

#### 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-PF**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	idar year 2013 or tax year beginning DEC	6, 2013	_, and ending	DEC 31, 201.	3
Nar	ne of	foundation			A Employer identificatio	n number
di.	ΉE	CHESAPEAKE CHARITABLE	FOINDATTON		32-6321709	9
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
2	57	5 SOUTH BAYSHORE DRIVE	·	12A	(917)843-	5468
		own, state or province, country, and ZIP or foreign p	netal code		C if exemption application is	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-		MI, FL 33133	osiai oodo		o it exemption application is	pending, check here
		all that apply: X Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organization	ne check hara
u c	HIGUN	Final return	Amended return	ornier public charity	1. 1 oreign organization	is, dileck liefe
		Address change	Name change		Foreign organizations m check here and attach or	neeting the 85% test,
<u> </u>	hook	type of organization: X Section 501(c)(3) ex				
	_		Other taxable private found	ation	E If private foundation st under section 507(b)(1	
1 E2		arket value of all assets at end of year J Account		Accrual	7	
		· I —	ther (specify)	L Accidal	F If the foundation is in a under section 507(b)(1	
	•\$	50,002. (Part I, colu	mn (d) must he on cash	hasis )	under Section 507(b)(	I)(D), CHECK Here
	art I			l	(a) Adjusted not	(d) Disbursements
1.6		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.		N/A	(Geon Daois Ully)
	2	Check If the foundation is not required to attach Sch. B	30,000.		Α/Α	
	3	Interest on savings and temporary	2.	2		STATEMENT 1
S	1 .	cash investments  Dividends and interest from securities	2.		•	DIAIBMENI I
2014	4 50	Gross rents				
		Net rental income or (loss)			-	
<b>(</b>	۱ ـ					
ě	h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
) JUL Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		0	_	
SCANNED JUL Reveni	8	Net short-term capital gain			•	
	9	Income modifications				
<b>Z</b>	10a	Gross sales less returns			· ·	
2	١.	Less Cost of goods sold				
<u>(</u>		Gross profit or (loss)				<del></del>
(B)	11	Other income				
	12	Total. Add lines 1 through 11	50,002.	2	•	
	13	Compensation of officers, directors, trustees, etc	0.	0		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	460	Legal fees				
ĕ	b	Accounting fees		RECEIVED		
Expense	C	Other professional fees		- CAPIAPA		
Š.	17	Interest	092		181	
rati	18	Taxes	76	JUN 3 0 2014		
nist	19	Depreciation and depletion			S	
Ē	20	Occupancy	,	DGDEN 117	· T - I	
¥	21	Travel, conferences, and meetings	'	999510,01		
Pue	22	Printing and publications				
ğ	23	Other expenses				
atii	24	Total operating and administrative				
Operating and Administrative		expenses. Add lines 13 through 23	0.	0	•	0.
0	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				
	<u> </u>	Add lines 24 and 25	0.	0	•	0.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	50,002.			
	b	Net investment income (if negative, enter -0-)		2		
	C	Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		50,002.	50,002
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	10a	Investments - U.S. and state government obligations			
	þ	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	0.	50,002.	50,002
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	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			
s		and complete lines 24 through 26 and lines 30 and 31.			
ces		Unrestricted		50,002.	
퍨	25	Temporarily restricted			
Ö	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or Fund Balanc	29	Retained earnings, accumulated income, endowment, or other funds	-		
ž	30	Total net assets or fund balances	0.	50,002.	
	31	Total liabilities and net assets/fund balances	0.	50,002.	<del></del>
Р	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	·-	
		st agree with end-of-year figure reported on prior year's return)		1	0.
	•	r amount from Part I, line 27a		2	50,002
		r increases not included in line 2 (itemize)		3	0
		lines 1, 2, and 3	- · · · · · · · · · · · · · · · · · · ·	4	50,002
		eases not included in line 2 (itemize)		5	0.
		net accets or fund halances at and of year (line 4 minus line 5) - Part II or	olumn (h) line 20		50 002

THE CHESAPEAKE CHARITABLE FOUNDATION

32-6321709

Page 2

Form **990-PF** (2013)

Form 990-PF (2013)

	CHESAPEAKE CHAR			OI	N	32	<u>-6321</u>	.709 Page
(a) List and desci	ribe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	g., real estate,	Income	( <b>b)</b> I	How acquired - Purchase - Donation	(c) Date acc (mo., day,	uired yr.)	(d) Date sold (mo., day, yr.)
1a	1a							
b NO	NE							
_C				<u> </u>				
<u>d</u>				╄				
<u>e</u>	40 D			<u> </u>		4) 0		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(e) plus (f	or (loss) ) minus (g	))
<u>a</u>						<del></del> _		
b c		-		_				
d		1						<del></del>
e					· · · · · · · · · · · · · · · · · · ·	<del></del>		-
	ig gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col.	(h) gain r	ninus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		C	ol. (k), but not Losses (fr	less than	-0-) or
a								
<u>b</u>	<del>-</del>							
<u>C</u>		<b></b>			<del></del>			
<u>d</u>		-						
e		1						
2 Capital gain net income or (net ca	ipital loss) {   If gain, also enter-l	er in Part I, line 0- in Part I, line	7 7	}	2			
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column (c).	` ,		}	3			
Part V   Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	t Inv	estment Ir	ncome		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	ncom	e.)			N/A
If section 4940(d)(2) applies, leave the	his part blank.							
							1	
Was the foundation liable for the sec			•	rioay				Yes N
If "Yes," the foundation does not qual	each column for each year; see the			entries	<u> </u>			
(a)	(b)	moti dottorio do	roro making any c	(c)				(d)
Base period years Calendar year (or tax year beginni	Advisted avalition di	stributions	Net value of no		ritable-use asse	ts (co	Distribi ol. (b) divi	ition ratio ded by col. (c))
2012						' -		· · · · · · · · · · · · · · · · · · ·
2011								-
2010								
2009								
2008								
2 Total of line 1, column (d)						2	<del></del>	<del></del>
	5-year base period - divide the total	on line 2 by 5,	or by the number	r ot ye	ears			
the foundation has been in existe	nce it less than 5 years					3		
4 Enter the net value of noncharitat	ole-use assets for 2013 from Part X	, line 5				4	<del></del>	
5 Multiply line 4 by line 3	5 Multiply line 4 by line 3				5			
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		
7 Add lines 5 and 6						7	<del></del>	
8 Enter qualifying distributions from						8		
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, lin	e 1b, and comp	olete that part usir	ng a 1	% tax rate.			

	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		- 500 i		ction	2age 4
	<u></u>	13-10	<u>- 266 i</u>	iistru	Cuoi	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u> </u>		_	<u>0.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3	<b>↓</b>	_		<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:		,			
a	2013 estimated tax payments and 2012 overpayment credited to 2013	4	1			
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d	_				
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 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	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
<u>11</u>	Enter the amount of line 10 to be; Credited to 2014 estimated tax		<u> </u>			
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		1		
	distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?						X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			_ 2		X
	If "Yes," attach a detailed description of the activities.					·
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			_4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_ 5		X
	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	e law				
	remain in the governing instrument?			6	X	
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 X	V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation					X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						_
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV						X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	MT	ւ շ	10	X	

Form **990-PF** (2013)

	1990-PF (2013) THE CHESAPEAKE CHARITABLE FOUNDATION 32-632.	<u> 1709</u>		Page 5
Pa	art 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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► GRACE V. LEAHY  Telephone no. ► (917)	<u> 343-</u>	<u>546</u>	8
	Located at ► 2575 SOUTH BAYSHORE DRIVE , MIAMI, FL ZIP+4 ►3:	<u> 3133</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	. 1	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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			
	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			
	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			
	before the first day of the tax year beginning in 2013?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	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			
	before 2013? Yes X No			
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?			
b	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			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		<u> </u>
	Financia de la companya de la compa	orm <b>99</b> 0	)-PF	(2013)

10-10-13

Form 990-PF (2013) THE CHESAPEAKE CHARITABI Part VII-B   Statements Regarding Activities for Which			32-63217 ued)	09 Page 6
<ul> <li>5a During the year did the foundation pay or incur any amount to: <ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>Influence the outcome of any specific public election (see section 4955); any voter registration drive?</li> <li>Provide a grant to an individual for travel, study, or other similar purposes.</li> <li>Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?</li> <li>If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instrorganizations relying on a current notice regarding disaster assistance check if the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?</li> <li>"Yes," attach the statement required by Regulations section 53.494</li> <li>Did the foundation, during the year, receive any funds, directly or indirectly, to</li> </ol> </li> </ul>	on 4945(e))?  or to carry on, directly or indirectly or described in section  or educational purposes, or der the exceptions described uctions)?  here  from the tax because it maintantantantantantantantantantantantantan	ectly,	es X No N/A N/A N/A	5b
<ul> <li>a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870</li> </ul>	personal benefit contract?	Ye	es X No	6b X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attrib		Ye	es X No L	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highly		<u> </u>
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN J. LEAHY 2575 SOUTH BAYSHORE DRIVE, APT 12A	TRUSTEE		_	
MIAMI, FL 33133 GRACE V. LEAHY 2575 SOUTH BAYSHORE DRIVE, APT 12A	1.00 TRUSTEE/EXEC	DIR	0.	0.
MIAMI, FL 33133	2.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	Y	, enter "NONE."	(d) Contributions to	(1) [1)
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0

Part VIII Information About Officers. Directors, Trustees, Foundation Mana	agers Highly	5321709 Page 7
Paid Employees, and Contractors (continued)	.go.o,g,	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
0500007		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
	h Ab-	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the	Expenses
1 N/A		<del>-</del>
1	,	
2		
3		
		<del></del>
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		741100111
1И/А		
2		
All other program-related investments. See instructions.		
3		
	<del></del>	
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2013)

a A b A	air market value of assets not used (or held for use) directly in carrying out charita verage monthly fair market value of securities verage of monthly cash balances air market value of all other assets	able, etc., purposes:	1a	
a A b A	verage monthly fair market value of securities verage of monthly cash balances air market value of all other assets	371	1a	
b A	verage of monthly cash balances air market value of all other assets			0.
	air market value of all other assets		1b	25,001.
			1c	0.
d T	otal (add lines 1a, b, and c)		1d	25,001.
e F	eduction claimed for blockage or other factors reported on lines 1a and			
	c (attach detailed explanation)	1e 0		
2 A	cquisition indebtedness applicable to line 1 assets		2	0.
<b>3</b> S	ubtract line 2 from line 1d		3	25,001.
4 (	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)	4	375.
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	5	24,626.
<u>6 N</u>	linimum investment return Enter 5% of line 5 ADJUSTED FOR S	HORT TAX PERIOD	6	88.
Pa	<b>t XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here  and do not complete this pa	****	and certain	
1 N	Innimum investment return from Part X, line 6	<u> </u>	1	88.
	ax on investment income for 2013 from Part VI, line 5	] 2a ]		
	come tax for 2013. (This does not include the tax from Part VI.)	2b	7	
	dd lines 2a and 2b		7 2c	0.
	istributable amount before adjustments. Subtract line 2c from line 1		3	88.
	ecoveries of amounts treated as qualifying distributions		4	0.
	dd lines 3 and 4		5	88.
6 E	eduction from distributable amount (see instructions)		6	0.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1	7	88.
	Qualifying Distributions (see instructions)			
	mounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
	rogram-related investments - total from Part IX-B		1b	0.
	mounts paid to acquire assets used (or held for use) directly in carrying out char	table, etc., purposes	2	
	mounts set aside for specific charitable projects that satisfy the:			
	uitability test (prior IRS approval required)		3a	<del> </del>
	ash distribution test (attach the required schedule)	and Da A Will Inc. A	3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8		4	0.
	oundations that qualify under section 4940(e) for the reduced rate of tax on net in	ivestment	_	^
	ncome. Enter 1% of Part I, line 27b		6	0.
	djusted qualifying distributions. Subtract line 5 from line 4 ote. The amount on line 6 will be used in Part V, column (b), in subsequent year:	a vale a palavilet ma valenthen the face date.		

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d</b> ) 2013
1 Distributable amount for 2013 from Part XI,			-	
line 7				88.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:			··· ··	
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
<b>b</b> From 2009				
<b>c</b> From 2010				
<b>d</b> From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$0.				
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				<u>.</u>
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	<u>_</u>			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract			<del> </del>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				88.
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	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
		<u> </u>	-	Form 000 DE (2012)

	SAPEAKE CHA				321709 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•		▶ └─	7.0.0.0.0	
<b>b</b> Check box to indicate whether the foun		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	#1.0040	Prior 3 years	10.0040	·
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					
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					
` '					<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					-
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				•	
1 Information Regarding Foundation	on Managers:	-			
a List any managers of the foundation w	•	than 2% of the total cor	tributions received by th	ne foundation before the clo	ose of any tax
year (but only if they have contributed					ou or any tan
NONE					
b List any managers of the foundation w	no own 10% or more of th	ne stock of a corporation	(or an equally large por	tion of the ownership of a r	partnership or
other entity) of which the foundation ha			(or an equally large per	tion of the ownership of a p	outhorship of
NONE	·				
	tion Cront Ciff Loon	Cabalarabia ata F			
2 Information Regarding Contribution Check here ▶ ☐ If the foundation		• • • •	_	not accort uppelieted rea	ueste for funda. If
the foundation makes gifts, grants, etc.					
	<del></del>			<del>-</del>	<del></del>
a The name, address, and telephone nun	iber or e-mail address of	tne person to wnom app	lications should be addr	essea:	
GRACE V. LEAHY		103 3473347	1111		
2575 SOUTH BAYSHORE					
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls such as hy geographic	al areas, charitable fields	kinds of institutions of	r other factors:	
2 my resultations of militations on awart	o, saon as by goograpino	arogo, orarimoto netus	.,ao or moutunons, o	. 5 12010101	

- 1	n~	_	_	4	4
	ra	α	Ľ.	-1	1

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor recipient  If recipient is an individual, Foundation Purpose of grant or status of contribution						
Name and address (home or business)	or substantial contributor	recipient		Amount			
a Paid during the year		:					
		:					
NONE							
			·	-			
			i I				
		•					
		•					
Total	<del> -</del>	<u> </u>	<u>▶ 3a</u>	0.			
b Approved for future payment							
NONE							
				_			
Total			<b>&gt;</b> 3b	0.			

ter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exemp function income
a					
b	_				
c				<u>-</u>	<del></del>
Δ					
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	2.	
Dividends and interest from securities					<del></del>
Net rental income or (loss) from real estate:					
<ul> <li>Debt-financed property</li> <li>Not debt-financed property</li> </ul>	<u> </u>		-+-+-		
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a b		<del>.</del>			
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.	2.	<del></del>
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	. 1			13	
art XVI-B Relationship of Activitie	s to the Accom	ipiisnment of	Exempt P	rurposes	
ne No. Explain below how each activity for which				d importantly to the accomp	plishment of
the foundation's exempt purposes (other t	han by providing funds	for such purposes)	<b>.</b>		

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes).	
		-
222821		

Part	XVII Information Re	egarding Transfe	CHARITABLE FOUNDAT ers To and Transactions an	nd Relationships With Nonc	haritable	Page 13
1 D	Exempt Organ		ne following with any other organization	described in section 501(c) of	Y	es No
	-		section 527, relating to political organization			<u> </u>
	ansfers from the reporting found					
	) Cash		,		1a(1)	_ X
•	) Other assets				1a(2)	X
<b>b</b> 01	her transactions:					
(1	) Sales of assets to a noncharita	ble exempt organization			1b(1)	X
(2	) Purchases of assets from a no	ncharitable exempt orga	nızatıon		1b(2)	X
(3	) Rental of facilities, equipment,	or other assets			1b(3)	X
-	) Reimbursement arrangements				1b(4)	X
_	) Loans or loan guarantees				1b(5)	<u> </u>
•	) Performance of services or me				1b(6)	X
	naring of facilities, equipment, ma	=		ave about the four market value of the goo	do other ecest	<u> </u>
				ays show the fair market value of the goo in any transaction or sharing arrangeme		i,
	lumn (d) the value of the goods, no (b) Amount involved		received.  ncharitable exempt organization	(4) 0		
(a) Line	no (b) Amount involved	(c) Name of not	N/A	(d) Description of transfers, transactions,	and snaring airan	gements
			N/A			
	<del>-</del>					
		<u> </u>				
						<del></del> -
				-		
						_
ın	the foundation directly or indirect section 501(c) of the Code (other "Yes," complete the following sch	r than section 501(c)(3)	ted to, one or more tax-exempt organiza ) or in section 527?	ations described	Yes	X No
	(a) Name of or		(b) Type of organization	(c) Description of relati	onship	
	N/A					_
	Linder popultion of porumy I declare	that I have everying this set	turn, including accompanying schedules and s	totements, and to the hest of my knowledge.		
Sigr Here	and belief, it is true, correct, and co	mplete Declaration of prepar	er (other than taxpayer) is based on all informa	tion of which preparer has any knowledge	May the IRS disc return with the p shown below (se X Yes	reparer
	Signature of difficer or truster  Print/Type preparer's n		Date / reparer/s signature /	Title  Date Check if P7	IN .	
Paic			40192/1019	self- employed		0 E
Prep	10110 21211	LADREY LLP	V-(), V-()	Firm's EIN ► 42-	<u>9012497</u> -071432	<u>55</u> 5

Phone no. 703-336-6400 Form **990-PF** (2013)

Firm's address ► 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102

#### Schedule B (Form 990, 990-EZ; or 990-PE)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Employer identification number** 

2013

THE CHESAPEAKE CHARITABLE FOUNDATION 32-6321709 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

#### THE CHESAPEAKE CHARITABLE FOUNDATION

32-6321709

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRACE V. LEAHY  2575 SOUTH BAYSHORE DRIVE, APT 12A  MIAMI, FL 33133	\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN J. LEAHY  2575 SOUTH BAYSHORE DRIVE, APT 12A  MIAMI, FL 33133	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

#### THE CHESAPEAKE CHARITABLE FOUNDATION

32-6321709

art II	Noncash Property (see instructions) Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
		<sub>\$</sub>	
23453 10-24	i-13	\$Schedule B (Form	990, 990-EZ, or 990-F

Name of orga	anization			Employer identification number
THE CH	.  IESAPEAKE CHARITABLE FOR Exclusively religious, charitable, etc., indiv	UNDATION idual contributions to section 501(c	(7), (8), or (10) organizati	32-6321709 ons that total more than \$1,000 for the
	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	ie following line entry. For organizations, contributions of \$1,000 or less foi al space is needed	ns completing Part III, enter the year. (Enter this information onc	Se) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	 t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git		
	Transferee's name, address, ar	10 ∠IP + 4	Helationship of tra	ansferor to transferee

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE					(A) REVENUE ER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	1
BB&T			-	<u>.</u>	2.		2.		_
TOTAL TO PART	I, LINE	3	-		2.		2.		
FORM 990-PF		LI			NTIAL CONTI		ORS	STATEMENT	2
NAME OF CONTE	RIBUTOR			2	ADDRESS				
GRACE V. LEAF	HY				2575 SOUTH		HORE DRIVE, A	APT 12A	
JOHN J. LEAN	łΥ				2575 SOUTH		HORE DRIVE, A	APT 12A	

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

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

00.00	u are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	omplete only Part II (on page 2 of	this form).			
טוו טע	complete Part II unless you have already been granted	an automa	tic 3-month extension on a previous	ly filed For	m 8868.		
Electr	nic filing (e-file). You can electronically file Form 8868 if	you need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an e	extension	
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	ransfers A	ssociated With Co	ertain	
	al Benefit Contracts, which must be sent to the IRS in pa	•					
	ww.irs.gov/efile and click on e-file for Charities & Nonprofit		<b>,</b> · · · · · · · · · · · · · · · ·			,	
Part			ubmit original (no copies ne	eded).		<del>-</del>	
	pration required to file Form 990-T and requesting an auto						
Part I d	• •				•	• 🗀	
	r corporations (including 1120-C filers), partnerships, REN	MCs and t	usts must use Form 7004 to reques	t an exten	sion of time		
	ncome tax returns.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2010 11101 200 1 2111 1 20 1 10 10 42 00		r's identifying nu	mhor	
Туре	Name of exempt organization or other filer, see instru	ictions			identification num		
print	Traine of exempt organization of ether mer, see inetroctions.						
p	THE CHESAPEAKE CHARITABLE	FOUND	ATTON		32-63217	0.9	
File by th				Secret sec			
due date filing you	· • •			Social Sec	curity number (SSI	JIN)	
return S instruction	<b>e</b>						
Enter 1	ne Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A		08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227		10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	_		11	
	90-T (trust other than above)	06	Form 8870			12	
	GRACE VERONICA	LEAH	Y			<del></del>	
• The	books are in the care of ▶ 2575 SOUTH BAY	SHORE	DRIVE, APT 12A -	MIAMI	, FL 3313	3	
	phone No. ► (917)84 <del>3-5468</del>		Fax No. ▶		· · · · · · · · · · · · · · · · · · ·		
ı ek							
		s in the Ur				• 🗀	
• If th	e organization does not have an office or place of busines		nited States, check this box	f this is foi	the whole group.	check this	
• If th	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe	nited States, check this box emption Number (GEN)				
● If th ● If th box ▶	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe	nited States, check this box emption Number (GEN) ich a list with the names and EINs o	f all memb			
● If th ● If th box ▶	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an automatic 3-month (6 months for a corporatio	Group Exe and atta n required	nited States, check this box emption Number (GEN) uch a list with the names and EINs o to file Form 990-T) extension of time	f all memb until	ers the extension i		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required	nited States, check this box emption Number (GEN) ich a list with the names and EINs o	f all memb until	ers the extension i		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2014, to file the exemple of the organization's return for:	Group Exe and atta n required	nited States, check this box emption Number (GEN) uch a list with the names and EINs o to file Form 990-T) extension of time	f all memb until	ers the extension i		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required ot organiza	ited States, check this box emption Number (GEN) ich a list with the names and EINs o to file Form 990-T) extension of time tion return for the organization nam	f all memb until ed above.	ers the extension i		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation AUGUST 15, 2014, to file the exemple of the organization's return for:	Group Exe and atta n required ot organiza	nited States, check this box emption Number (GEN) uch a list with the names and EINs o to file Form 990-T) extension of time	f all memb until ed above.	ers the extension i		
• If the lift the lif	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta required of organiza , an	whited States, check this box emption Number (GEN) and EINs of the file Form 990-T) extension of time tion return for the organization named ending DEC31_,2013	f all memb until ed above.	ers the extension in the extension of th		
• If the lift the lif	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box request an automatic 3-month (6 months for a corporatio AUGUST 15, 2014, to file the exemple for the organization's return for:    Calendar year or	Group Exe and atta required of organiza , an	mited States, check this box emption Number (GEN) on the list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named distribution of the list	f all memb until ed above.	ers the extension in the extension of th		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required ot organiza , an	nited States, check this box emption Number (GEN) och a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization named endingDEC_31,2013 on:X Initial return	f all memb until ed above.	ers the extension in the extension of th		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required ot organiza , an	nited States, check this box emption Number (GEN) och a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization named endingDEC_31,2013 on:X Initial return	f all memb until ed above.	ers the extension in th	s for.	
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required to organiza , an check reas , or 6069,	emption Number (GEN)  contended States, check this box emption Number (GEN)  contended a list with the names and EINs of the file Form 990-T) extension of time ton return for the organization named ending	f all memb until ed above.	ers the extension in the extension of th		
• If the box • If	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required of organiza , an check reas 0, or 6069, 9, enter an	emption Number (GEN)  contained States, check this box emption Number (GEN)  contained a list with the names and EINs of the file Form 990-T) extension of time toon return for the organization named dending	f all memb until ed above. Final return	ers the extension in th	s for.	
• If the lifth box • If the lift	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required ot organiza , an check reas , or 6069, 9, enter an payment a	emption Number (GEN) and list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named ending DEC	f all memb until ed above.	ers the extension in th	s for.	
• If the lifth box • If the lift	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit	Group Exe and atta n required of organiza , an check reas , or 6069, 9, enter an payment a ayment wi	emption Number (GEN)  emption Number (GEN)  enter a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named and ending	f all memb until ed above. Final return	ers the extension in th	s for.	