:		<del></del>
b the form in which applications should	oo odomiiloo ana imorma	ion and materials troy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	il areas, charitable fields	s, kinds of institutions, or o	other factors:	

Form 990-PF (2013

C/O WASHINGTON PROPERTY COMPANY

Part AV Supplementary information			<del></del>	
3 Grants and Contributions Paid During the		Payment		
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	Amount
a Paid during the year	Of Substantial Contributor	Toolpiont		
a raid during the year				
	ļ			
AUTISM SPEAKS	N/A	PUBLIC	OPERATIONS	
1 EAST 33RD STREET			<u> </u>	
NEW YORK, NY 10016				250.
CHILDREN'S NATIONAL MEDICAL CENTER	N/A	PUBLIC	OPERATIONS	
111 MICHIGAN AVENUE, NW	N/A	FOBLIC	DERATIONS	
WASHINGTON DC 20010			1	11,500.
CYSTIC FIBROSIS FOUNDATION	N/A	PUBLIC	OPERATIONS	
6931 ARLINGTON ROAD, 2ND FLOOR				
BETHESDA, MD 20814	<del>-</del>	-		2,000.
EPISCOPAL HIGH SCHOOL PROMISE CALL	N/A	PUBLIC	OPERATIONS	
1200 NORTH QUAKER LANE		1		
ALEXANDRIA, VA 22302				34,000.
•				
EPISCOPAL HIGH SCHOOL ROLL CALL	N/A	PUBLIC	OPERATIONS	
1200 NORTH QUAKER LANE				5.000.
Total SEE CO	NTINUATION SHE	ET(S)	▶ 3a	107 400
b Approved for future payment				
,,				
			1	
NONE			1	
		}		
			1	
		+		
		<del> </del>		
Total			<b>▶</b> 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		d business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		<del></del>			
b	-	<del></del>			<del></del>
c	_				
d	_				
e			<u> </u>		
f					
g Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·			<del></del>
2 Membership dues and assessments	·	<u> </u>			<u> </u>
3 Interest on savings and temporary cash					
investments		·····	14	669.	
4 Dividends and interest from securities			14	50,052.	<u> </u>
5 Net rental income or (loss) from real estate:					<u>.                                    </u>
a Debt-financed property					
b Not debt-financed property	ļ				
6 Net rental income or (loss) from personal					
property					
7 Other investment income		· —	14	2,140.	
8 Gain or (loss) from sales of assets other	l				
than inventory			18	<66,062.	<b>&gt;</b>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	-				
11 Other revenue:					
<u>a</u>			· <del>   </del>		
b					
c	1				
d	- <del>   </del>		<del></del>		
e	-		)	<13,201.	· 0.
12 Subtotal. Add columns (b), (d), and (e)	L	······································	<b>/ •</b>   • •	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	<u> </u>
				<del></del>	
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inc	nme is reported ii	n column (e) of Part XV	I-A contributed	I importantly to the accom	nlishment of
the foundation's exempt purposes (other tha				importantly to the accom	phoninont of
			•		
				•	
			-		

Form 990	XVII Information R					d Relations		0448228 ncharitabl		age 13
	Exempt Organ								<del>,</del>	
1 Did	the organization directly or ind	irectly engage in any	of the followin	ig with any other or	ganızatıon	described in sect	tion 501(c) of	İ	Yes	No
the	Code (other than section 501(d	c)(3) organizations) o	or in section 52	27, relating to politic	al organiza	ations?		-	İ	
<b>a</b> Tra	nsfers from the reporting found	lation to a noncharita	able exempt or	ganization of:						
(1)	Cash							1a(1)	Ì	X
(2)	Other assets							1a(2)		Х
	er transactions;			•						
	Sales of assets to a noncharita	able exempt organiza	ation					1b(1)		Х
	Purchases of assets from a no							1b(2)		X
		•	organization				•			
	Rental of facilities, equipment,							1b(3)		X
	Reimbursement arrangements	<b>5</b>					•	1b(4)		X
	Loans or loan guarantees		_					1b(5)	-	X
	Performance of services or m		=					1b(6)		X
	aring of facilities, equipment, ma							1c	<u> </u>	X
or s	ne answer to any of the above is services given by the reporting umn (d) the value of the goods,	foundation. If the fou , other assets, or serv	indation received.	ed less than fair ma	rket value				sets,	
(a) Line n	o (b) Amount involved	(c) Name o		exempt organizati	on	(d) Description	n of transfers, transaction	ons, and sharing ar	rangeme	ents
		ļ	N/A							
		<u> </u>								
								<del>-</del>		
							<u>-</u>			
		<del> </del>								
		- <del> </del>						<del></del>		
		<u> </u>								
		ļ								
		<u> </u>								
ın s	he foundation directly or indirect section 501(c) of the Code (othe Yes," complete the following sch	er than section 501(c	-	•	t organizat	tions described		Yes	X	] No
	(a) Name of or	ganization		(b) Type of organ	ızatıon		(c) Description of re	elationship		
	N/A									
				_						
		•								
			-							
	Under penalties of perjury, I declare	that I have examined th	us return, includin	g accompanying sched	dules and sta	atements, and to the	best of my knowledge			
Sign		mplete Declaration of pr						May the IRS or		
Here	Im 6	en/le	_2		6/10	Pa		shown below	_	<b>-</b>
	Signature of officer or trusted	<u> </u>		Data	4.0	Title	<del>-5</del> .	_ LX Yes		J No
	\_ <u>``</u> ,		Dranararia a	Date *	- 	Title	Check   If	PTIN		
	Print/Type preparer's n	ante	Preparer's si	ynature 1	ا ا	)ate		T ( IIN		
Doid			\ a	- //. //.	1	10/10/	self- employed			
Paid	SAMIM BIRA		Jum	in Wal	Man	-115/14		P00822		
Prepa	[ 1 11 11 0 11 d 11 0 0 0 0 0 0 0 0 0 0 0	SSBERG CO	YMAAM	$_{ m LLP}$		/ / /	Firm's EIN ► 5	2-08071	34	
Use (	· •									
	Firm's address ► 65	00 ROCK S	SPRING	DRIVE SU	TE 2	00				

Phone no. 301-571-1900

Form **990-PF** (2013)

BETHESDA, MD 20817

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient BABSON COLLEGE N/A PUBLIC **DPERATIONS** 231 FOREST ST 10,000. BABSON PARK MA 02457 PUBLIC **DPERATIONS** HOPECAM, INC. N/A 12110 SUNSET HILLS RD., SUITE 100 500. RESTON VA 20190 BARNS OF ROSE HILL PUBLIC OPERATIONS N/A 95 CHALMERS CT 250. BERRYVILLE, VA 22611 LOOMIS CHAFFEE ANNUAL FUND N/A PUBLIC **DPERATIONS** 4 BATCHELDER ROAD WINDSOR CT 06095 1,000. PUBLIC DEFRATIONS. MONTGOMERY PARKS FOUNDATION N/A 9500 BRUNETT AVENUE 5,000. SILVER SPRING MD 20901 NEW COMMUNITY FOR CHILDREN N/A PUBLIC **OPERATIONS** 1722 6TH STREET NW WASHINGTON, DC 20001 10,000. NEW COMMUNITY FOUNDATION N/A PVT. OP. FOUND COLLEGE SCHOLARSHIP 614 S. STREET, NW 10,000. WASHINGTON DC 20001 PUBLIC OPERATIONS BULLIS SCHOOL N/A 10601 FALLS RD 1,000. POTOMAC MD 20854 N/A PUBLIC OPERATIONS NORWOOD SCHOOL 8821 RIVER ROAD 1,000. BETHESDA, MD 20817 N/A PUBLIC OPERATIONS ST. ALBANS/CENTENNIAL CAMPAIGN ;LISTTOTAL 10300 MOUNT ST. ALBAN WASHINGTON DC 20016 LISTTOTAL 0 8,400. Total from continuation sheets 54,650,

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient KEEWAYDIN FOUNDATION N/A PUBLIC OPERATIONS 950 WEST SHORE ROAD 1,000. SALISBURY VT 05769 LIBBIE A. CASS LIBRARY N/A PUBLIC OPERATIONS 2748 MAIN STREET 1,000. SPRINGFIELD NH 03284-0089 PUBLIC OPERATIONS LEUKEMIA & LYMPHOMA SOCIETY N/A 1311 MAMARONECK AVE STE. 310 250. WHITE PLAINS NY 10605 THE FIRST TEE OF WASHINGTON DC N/A PUBLIC OPERATIONS 970 OHIO DR. SW WASHINGTON DC 20024 250. PUBLIC **OPERATIONS** N/A AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW 5,000. WASHINGTON DC 20016 Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVING	GS AND T	EMPOR	ARY CASI	IIN	VESTMENTS	STATEMENT	1
SOURCE			(A) VENUE BOOK			(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
MERRILL LYNCH #4015 SCG FUND INVESTOR,			6	8. 61.	-	8. 661.		
TOTAL TO PART I, LI	NE 3		6	69.		669.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SI	CUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENU PER BOO		(B) NET INVEST MENT INCOM		
MERRILL LYNCH #4015 MERRILL LYNCH	13,560.		837.	12,7		•		
#4025 SCG FUND INVSTOR, LLC K-1(2011)	33,950. 3,379.		0.	33,9	379.			
TO PART I, LINE 4	50,889.		837.	50,0	52.	50,052	2.	
FORM 990-PF		OTHER	INCO	ME		<del></del>	STATEMENT	3
DESCRIPTION				(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTE NET INCO	
SCG FUND INVESTOR K	-1(2011)			2,140	<u> </u>	2,140	•	
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		2,140	 ). 	2,140	· · · · · · · · · · · · · · · · · · ·	

FORM 990-PF	ACCOUNTI	NG FEES	S'	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	1,800.	900.		900.		
TO FORM 990-PF, PG 1, LN 16B	1,800.	900.		900.		
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S'	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
CONSULTING FEES	500.	250.		250.		
TO FORM 990-PF, PG 1, LN 16C	500.	250.		250.		
FORM 990-PF	TAX	ES	S'	PATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL TAXES PAID	1,205.	0.		0.		
FOREIGN TAXES PAID - SCG FUND INVESTOR K-1(2012)	72.	72.		0.		
TO FORM 990-PF, PG 1, LN 18	1,277.	72.		0.		
FORM 990-PF	OTHER E	XPENSES	S	ratement 7		
DESCRIPTION	(A)_ EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	- (-C) ADJUSTED NET INCOME	- (D) CHARITABLE PURPOSES		
BANK SERVICE CHARGES INVESTMENT EXPENSES-SCG K-1	5,508. 4,646.			2,833. 2,323.		
TO FORM 990-PF, PG 1, LN 23	10,154.	5,156.		5,156.		

FORM 990-PF	CORPORATE STOCK	STATEMENT 8		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
MICROSOFT CORP STOCK		1,322,932.	1,698,414.	
TOTAL TO FORM 990-PF, PART II,	LINE 10B	1,322,932.	1,698,414.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS INVESTMENTS SCG FUND INVESTOR, LLC	FMV FMV	199,061. 195,808.	210,051. 195,808.	
TOTAL TO FORM 990-PF, PART II,	LINE 13	394,869.	405,859.	

#### Form **8868** (Rev. January 2014)

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

OMB No. 1545-1709

File a separate application for each return.

	enue Service	▶ Information about Form 886	8 and its	instructions is at www.irs.gov/for	n8868.			
• If you	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b>•</b>	<u> </u>	
If you	are filing for an Add	litional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).			
		less you have already been granted a				rm 8868.		
		u can electronically file Form 8868 if y					oration	
		or an additional (not automatic) 3-mor						
		ns listed in Part I or Part II with the exc						
		which must be sent to the IRS in pap						
		lick on e-file for Chanties & Nonprofits.		good mondonomy, r or more dotans t		arorno ming or and	,	
Part I		c 3-Month Extension of Time		submit original (no copies ne	eded).	<del></del>		
A corpor		Form 990-T and requesting an auton						
Part I on							<b>-</b>	
		 ding 1120-C filers), partnerships, REMi	 ICs and ti	nusts must use Form 7004 to reques	st an exten	sion of time		
	come tax returns.	sing Tree o more, parareramps, rient		asis must use roim root to reques				
Time or	Name of eveno	t organization or other filer, see instruc	ctions		Enter filer's identifying number			
Type or		'AMILY FOUNDATION, 1			Employer identification number (EIN) or 20-0448228			
print		INGTON PROPERTY COM						
File by the								
due date fo filing your		and room or suite no. If a P.O. box, se		tions.	Social se	curity number (SSI	N)	
return See		PDEN LANE, 3RD FLOO			l	· · · · · · · · · · · · · · · · · · ·		
Instructions		est office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	BETHESDA	., MD 20814-2909				· <del></del>		
Enter the	e Return code for the	e return that this application is for (file	a separat	te application for each return)			01	
	<u> </u>				<del></del>		<del></del>	
Applicat	tion		Return	Application			Return	
ls For			Code	Is For			Code	
<u>Form 99</u>	0 or Form 990-EZ		01	Form 990-T (corporation)	0-T (corporation)			
Form 990-BL		02	Form 1041-A	08				
Form 47	20 (individual)		03	Form 4720 (other than individual)			09	
Form 99	0-PF		04	Form 5227	···		10	
Form 99	0-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069 11			11	
Form 99	0-T (trust other than	above)	06	Form 8870			12	
		CHARLES K. NULS	EN					
• The b	ooks are in the care	of > 4719 HAMPDEN LA	NE,	3RD FLOOR - BETHES	DA, M	D 20814-2	909	
	hone No. ► 703			Fax No ▶				
•		not have an office or place of business	in the Un	nited States, check this box			• 🗀	
	•	ım, enter the organization's four digit (		-	If this is fo	r the whole group,	check this	
box 🛌		t of the group, check this box		· · · · · · · · · · · · · · · · · · ·		•		
		3-month (6 months for a corporation				OTO THE EXTENSION	5 101.	
• • • • • • • • • • • • • • • • • • • •		, 2014, to file the exemple				The extension		
ie.	for the organization		organiza	don return for the organization flam	ou above.	THE EXICUSION		
	calendar year							
				al a a alice e				
	tax year begin	nning	, an	a enaing		<del></del>		
			–	. —————————————————————————————————————				
2  f1	<del></del>	I in line 1 is for less than 12 months, cl	neck reas	on: Initial return	Final retur	n		
	Change in acco							
		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_	
	onrefundable credits				3a	\$	0.	
		r Forms 990-PF, 990-T, 4720, or 6069					_	
es	timated tax paymer	nts made. Include any prior year overp	ayment al	llowed as a credit.	3b	\$	0.	
с Ва	alance due. Subtrac	ct line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
<u></u> by	using EFTPS (Elect	tronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution	. If you are going to	make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO f		
instructi								

Form 8868 (Rev. 1-2014)	<del></del>			<del></del>	Page	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> <li>Note. Only complete Part II if you have already been granted an</li> </ul>	xtension, o	complete only Part II and check this	box		▶ [X]	
If you are filing for an Automatic 3-Month Extension, complete	ete only Pa	ert I (on page 1).	ieu rom	0000.		
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	copies need	ed).	
				<u>lentifying number, see instructions</u> mployer identification number (EIN) (		
print NULSEN FAMILY FOUNDATION, I					namber (Enty)	
File by the C/O WASHINGTON PROPERTY COMPANY				20-0448228		
			Social se	ocial security number (SSN)		
				ocomi, mambol	(55.1)	
instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
BETHESDA, MD 20814-2909	<b>-</b>					
				<u>-</u>		
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
	•		••••	***************************************		
Application	Return	Application			Return	
Is For	Code	Is For			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 (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
n 990-T (trust other than above) 06 Form 8870				12		
STOPI Do not complete Part II if you were not already granted	d an auton	natic 3-month extension on a previ	ously file	ed Form 8868.		
CHARLES K. NUL	SEN					
<ul> <li>The books are in the care of ► 4719 HAMPDEN L.</li> </ul>	ANE,	<u> 3RD FLOOR - BETHESI</u>	DA, M	D 20814	-2909	
Telephone No. ► <u>703-760-9500</u>		Fax No. >				
<ul> <li>If the organization does not have an office or place of busines</li> </ul>	s in the Ur	nted States, check this box				
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> </ul>	Group Exe	emption Number (GEN) If	this is fo	or the whole gro	up, check this	
box 🕨 . If it is for part of the group, check this box 🕨		ch a list with the names and EINs of	all memb	ers the extens	on is for	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2014.				
5 For calendar year $2013$ , or other tax year beginning		, and ending	)			
6 If the tax year entered in line 5 is for less than 12 months, of	check reas	on: initial return	Final	return		
Change in accounting period						
7 State in detail why you need the extension						
	<u>ORDER</u>	TO FILE A COMPLETE	E ANI	) ACCURA	<u>TE</u>	
RETURN				·		
				<del></del>		
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						
tax payments made. Include any prior year overpayment al	llowed as a	credit and any amount paid		-	_	
previously with Form 8868.		8b	\$	0		
Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using		1	_	
EFTPS (Electronic Federal Tax Payment System). See instr			8c_	\$	0	
		st be completed for Part II o				
Under penalties of perjury, I declare that I have examined this form, includ It is true, correct, and complete, and that I am authorized to prepare this fo	ding accomp	anying schedules and statements, and to	the best of	of my knowledge	and belief,	
	PA	-	_	2/2-1		
Signature > Saminadeshan Title >	UT N		Date		4	
				Form <b>88</b> 6	<b>8</b> (Rev. 1-2014	

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  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.  Nulsen family Foundation, Inc.  C/O WASHINGTON PROPERTY COMPANY  Number, street, and room or suite no. If a P.O. box, see instructions  Cty, town or post office, state, and ZIP code For a foreign address, see instructions.  Employer identification number (SSN)  Columber, street, and room or suite no. If a P.O. box, see instructions  4719 HAMPDEN LANE, 3RD FLOOR  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Return Application	<u>age 2</u>		
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).  In Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instructions.  NULSEN FAMILY FOUNDATION, INC.  C/O WASHINGTON PROPERTY COMPANY  10 -0448228  Automatic or return see instructions.  NULSEN FAMILY FOUNDATION, INC.  C/O WASHINGTON PROPERTY COMPANY  10 -0448228  Automatic or return see instructions.  AT19 HAMPDEN LANE, 3RD FLOOR  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814-2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Code  Is For  Code  Application  Return  Application  Return  Application  Serom 990 or Form 990-EZ  Form 990-BL  Code  Outper of the return that this application is for (file a separate application for each return)  Code  Form 990-BL  Code  Application  Return  Application  Return  Application  Serom 4720 (individual)  Form 4720 (individual)  Form 990-F  Outper of the return that this application is for (file a separate application for each return)  Code  Form 990-F  Outper of the return that this application is for (file a separate application for each return)  Code  Form 990-BL  Code  Form 990-BL  Outper of the return that this application is for (file a separate application for each return)  Code  Form 990-BL  Code  Form 990-F  Outper of the return that this application is for (file a separate application for each return)  Code  Form 990-BL  Form 990-BL  Code  Form 990-BL  Form 990-B	.1		
Part II	_		
Part II			
Type or Name of exempt organization or other filer, see instructions.  NULSEN FAMILY FOUNDATION, INC.  C/O WASHINGTON PROPERTY COMPANY  20-0448228  Number, street, and room or suite no. If a P.O. box, see instructions  4719 HAMPDEN LANE, 3RD FLOOR  Cry, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814-2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Code  Specification  Return Code  Specification  Is For  Code  Specification  Specific			
Name of exempt organization or other filer, see instructions.  NULSEN FAMILY FOUNDATION, INC.  C/O WASHINGTON PROPERTY COMPANY  Number, street, and room or suite no. If a P.O. box, see instructions  with refutum See instructions  A719 HAMPDEN LANE, 3RD FLOOR  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Code Is For  Form 990-EZ  101  Form 990-EZ  101  Form 990-FF  104  Form 4720 (individual)  Form 990-FF  105  Form 990-T (fust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  Flet books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR − BETHESDA, MD 20814−2909  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization for until this box ▶ Individual and ending  NOVEMBER 15, 2014  For calendar year 2013, or other tax year beginning  Employer identification number (20−0448228  20−0448228  20−0448228  20−0448228  Social secunty number (SSN)  Social secunty number (SSN)  Forial particulons  Forial particulons  Social secunty number (SSN)  Forial particulons  Social secunty number (SSN)  Forial particulons  Forial particulons  Social secunty number (SSN)  Forial particulons  Forial particulons  Foria			
Print File by the C/O WASHINGTON PROPERTY COMPANY  C/O WASHINGTON PROPERTY COMPANY  Number, street, and room or suite no. If a P.O. box, see instructions  4719 HAMPDEN LANE, 3RD FLOOR  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  CAPPLICATION OF THE PROPERTY COMPANY  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  CAPPLICATION OF THE PROPERTY COMPANY  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  CAPPLICATION OF THE PROPERTY COMPANY  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  CAPPLICATION OF THE PROPERTY COMPANY  Code Is For 1041-A  Form 990-BL  O2 Form 1041-A  Form 4720 (individual)  O3 Form 4720 (other than individual)  Form 990-T (see, 401(a) or 408(a) trust)  O5 Form 6069  Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  For books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR — BETHESDA, MD 20814−2905  Telephone No. ▶ 703−760−9500  Fax No. ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box ▶  If this for part of the group, check this box ▶  If this for p			
C/O WASHINGTON PROPERTY COMPANY    20-0448228	inployer identification number (EIN) or		
Number, street, and room or suite no. If a P.O. box, see instructions 4719 HAMPDEN LANE, 3RD FLOOR  City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814−2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code  Return  Code  Return  Code  Sporm 990-BL  Form 990-BL  Form 990-PF  Outpring	20-0448228		
### Application   Section			
City, town or post office, state, and ZIP code For a foreign address, see instructions.  BETHESDA, MD 20814-2909  Enter the Return code for the return that this application is for (file a separate application for each return)  Capplication  Is For  Code  Second Secon			
Enter the Return code for the return that this application is for (file a separate application for each return)    Application			
Enter the Return code for the return that this application is for (file a separate application for each return)    Application			
Application  Is For  Code  Is For  Code  Is For  Code  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR − BETHESDA, MD 20814−290 STOPLOON → 703−760−9500  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  I request an additional 3-month extension of time until  NOVEMBER 15, 2014  TOUR HAMPDEN LANE and attach a list with the names and EINs of all members the extension is for.  NOVEMBER 15, 2014  NOVEMBER 15, 2014			
Application  Is For  Code  Is For  Code  Is For  Code  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR − BETHESDA, MD 20814−290 STOPLOON → 703−760−9500  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  I request an additional 3-month extension of time until  NOVEMBER 15, 2014  TOUR HAMPDEN LANE and attach a list with the names and EINs of all members the extension is for.  NOVEMBER 15, 2014  NOVEMBER 15, 2014			
Is For   Code    4			
Is For   Code   Co			
Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR − BETHESDA, MD 20814−290 STOP! Telephone No. ▶ 703−760−9500  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 part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for.  NOVEMBER 15, 2014  NOVEMBER 15, 2014  NOVEMBER 15, 2014	eturn		
Form 990-BL  Form 4720 (individual)  Form 4720 (individual)  Form 990-PF  Outsight 6069  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of  4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No. 703-760-9500  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 part of the group, check this box  I request an additional 3-month extension of time until  For calendar year 2013, or other tax year beginning  Telephone No. Possible form 8868.  NULSEN  A 1 request an additional 3-month extension of time until  NOVEMBER 15, 2014  The state of the form 1041-A  To the form 4720 (other than individual)  Form 4720 (other than individual)  Form 4720 (other than individual)  Form 4720 (other than individual)  Form 5227  Form 6069  Form 8870  Form 8870  Fax No. P  Fax No. P  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an additional 3-month extension of time until  NOVEMBER 15, 2014  The form 4720 (other than individual)  The form 4720 (other than individual)  The form 5227  Form 6069  Form 6069  Form 6069  Form 8870  Form 6069  Form 8870  Form 6069  Form 8870  Form 6069  Form 6069  Form 8870  Form 6069  Form 8870  Form 6069  Form 8870  Form 6069  Form 6069  Form 6069  Form 6069  Form 6069  Form 8870  Form 6069	<u>ode</u>		
Form 4720 (individual)  Form 990-PF  O4 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  • The books are in the care of   4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No.   703-760-9500  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)  box   If this 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.  NOVEMBER 15, 2014  5 For calendar year 2013, or other tax year beginning  , and ending			
Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of  4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No.  703-760-9500  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 it is for part of the group, check this box  I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning  NOVEMBER 15, 2014  I request an additional 3-month extension of time until NOVEMBER 15, 2014	08		
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of  4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No.  703-760-9500  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 it is for part of the group, check this box  I request an additional 3-month extension of time until  Tove MBER 15, 2014  Tour Hamp Hamp Hamp Hamp Hamp Hamp Hamp Hamp	09		
Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  • The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No. ▶ 703-760-9500  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 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  5 For calendar year 2013, or other tax year beginning , and ending	10		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No. ▶ 703-760-9500  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 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  NOVEMBER 15, 2014  For calendar year 2013, or other tax year beginning, and ending, and ending	11		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CHARLES K. NULSEN  • The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909  Telephone No. ▶ 703-760-9500 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 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 5 For calendar year 2013, or other tax year beginning, and ending, and ending	12		
CHARLES K. NULSEN  • The books are in the care of ▶ 4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909 Telephone No. ▶ 703-760-9500 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 request an additional 3-month extension of time until  • I request an additional 3-month extension of time until  • NOVEMBER 15, 2014  • And ending, and ending, and ending			
<ul> <li>The books are in the care of ► 4719 HAMPDEN LANE, 3RD FLOOR - BETHESDA, MD 20814-2909 Telephone No. ► 703-760-9500 Fax No. ►</li> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>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</li> <li>If request an additional 3-month extension of time until</li> <li>NOVEMBER 15, 2014</li> <li>For calendar year 2013, or other tax year beginning, and ending, and ending</li></ul>			
Telephone No. ► 703-760-9500  • 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 this 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  5 For calendar year 2013, or other tax year beginning, and ending, and ending			
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>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 box</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year 2013, or other tax year beginning, and ending</li></ul>			
<ul> <li>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 ▶ and attach a list with the names and EINs of all members the extension is for.</li> <li>I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning, and ending, and ending</li> </ul>	7		
box If rt 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  For calendar year 2013, or other tax year beginning, and ending	→ cthis		
4 I request an additional 3-month extension of time until 5 For calendar year 2013, or other tax year beginning, and ending, and ending			
5 For calendar year 2013 , or other tax year beginning , and ending			
	<del></del> -		
Change in accounting period			
7 State in detail why you need the extension			
RETURN			
RETURN			
Co. If this combination is for Forms 000 PL 000 PF 000 T 4700, or 6060, onter the tentetive toy loss and			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	0.		
nonrefundable credits. See instructions.  8a \$	<u> </u>		
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.	<u>0.</u>		
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 ▶ Date ▶			

323842 12-31-13