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## Form **990-PF**

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

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

 ▶ 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 Internal Revenue Service

For calendar year 2013 or tax year beginning , and ending								
Name of foundation						oyer identification number		
		MULLANE FOUNDATION DTD 6/11/0	02					
		N MULLANE, CO-TRUSTEE				-0428474	<del></del>	
		street (or P O box number if mail is not delivered to street address)  WOODS EDGE COURT	Ro	om/suite		hone number (see instruction: $8-274-8989$	s)	
		state or province, country, and ZIP or foreign postal code		·	- 601	0-214-0909		
		HBURG WI 53711-5	172		C If exer	mption application is pending,	check here	
			rn of a former public ch	narity	D 1 Fc	oreign organizations, check he	ere ►	
		Final return Amended	•	•	2 Fc	oreign organizations meeting t	he	
		Address change Name cha	nge			% test, check here and attach		
H C	heck t	ype of organization X Section 501(c)(3) exempt private			E If priva	ate foundation status was tern	ninated under	
			e private foundation			n 507(b)(1)(A), check here	▶ □	
		ket value of all assets at J Accounting method	X Cash Acci	rual	F If the	foundation is in a 60-month te	rmination	
		ear (from Part II, col (c), Other (specify)	7.00.		1	section 507(b)(1)(B), check h		
	e 16) l		be on cash basis )					
	ırt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		· -		(d) Disbursements	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes	
		the amounts in column (a) (see instructions) )	books				(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	40,656					
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	2		2			
	5a	Gross rents						
ne	b	Net rental income or (loss)						
en	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a			0			
œ	_   ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				U	0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule)						
	12	Total. Add lines 1 through 11	40,658		2	0		
	13	Compensation of officers, directors, trustees, etc	0					
penses	14	Other employee salaries and wages						
SUS	15	Pension plans, employee benefits				<u> </u>		
	16a	legal fees (atlack-schedule)	-			<u></u>	·	
Ж	b	Accounting fees (attach schedule) STMT 1	650				<del></del>	
Ve.	c	Other professional fees (attach/schedule)						
rati	17	1866						
and Administrative	18	Taxes (attach schedulē) (see instructions)			_	_		
ij	19	Depreciation (attach-schedule) and depletion						
d	20	Occupancy		_				
٧	21	Travel, conferences, and meetings						
ũ	22	Printing and publications						
<u>г</u>	23	Other expenses (att_sch_)						
ţi	24	Total operating and administrative expenses.						
ā		Add lines 13 through 23	650		0	0	0	
Operating	25	Contributions, gifts, grants paid SEE STATEMENT 2	37,618				37,618	
	26	Total expenses and disbursements. Add lines 24 and 25	38,268		0	0	37,618	
	27	Subtract line 26 from line 12	· · · · · · · · · · · · · · · · · · ·					
	а	Excess of revenue over expenses and disbursements	2,390					
	b	Net investment income (if negative, enter -0-)			2			
_	_ с	Adjusted net income (if negative, enter -0-)				0		
For		work Reduction Act Notice, see instructions.					Form 990-PF (2013)	
DAA								

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	Part II	Balance Sheets Attached schedules and amounts in the description columns of the sheet should be for end of year amounts only (See instruction)	nn	Beginning of year	E	nd of	year
_		should be for end-of-year amounts only (See instruction	s)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing		16,249	18,3	389	18,391
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
		instructions)					
ŀ	7	Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts ▶	0				
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
¥	10a	Investments – U S and state government obligations (attach schedule)					
	b	Investments – corporate stock (attach schedule)					
	С	Investments – corporate bonds (attach schedule)					·····
	11	Investments – land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch ) ▶					
	12	Investments – mortgage loans					
ŀ	13	Investments – other (attach schedule)					
ļ	14	Land, buildings, and equipment basis				- 1	
		Less accumulated depreciation (attach sch ) ▶					
	15	Other assets (describe ▶	)				
	16	Total assets (to be completed by all filers – see the					
╛		instructions. Also, see page 1, item I)		16,249	18,	389	18,391
	17	Accounts payable and accrued expenses					
	18	Grants payable					
Liabilities	19	Deferred revenue					
ij	20	Loans from officers, directors, trustees, and other disqualified persons					
iab	21	Mortgages and other notes payable (attach schedule)					
ᅦ	22	Other liabilities (describe ▶	)				
	23	Total liabilities (add lines 17 through 22)		0		0	
		Foundations that follow SFAS 117, check here	► X				
Sec		and complete lines 24 through 26 and lines 30 and 31.					
2	24	Unrestricted		16,249	18,	389	
ala	25	Temporarily restricted					
	26	Permanently restricted					
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here	<b>•</b>				
님		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds					
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			<u> </u>		
ASS	29	Retained earnings, accumulated income, endowment, or other funds					
et/	30	Total net assets or fund balances (see instructions)		16,249	18,	389	
Z	31	Total liabilities and net assets/fund balances (see					
		instructions)		16,249	18,	389	
	Part II	Analysis of Changes in Net Assets or Fund Balar	nces				
1	Total	net assets or fund balances at beginning of year – Part II, column (a), li	ne 30 (mu	ist agree with			
	end-c	f-year figure reported on prior year's return)				1	16,249
2	Enter	amount from Part I, line 27a			Ĺ	2	2,390
3	Other	increases not included in line 2 (itemize) ▶				3	
4	Add I	nes 1, 2, and 3				4_	18,639
5	Decre	eases not included in line 2 (itemize)   SEE STATEMENT	3		Ĺ	5	250
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II	, column (	b), line 30		6	18,389
							000 DE

Part IV Capital Gains	and Losses for Tax on Investi	ment Incom	е				
	scribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a N/A							
b_							
С			_			<u>.</u>	
d_							
e					<u> </u>		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis (h) Gain or (loss) ense of sale (e) plus (f) minus (g)			
a							
b							
С							
_d							
_e			1010110				<u>-</u>
Complete only for assets show	ing gain in column (h) and owned by the	e foundation on	12/31/6	<del></del>	ł		ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col				ot less than -0-) or from col (h))
а							
b							
С				<del></del>			
_ d				<del>.</del>			
_e	<u> </u>				<del> </del>		
2 Capital gain net income or (net	capital loss) If gain, also enter If (loss), enter -0-				2		
3 Net short-term capital gain or (	oss) as defined in sections 1222(5) and	d (6)					
If gain, also enter in Part I, line	8, column (c) (see instructions) If (loss	s), enter -0- ın	<b>→</b>				
Part I, line 8					3		
Part V Qualification l	Jnder Section 4940(e) for Red	uced Tax o	<u>n Net I</u>	nvestment Inco	ome_	-	
(For optional use by domestic priva	te foundations subject to the section 49	940(a) tax on ne	et investi	ment income)			
f section 4940(d)(2) applies, leave	this part blank						
Mas the foundation liable for the se	ection 4942 tax on the distributable amo	unt of any year	un the h	assa nariod?			Yes X No
	ralify under section 4940(e). Do not con	• • •	iii tiie b	ase periou?			103 22 140
			ro mokir	a any entries			
(a)	n each column for each year, see the in	structions beto	re makir				(d)
Base period years	(b) Adjusted qualifying distributi	ons	Net value	(c) of noncharitable-use asse	ıts		stribution ratio
Calendar year (or tax year beginning	111/	7,331	1101 14140		012	(01 (0	1.923103
2012		9,276		14,	617	· · · · · · · · · · · · · · · · · · ·	1.318738
2011		1,225			118		1.382730
2010		137			431		0.025226
2009		9,432			431		1.736697
2008	<u> </u>	9,432			431		1.75009
2. Total of line 4. column (d)					1	2	6.386494
2 Total of line 1, column (d)	o E was been period advised the total of	n line 2 by E. e	r hu tha				0.50045
•	e 5-year base period – divide the total o	=	n by the			3	1.277299
number of years the foundation	has been in existence if less than 5 ye	ais			⊢	3-	1.2/125.
4 Enter the net value of nonchar	table-use assets for 2013 from Part X, I	ine 5			-	4	17,061
5 Multiply line 4 by line 3						5	21,792
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)					6	
					ſ		
7 Add lines 5 and 6						7	21,792
O Enter qualificant distantistics of	om Port VII. line 4						37,618
8 Enter qualifying distributions fro		the and server	oto that	nod ucina a 40/ ta	rato C-	8   *bs	31,010
Part VI instructions	an line 7, check the box in Part VI, line	ть, апо сотри	cie iliai	part using a 176 tax	iale 56	e uie	

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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 ▶ X and enter 1% of Part I, line 27b			
С	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-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<del></del>		0
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013			
b	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax   Refunded   11			
	rt VII-A Statements Regarding Activities		1,,	т
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Ye	No X
	participate or intervene in any political campaign?	18	+	┼ <u>^</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	4.	.   👽	
	Instructions for the definition)?  SEE STATEMENT 4	1t	)   X	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	
	published or distributed by the foundation in connection with the activities		. 1	x
C	Did the foundation file Form 1120-POL for this year?	10	;	1-
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$		1	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е				
2	on foundation managers  \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	x
2	If "Yes," attach a detailed description of the activities		+-	<del> </del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
Ŭ	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	46		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			
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 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 XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  CT	_		
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	81	,   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,"		1	
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		x
		Form	990-l	PF (2013)

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

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?

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	During the year did the foundation pay	_	III 47 20 IVIAY DC IV	cquired (conti	ilucu)			
Ja	(1) Carry on propaganda, or otherwise	•	on 4945(e)\2	□ <b>v</b>	es 🗓 No			
	(2) Influence the outcome of any spec			<u> </u>	cs <u></u> 110	.		
	directly or indirectly, any voter regi		or to carry on,		es 🕱 No			
			•2	<del>-</del>	es X No			
	(3) Provide a grant to an individual for				es 🔼 NO			
	(4) Provide a grant to an organization		tion described in		es 🗓 No			
		ction 4940(d)(2)? (see instructions)		¥	es 🔀 No			
	(5) Provide for any purpose other than	•	y, or educational		. 👽			
	purposes, or for the prevention of o		es 🛚 No	. 1				
b	If any answer is "Yes" to 5a(1)–(5), did	•	·		37/3		- 1	
	Regulations section 53 4945 or in a cu			•	N/A	5b	<del>-  </del> -	
	Organizations relying on a current notice	• •			▶ ∐			
С	If the answer is "Yes" to question 5a(4)	·	n from the tax	/				
	because it maintained expenditure res	•		N/A 🗌 Y	'es ∐ No			
	If "Yes," attach the statement required	by Regulations section 53 4945–5(d)						
6a	Did the foundation, during the year, red	ceive any funds, directly or indirectly, t	o pay premiums	——	=	. 1		
	on a personal benefit contract?			Y	es 🗶 No	. 1		
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, on a	ı personal benefit conti	act?		6b		<u> </u>
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was th	e foundation a party to a prohibited tax	x shelter transaction?	Y	es X No			
<u>b</u>	If "Yes," did the foundation receive any				N/A	7b	$\bot \bot$	
Pa		Officers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employe	∍es,		
	and Contractors		<del></del>	<del></del>	<u>-</u>			
1 1	ist all officers, directors, trustees, fo	undation managers and their comp	ensation (see instruc	tions).				
	(a) Name and	d 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		ense acco r allowanc	
KE	VIN P MULLANE	FITCHBURG	TRUSTEE					
28	71 WOODS EDGE COURT	WI 53711	2.00	o	0			0
GE	RARD MULLANE	WAYNE	TRUSTEE					
81	9 CALDWELL ROAD	PA 19087	2.00	o d	0			0
DE	NISE MULLANE	BROOKLINE	TRUSTEE					
40	-B HARRISON STREET	MA 02465	2.00	О	0			0
	NIS MULLANE	VILLAGE OF GOLF	TRUSTEE					
	COUNTRY ROAD SOUTH	FL 33436	2.00	o	o			0
2	Compensation of five highest-paid	<del></del>		·		<del></del>		
_	"NONE."	p.oyooo (othor than those morals			-,			
	(a) Name and address of each employe	e paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense acco r allowanc	
NC	NE				-			
			<del>                                     </del>			<del> </del>		
-			<del> </del>			<del>                                     </del>		
Tota	I number of other employees paid over	\$50,000				<u> </u>		0
TOLA	Thamber of other employees paid over	w00 <sub>1</sub> 000		<u> </u>		orm 99	0-PF	

3 Five highe	st-paid independent contractors for professional services (see instru	ictions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	<u> </u>		
tal number of	others receiving over \$50,000 for professional services	w	<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical information states between the conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
·			
2			
3			
4		i	
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	
	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-re	lated investments. See instructions		<del>-</del>
3			

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n tound	lations,
	see instructions.)	<del> </del>	<del>-</del>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	4.	0
a	Average monthly fair market value of securities	1a 1b	17,321
b	Average of monthly cash balances	1c	17,321
C	Fair market value of all other assets (see instructions)	1d	17,321
d	Total (add lines 1a, b, and c)	10	17,321
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1e 0		
_			0
2	Acquisition indebtedness applicable to line 1 assets	3	17,321
3	Subtract line 2 from line 1d	3	11,321
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		260
_	instructions)	5	17,061
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	6	853
6	Minimum investment return. Enter 5% of line 5	6	
Pá	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
_	foundations and certain foreign organizations check here and do not complete this part )	1 T	853
1	Minimum investment return from Part X, line 6	<b>-</b>	
2a	Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013 (This does not include the tax from Part VI)  2b		
b	,	1 ,	
c	Add lines 2a and 2b	2c	853
3	Distributable amount before adjustments Subtract line 2c from line 1	4	
4	Recoveries of amounts treated as qualifying distributions	5	853
5	Add lines 3 and 4	6	
6	Deduction from distributable amount (see instructions)	┝╬┼	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	7	853
	line 1		
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	37 <u>,618</u>
b	Program-related investments – total from Part IX-B	1b	
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		
а	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_	37,618
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,618
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	urt XIII Undistributed Income	<u>e (see instructions)</u>		·		
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part	XI,	Corpus	Years prior to 2012	2012	2013
	line 7	<u>.</u>				853
2	Undistributed income, if any, as of the e	nd of 2013				
	Enter amount for 2012 only	<u> </u>			<del>-</del>	
	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to	, 1				
	From 2008	9,432				
	From 2009	10,004				
	From 2010	10,819				
d	From 2011	18,545		1		
	From 2012	16,880		1		
f	Total of lines 3a through e		65,680			
4	Qualifying distributions for 2013 from Pa	ırt XII,				
	line 4 ▶ \$37,618					
а	Applied to 2012, but not more than line 2	2a				
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)	L				
С	Treated as distributions out of corpus (E	lection				
	required – see instructions)	Ĺ				
d	Applied to 2013 distributable amount	Į.				853
е	Remaining amount distributed out of cor	pus	36,765			
5	Excess distributions carryover applied to	2013				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as			1		
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	102,445		····	
b	Prior years' undistributed income. Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistril	buted				
	income for which a notice of deficiency l	nas				
	been issued, or on which the section 49	42(a)				
	tax has been previously assessed	L				
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions	Ĺ				
е	Undistributed income for 2012 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions	Į.			_	
f	Undistributed income for 2013 Subtract	lines				
	4d and 5 from line 1 This amount must	be				
	distributed in 2014	<u></u>				0
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (see instruction	ons)				
8	Excess distributions carryover from 200	8 not				
	applied on line 5 or line 7 (see instruction		9,432			
9	Excess distributions carryover to 201	4.	·			
	Subtract lines 7 and 8 from line 6a		93,013			
10	Analysis of line 9	Ţ				
а	Excess from 2009	10,004	1			
b	Excess from 2010	10,819				
С	Excess from 2011	18,545				
d	Excess from 2012	16,880				
е	Excess from 2013	36,765				

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

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

other conditions, complete items 2a, b, c, and d

N/A

N/A

factors N/A

Any submission deadlines

Part XV Supplementary Information (co	ontinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 5				37,618
Total			<b>▶</b> 3a	37,618
b Approved for future payment				<u> </u>
N/A				
Total			▶ 3b	

Enter gross am				T		
·	ounts unless otherwise indicated	(a) Business code	business income  (b)  Amount	(c) Exclusion code	d by section 512, 513, or 514  (d)  Amount	(e) Related or exempt function income (See instructions )
1 Program se	rvice revenue	<u> </u>		-		
b		_				
c		_				
	<u> </u>					
f		_ [				
g Fees an	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on	savings and temporary cash investments					
	nd interest from securities			,		2
5 Net rental in	ncome or (loss) from real estate					<del></del>
	anced property					
	ot-financed property			1		
	ncome or (loss) from personal property			<del>-</del>		
7 Other inves			<del></del>			
			·	<del>  </del>	<del></del>	
•	s) from sales of assets other than inventory			+		
	or (loss) from special events			+	. –	
	or (loss) from sales of inventory		<del></del> .		<del></del>	
11 Other rever		_		_		
b		_		_		
c		_				
d		_	··· <del>·</del>			
e						
12 Subtotal Ad	dd columns (b), (d), and (e)		<del></del>	0	0	
13 Total. Add	ine 12, columns (b), (d), and (e)				13 _	2
	in line 13 instructions to verify calculations)					
Part XVI-B	D 1 4: 1: 6 A 4: 14: 4 41		4 . 6 4 -	<b>.</b>		
	Relationship of Activities to the	<u>Accomplishme</u>	nt of Exempt i	<u> ′urpose</u>	<u>s</u>	_
Line No.	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
		ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
Line No. ▼ N/A	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	
	Explain below how each activity for which incon	ne is reported in co	umn (e) of Part XV	I-A contrib	outed importantly to the	

Form **990-PF** (2013)

Part )	(VII	Information Reg Exempt Organiz	_	ansfers To an	d Transactio	ons and Relationsh	ips With	n Noncharitab	е		
1 Did	the orga			ne in any of the fol	llowing with any	other organization descri	bed			Yes	No
ın s		01(c) of the Code (other				ection 527, relating to pol					
_		om the reporting found	iation to a no	ncharitable evem	nt organization o	.f					
	Cash	on the reporting round	iation to a ne	nichantable exem	pt organization c	''			1a(1)	1	x
	Other a	ssets							1a(2)		X
	ner trans								(-/		<del> </del>
		f assets to a noncharit	able exempt	organization					1b(1)	]	X
		ses of assets from a ne		-	ion				1b(2)	-	X
		of facilities, equipment							1b(3)		Х
(4)	Reimbu	rsement arrangements	S						1b(4)		X
(5)	Loans o	or loan guarantees							1b(5)		X
(6)	Perform	nance of services or me	embership o	r fundraising solici	itations				1b(6)		X
c Sha	aring of f	acılıtıes, equipment, m	ailing lists, o	ther assets, or pa	ıd employees				1c_		X
d If th	ne answe	er to any of the above i	s "Yes," com	plete the following	g schedule Colu	mn (b) should always sh	low the fail	r market			
		=	=	-	=	the foundation received					
						the goods, other assets					
(a) Lir	ne no	(b) Amount involved	(c) Name	e of noncharitable exem	npt organization	(d) Description of t	transfers, tran	isactions, and sharing ari	angeme	ents	
1/A							-				
		-		<del></del>							
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								<del></del>			
		ļ. <del></del>	-								
		<del> </del>	<u> </u>		<del></del>	<del></del>					
_		-								_	
20 le t	ho found	ation directly or indirec	the offiliated	with or related to	one or more to	L c-exempt organizations					
		section 501(c) of the	•			· •			¬ <sub>Y</sub>	es 🛚	No
		nplete the following so	•	than section so it	0)(0)) 01 111 300110	71 021					J
		a) Name of organization		(b) Type of o	organization		(c) Description	on of relationship		•	
N/Z	A										
							_				
				<u>L., </u>	:	<u> </u>					
						edules and statements, and to which preparer has any knowle					
								May the IRS discount with the preparer			
ign								(see instructions)		Yes	No
lere		- 12/	no.		1 /4	AL 2 2011	CO_MI	RUSTEE			
	Sign	eture of officer or trustee	xxa.	-	Date		itle	NOSIEE			
	Driet	ine preparer's name			Proposed &			Date		1	
	Printry	pe preparer's name			Preparer's gnatu	1/W/_ADA	7	Date		Check	r i
aıd	TERE	NCE J MALAGHA	N, CPA		TERENCE J	MALAGHAN, CPA	Ĺ	05/12	2/14		· ipioye
reparer	Firm's r	COMILI		T, FILIP	-1	MALAGHAN, LI				189	6
se Only	/		AIRPORT					Firm's EIN ▶ 20-			
	1		ERLY. F	RI 02891	-3420			Phone no 401			

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

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

OMB No 1545-0047

2013

Name of the organization

THE MULLANE FOUNDATION DTD 6/11/02

KEVIN MULLANE, CO-TRUSTEE

Employer identification number

51-0428474

Organization type (check one)					
Filers	of:	Section.			
Form 9	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 9	90-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note. (	Only a section 501(c)(7), tions	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule See			
Genera	al Rule				
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II			
Specia	ıl Rules				
	under sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1			
	during the year, total c	e, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III			
	during the year, contrib not total to more than S year for an exclusively	to, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, outions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or			
990-EZ	, or 990-PF), but it <b>mus</b>	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, it 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			

Name of organization
THE MULLANE FOUNDATION DTD 6/11/02

Employer identification number 51-0428474

Part I	Contributors (see instructions) Use duplicate copies of Pa	art I if additional space is ne	eded
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DENIS F MULLANE 19 COUNTRY ROAD SOUTH VILLAGE OF GOLF FL 33436	\$ 30,656	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KEVIN MULLANE 2871 WOODS EDGE COURT FITCHBURG WI 53711	\$ 10,000	Person X 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 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 Noncash (Complete Part II for noncash contributions)

51-0428474

#### **Federal Statements**

#### Statement 3 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	An	nount
POLITICAL CONTRIBUTION	\$	250
TOTAL	\$	250

### Statement 4 - Form 990-PF, Part VII-A, Line 1b - Explanation of Spending for Political Purpose

#### Description

ON AUGUST 2, 2013 THE FOUNDATION INADVERTENLY SENT A CONTRIBUTION TO THE "MARCO RUBIO VICTORY COMMITTEE". THIS WAS DISCOVERED ON MAY 12, 2014 AT THE TIME OF TAX PREPARATION REVIEW BY CPA FIRM. STEPS WERE QUICKLY TAKEN TO HAVE THE AMOUNT REIMBURSED TO THE FOUNDATION AND TO REVIEW POLICIES GOING FORWARD TO KEEP FUTURE EXPENDITURES BEING MADE IN THE FUTURE.

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# Federal Statements

# Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Add	Address		
Address	Relationship	Status	Purpose	Amount
BETHESDA HOSPITAL FOUNDATION	2815 S SEACREST	ST BLVD		
BOYNTON BEACH FL 33435 NO	NE OOO NOBELIA	PUB CHARITY	CHARITABLE CONTRIBUTION	1,000
BOIS AND GIRLS CLUB OF PALM BEA WEST PALM BEACH FL 33407	SOO NOKIHPOJ NE	~~	CHARITABLE CONTRIBUTION	250
	340 JACKSON	AVENUE		
	1	$\overline{}$	DEVELOPMENT FUND	1,000
APPEAL	SOUS N MILLI	TARY TRAIL	NOTHIBLETOWNO BIEVETOVE	
EAR	NONE 2219 MONROE			0000
[]		PUB CHARITY	SCHOOLFUNDRAISER	200
HABITAT FOR HUMANITY AMERICUS GA 31709	P.O. BOX 6439 NONE PU	39 PUB CHARITY	CHARITABLE CONTRIBUTION	200
MARINE TOYS FOR TOTS FDTN	P.O. BOX			
DES MOINES IA 50340		PUB CHARITY	TOYS FOR TOTS	256
MARQUETTE UNIVERSITY	1250 W.	WISCONSIN AVE		1
MILWAUKEE WI 53201 Note Pame Citte of Southern Wi	NONE 100 BCK CENTER	PUB CHARITY FER	CHARITABLE CONTRIBUTION	2,500
NOTRE DAME IN 46556	100	PUB CHARITY	CHARITABLE CONTRIBUTION	250
DE PAUL REGINAL	10701 S MIL	MILITARY TRAIL		
BOYNTON BEACH FL 33436		PUB CHARITY	CHARITABLE CONTRIBUTION	200
THE CRC RECOVERY FOUNDATION	309 NE 1ST S	STREET		•
	1	PUB CHARITY	CHARITABLE CONTRIBUTION	1,000
THE ROAD HOME	210 S. RIO			
SALT LAKE CITY	NONE	CHARIT	CHARITABLE CONTRIBUTION	1,000
THE TRUST OF PUBLIC LAND	INODINOM TOT	٠.	E 6	C
	NE Date Cook		CHARITABLE CONTRIBUTION	005
WEST POINT ASSOCIATE OF GRADUATES	BLUG 698 MII NE	LLS KOAD PUB CHARITY	CHARITABLE CONTRIBUTION	1,000
THE EVANGELICAL CATHOLIC	723 STATE			
MADISON WI		PUB CHARITY	CHARITABLE CONTRIBUTION	200
NOTRE DAE MAGAZINE	500 GRACE HALL			
		PUB CHARITY	CHARITABLE CONTRIBUTION	52
NOTRE DAME	1100 GRACE F			. (
NOTRE DAME IN 46556	NONE 2219 MONROF	PUB CHARITY STRFFT	CHARITABLE CONTRIBUTION	679
EDGEWOOD HIGH SCHOOL MADTSON WI 53711		PUB CHARITY	SCHOOL FUNDRAISER	1,600
	PO BOX 5023			
HAGERSTOWN MD 21741	NONE	PUB CHARITY	CHARITABLE CONTRIBUTION	250

# Federal Statements

# Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount		200		250		100		500		500		12,000		5,000		500		1,500		250		1,500		250		485	37,618	
1	Purpose		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		CHARITABLE CONTRIBUTION		
Address	Relationship Status	PO BOX 741155		PO BOX 1201128		CLI PO BOX 5028	NONE PUB CHARITY	103 VISION WAY	NONE PUB CHARITY	SHIP 22 COUNTRY ROAD	NONE PUB CHARITY	ON 840 NORTHEAST 8TH STREET	NONE PUB CHARITY	95 WOODLAND STREET	NONE PUB CHARITY	723 STATE STREET	NONE PUB CHARITY	1100 GRACE HALL	NONE PUB CHARITY	367 BLOOMFIELD AVE	NONE PUB CHARITY	2116 HOLLISTER AVENUE	NONE PUB CHARITY	8301 OLD SAUK ROAD	NONE PUB CHARITY	401 E LINTON BLVD	NONE PUB CHARITY		
Name	Address	SOUP KITCHEN OF BOYNTON BEACH	BOYNTON BEACH FL 33474	SPECIAL OLYMPICS FLORIDA	CLERMONT FL 34712	MEMORIAL SLOAN KETTERING CANCER CLI PO BOX	HAGERSTOWN MD 21741	FIDELCO GUIDE DOG FOUNDATION	BLOOMFIELD CT 06002	COUNTRY CLUB OF FLORIDA SCHOLA	VILLAGE OF GOLF FL 33436 NONE	ST VINCENT FERRER CHURCH, BOYNTON	DELRAY BEACH FL 33483	ST FRANCIS FOUNDATION	HARTFORD CT 06105	THE EVANGELICAL CATHOLIC	MADISON WI 53703	SORIN SOCIETY	NOTRE DAME IN 46556	FACS	BLOOMFIELD CT 06002	BLESSED SACRAMENT	MADISON WI 53726-3958	ATTIC ANGEL	MIDDLETON WI 53562	HARBOUR'S EDGE	DELRAY BEACH FL 33483	TOTAL	

(Rev. January 2014)

Department of the Treasury

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

► File a separate application for each return.

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

	OMB No 1545-1709
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nber (S	SN)
	04
	Return
	Code
-	Code 07 08 09
	Code 07 08 09 10
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W	Code 07 08 09 10

Form 8868 (Rev 1-2014)

Internal Revenue S	Service Information about 1 on	ii oooo and	its matructions is at www.ii	s.gov/ioiiiiooob.					
• If you are	filing for an Automatic 3-Month Extension, comple	te only Part	I and check this box			► X			
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Month Ex	tension, co	mplete only Part II (on page	2 of this form).					
Do not comp	lete Part II uniess you have already been granted an	automatic 3	3-month extension on a previ	ously filed Form 886	68.				
Electronic fili	ing (e-file). You can electronically file Form 8868 if yo	ou need a 3-	month automatic extension o	f time to file (6 mor	ths for				
	required to file Form 990-T), or an additional (not auto								
8868 to reque	st an extension of time to file any of the forms listed i	n Part I or P	art II with the exception of Fo	rm 8870, Informatio	n				
Return for Tra	insfers Associated With Certain Personal Benefit Con	tracts, whicl	h must be sent to the IRS in p	paper format (see					
<del>-</del> -	For more details on the electronic filing of this form, v				ofits.				
Part I	Automatic 3-Month Extension of Time								
•	required to file Form 990-T and requesting an automate	atic 6-month	extension - check this box a	nd complete		, [			
Part I only					• • •	. ▶⊔			
	orations (including 1120-C filers), partnerships, REMI	es, and trus	ts must use Form 7004 to rec	luest an extension	of time				
to file income	tax returns.		E-	ntar filaria idantifi	:na numbar	ana imatrustiana			
Type or	Name of evernt organization or other filer, see ins	tructions	<u></u>	nter filer's identify					
Type or Name of exempt organization or other filer, see instructions Employer identification number of the MULLANE FOUNDATION DTD 6/11/02									
KEVIN MULLANE, CO-TRUSTEE 51-0428474									
File by the									
File by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  2871 WOODS EDGE COURT									
filing your	City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions.						
return. See instructions.		53711							
Enter the Date	turn and for the ration that this application is for file					04			
Enter the Reti	urn code for the return that this application is for (file a	a separate a	pplication for each return)						
Application	า	Return	Application			Return			
is For	· · · · · · · · · · · · · · · · · · ·	Code	ls For		Code				
	r Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990-B	<del></del>	02	Form 1041-A	08					
Form 4720		03	Form 4720 (other than indi	09					
Form 990-P		04	Form 5227 Form 6069	10					
	(sec. 401(a) or 408(a) trust)	05	11						
Form 990-1	(trust other than above)  KEVIN P MULLANE	06	Form 8870			12			
	2871 WOODS EDGE COUR	Ti							
• The books	are in the care of FITCHBURG	•			WT !	53711			
THE BOOKS	are in the care of P = 2 = 2.012021C		• •	•••	. "				
Telenhon	e No ▶ 608-276-4080	FAX No	. <b>•</b>						
•	anization does not have an office or place of business		• • •	•		▶ 🗌			
-	or a Group Return, enter the organization's four digit (			. If this is					
	group, check this box			and attach					
a list with the	names and EINs of all members the extension is for.		_						
•	st an automatic 3-month (6 months for a corporation $08/15/14$ , to file the exempt organization retu	-	•			_			
	organization's return for.		gameation named above. The						
<b>▶</b> X	calendar year 2013 or								
	<u></u>								
▶ □	tax year beginning , and ending		•						
2 If the ta	ax year entered in line 1 is for less than 12 months, ch	eck reason:	Initial return Fi	nal return					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change in accounting period								
3a If this a	pplication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, en	ter the tentative tax, less any						
	undable credits. See instructions.			3a	\$	0			
b If this a	pplication is for Forms 990-PF, 990-T, 4720, or 6069	, enter any re	efundable credits and						
estimat	ted tax payments made Include any prior year overpa	yment allow	ved as a credit.	3b	\$	0			
c Balanc	e due. Subtract line 3b from line 3a. Include your pay	ment with th	nis form, if required, by using						
EFTPS	(Electronic Federal Tax Payment System). See instr	uctions.		3c	\$	0			
Caution If you	are going to make an electronic funds withdrawal (direct debi	t) with this For	rm 8868, see Form 8453-FO and	Form 8879-FO for nav	ment instruction	s			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.