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Form **990-PF** 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.

QMB No 1545-0052 Open to Public Inspection

| For a | calendar year 2013 or tax year beginning | | , and ending | | |
|---------------------------|--|------------------------------|---------------------|--|--|
| Nai | me of foundation | | | A Employer identification | number |
| | HE SAMUEL & MARGARET GORN | | - | 52-1598535 | |
| | mber and street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| | 225 SMITH AVENUE | | | 410-685-55 | 12 |
| | y or town, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is p | ending, check here |
| | BALTIMORE, MD 21209-3635 | | | 1 | |
| G | Check all that apply: Initial return | | rmer public charity | D 1. Foreign organizations | s, check here |
| | Final return | Amended return | | Foreign organizations me check here and attach co | eting the 85% test, |
| ш (| Address change Check type of organization: X Section 501(c)(3) ex | Name change | | 1 | |
| Ϊ | | Other taxable private founda | ition | E If private foundation sta under section 507(b)(1) | |
| l Fa | air market value of all assets at end of year J Accounti | | Accruat | 1 | • • |
| | | ther (specify) | | F If the foundation is in a tunder section 507(b)(1) | |
| | \$ 7,183,596. (Part I, colu | ımn (d) must be on cash l | pasis.) | J. 1007 0000011 001 (0)(1) | (b), direct ribre |
| Pa | art I Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | expenses per books | income | income | for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | 5,652,351. | | N/A | |
| | 2 Check if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 161,850. | 108,464. | | STATEMENT 1 |
| | 4 Dividends and interest from securities | 130,533. | 130,533. | | STATEMENT 2 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | 171 007 | | | |
| ne | 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | 171,297. | | | |
| Revenue | b Gross sales price for all assets on line 6a 5,816,428. 7 Capital gain net income (from Part IV, line 2) | | 171,297 | | ECEIVED |
| æ | 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain | | 111,231 | | ာပ္က |
| | 9 Income modifications | | | N (35) | DV 17 2014 |
| | Gross sales less returns 10a and allowances | | | m | 2 1 1 2014 g |
| | b Less Cost of goods sold | | | | |
| | c Gross profit or (loss) | · | | | GDEN, UT |
| | 11 Other income | | | | |
| | 12 Total. Add lines 1 through 11 | 6,116,031. | 410,294. | , | |
| | 13 Compensation of officers, directors, trustees, etc | 0. | 0. | , | 0. |
| • | 14 Other employee salaries and wages | | | | |
| es | 15 Pension plans, employee benefits | | <u> </u> | | |
| | | 10 215 | 10 215 | | |
| e Exper | b Accounting fees STMT 3 c Other professional fees | 10,315. | 10,315. | | 0. |
| ē | 17 Interest | | | | |
| and Administrative Expens | 18 Taxes STMT 4 | 2,962. | 2,962. | | 0. |
| istr | 19 Depreciation and depletion | 2,5020 | 2/302 | | |
| Ë | 20 Occupancy | | | | |
| 5 8 | 21 Travel, conferences, and meetings | | | | |
| ם ל | 22 Printing and publications | | | | |
| | | 146,142. | 146,142. | | 0. |
| rati | 24 Total operating and administrative | | | | |
| Operating | expenses. Add lines 13 through 23 | 159,419. | <u>159,419.</u> | · | 0. |
| | 25 Contributions, girts, grants paid | 2,940,000. | | | 2,940,000. |
| | 26 Total expenses and disbursements. | 2 000 410 | 150 410 | 1 | 2 040 000 |
| | Add lines 24 and 25 | 3,099,419. | 159,419. | | 2,940,000. |
| | 27 Subtract line 26 from line 12: | 3,016,612. | | | |
| | Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | 3,010,012. | 250,875. | | |
| | c Adjusted net income (if negative, enter -0-) | | 430,673 | N/A | |
| | . V AUTUGIEU HEL HIGOHIE III NEUGHVE, ENIET "U" | 1 | | 1 11/12 | 1 |

| = | | 0-PF (2013) THE SAMUEL & MARGARET G | ORN FOUNDATION Beginning of year | 52- End o | 1598535 Page 2 |
|------------------|------|--|---------------------------------------|----------------|---------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| _ | 1 | Cash - non-interest-bearing | 1,682,141. | 868,359. | |
| | , | Savings and temporary cash investments | 1,002,111. | 0007303. | 000,333. |
| | 3 | Accounts receivable | | | |
| | • | Less: allowance for doubtful accounts | | i | |
| | 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 | | | |
| m | | Inventories for sale or use | | <u> </u> | |
| Assets | | Prepaid expenses and deferred charges | 3,045. | 3,045. | 3,045. |
| Ass | | Investments - U.S. and state government obligations | 199,562. | 3,043. | 3,043. |
| | | _ • | 1,514,293. | 4,786,354. | 5,312,192. |
| | | | | 4,700,334. | 3,314,194. |
| | ١ | Investments - corporate bonds | 199,800. | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | 40 | Less accumulated depreciation | | | |
| | 1 | Investments - mortgage loans | 90,722. | 1 000 000 | 1 000 000 |
| | 13 | Investments - other STMT 8 | 90,722. | 1,000,000. | 1,000,000. |
| | 14 | Land, buildings, and equipment basis | | | |
| | 4- | Less accumulated depreciation | | | |
| | I | Other assets (describe ►) | | | |
| | 16 | Total assets (to be completed by all filers - see the | 2 (00 5(2 | C CET 750 | 7 102 506 |
| _ | | instructions. Also, see page 1, item 1) | 3,689,563. | 6,657,758. | 7,183,596. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | - |
| Liabilities | 19 | Deferred revenue | | | - |
| ij. | 20 | Loans from officers, directors, trustees, and other disqualified persons | | · | |
| E. | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | 20 | Foundations that follow SFAS 117, check here | | | 1 |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ès | 24 | Unrestricted | | | |
| anc | 25 | Temporarily restricted | | | • |
| or Fund Balances | I | Permanently restricted | · · · · · · · · · · · · · · · · · · · | | • |
| 둳 | -" | Foundations that do not follow SFAS 117, check here | | | |
| Ē | | and complete lines 27 through 31. | | | |
| ò | 27 | Capital stock, trust principal, or current funds | 3,689,563. | 6,706,175. | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | -48,417. | 1 |
| et/ | 30 | Total net assets or fund balances | 3,689,563. | 6,657,758. | - |
| Z | 30 | Total list assets of fully palalices | 3,003,303. | 0,037,730. | - |
| | 31 | Total liabilities and net assets/fund balances | 3,689,563. | 6,657,758. | |
| | art | III Analysis of Changes in Net Assets or Fund B | | | |
| | | | | | |
| 1 | Tota | 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 | 3,689,563. |
| | | amount from Part I, line 27a | | 2 | 3,016,612. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 6,706,175. |
| 5 | Decr | eases not included in line 2 (itemize) | SEE STAT | rement 6 5 | 48,417. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 6,657,758. |
| | | | | | Form 990-PF (2013) |

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Form 990-PF (2013)

| | 1990-PF (2013) THE SAMUEL & MARGARET GORN FOUNDATION 52-1598 | | | age 4 |
|----|--|-------|------------|-------------|
| _ | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | nstru | CTION | 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% | | 2,5 | <u>09.</u> |
| | of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | 2,5 | <u>09.</u> |
| 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- | | 2,5 | 09. |
| 6 | Credits/Payments: | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3,045. | | | |
| þ | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 8,000. | | | |
| đ | Backup withholding erroneously withheld | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 1 | 1,0 | <u>45.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | |
| | 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 | | 8,5 | <u> 36.</u> |
| | Enter the amount of line 10 to be: Credited to 2014 estimated tax | | | 0. |
| | 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 intervene 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)? | 1b | | <u>X</u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | |
| | distributed by the foundation in connection with the activities. | | | |
| C | Did the foundation file Form 1120-POL for this year? | 10 | | X |
| | 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. ► \$ 0 . | | | |
| 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 | ļ | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3_ | | _X_ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | o If "Yes," has it filed a tax return on Form 990-T for this year? | 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 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 | <u> </u> |
| | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | MD | | | |
| b | of 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 | 8b | X _ | |
| 9 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| • | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | <u></u> | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |

| | 990-PF (2013) THE SAMUEL & MARGARET GORN FOUNDATION 52-1598 | <u>535</u> | F | Page 5 |
|-----|---|-------------|------------|----------|
| | rt VII-A Statements Regarding Activities (continued) | · | r | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | ŀ | |
| | 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? | 1 | | |
| | 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 ▶ DAVID A GOLDNER Telephone no. ▶ 410-68 | | <u>512</u> | |
| | Located at ► 36 SOUTH CHARLES ST 18TH FLOOR, BALTIMORE, MD ZIP+4 ►21 | <u>.201</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/ | | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | . [| Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | <u>X</u> |
| | 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 | rt 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. | <u> </u> | 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? | 1 1 | | |
| | (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? | 1 1 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 1 | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | ıf 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.) | 1 | | |
| 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 | 1 1 | | |
| 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 | | <u>X</u> |
| 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? | | | |
| | If "Yes," list the years \ | | | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| ٥. | Did the foundation hold may then a 20% direct or individual interest in any hydronic activities at any himse | | | |
| Ja | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | |
| | | | | |
| Đ | 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 heldings argued by get or heading agreed by get or heading agreed 2 (the School 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 | 26 | | |
| A - | | 3b | | X |
| | 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 | 4a | | |
| U | had not been removed from reported the first day of the tax year beginning in 2013? | ,, | | v |

| FORM 990-PF (2013) THE SAMUEL & MARGARET GO | | | <u>52-15985</u> | <u> 35</u> | Page <u>6</u> |
|--|---|-----------------------------|---|------------|-----------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (continu | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | _ | | • | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | L Ye | s X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | or to carry on, directly or indire | | | | |
| any voter registration drive? | | · · · | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | ☐ Ye | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | ☐ Ye | s X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | or | | - 1 | |
| the prevention of cruelty to children or animals? | | Ye | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | n Regulations | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | пеге | | ▶□□□ | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | | ined | | | |
| expenditure responsibility for the grant? | | [/A □ Ye | s No | | |
| If "Yes," attach the statement required by Regulations section 53.494 | • | ., | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • • | | ļ | | |
| a personal benefit contract? | E -A Er | ☐ Ya | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | nersonal benefit contract? | | | 6b | x |
| If "Yes" to 6b, file Form 8870. | or sonar bonone sona act. | | | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | □ v _e | es X No | | 1 |
| b if "Yes," did the foundation receive any proceeds or have any net income attribu | | | . – | 7b | |
| Part VIII Information About Officers, Directors, Trust | | nagers Highly | | | |
| Paid Employees, and Contractors | ooo, roundation ma | inagoro, mgm | • | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) | Expense ount, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | acco | ount, other owances |
| SUSAN GRANT | PRESIDENT | | | | |
| 14 CROSS CREEK COURT | | | | | |
| PHOENIX, MD 21131 | 0.00 | 0. | ٥. | | 0. |
| SANDRA GOHN | VICE PRESIDEN | | | | |
| 6225 SMITH AVENUE | | 1 | | | |
| BALTIMORE, MD 21209 | 0.00 | 0. | 0. | | 0. |
| SHARON PEREGOY | SECRETARY | | | | |
| 1501 SULGRAVE AVE, 206-A | | | | | |
| BALTIMORE, MD 21209 | 5.00 | 0. | 0. | | 0. |
| | TREASURER | | | | |
| 36 S. CHARLES STREET, 18 FL | 1 | | | | |
| BALTIMORE, MD 21201 | 0.00 | 0. | 0. | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | acci | Expense bunt, other owances |
| NONE | dovoted to position | | componsacon | | |
| ATVATA | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | 1 | | | | |
| | 1 | | | | |
| Total number of other employees paid over \$50,000 | | • | | | |

| Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued) | | 598535 Page 7 |
|--|---------------------|------------------|
| 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) Type of service | (c) Compensation |
| NONE | | |
| | | |
| T. I. I. and be of allow when the control of the co | | > 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A | n such as the | Expenses |
| 2 | | |
| 3 | | |
| 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 | | |
| 2 | | <u>-</u> |
| All other program-related investments. See instructions. 3 | | |
| Total. Add lines 1 through 3 | > | 0 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2013)

2,940,000.

2.937.491.

2.509

3a

3b

4

6

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

income, Enter 1% of Part I, line 27b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

Part XIII Undistributed Income (see instructions)

| | · | | | |
|--|---------------|----------------------------|-------------|------------------|
| • | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
| 1 Distributable amount for 2013 from Part XI, | | | | |
| line 7 | | | | 234,730. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 67,991. | |
| b Total for prior years: | | | | |
| · · · · · · · · · · · · · · · · · · | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 | | | | |
| b From 2009 c From 2010 | | | 1 | |
| d From 2011 | | | | |
| e From 2012 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: ► \$ 2,940,000. | | | | |
| a Applied to 2012, but not more than line 2a | | | 67,991. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 234,730. |
| e Remaining amount distributed out of corpus | 2,637,279. | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,637,279. | | | |
| 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 | | <u></u> | | |
| 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 | | | | |
| lines 4d and 5 from line 1. This amount must | | | | _ |
| be distributed in 2014 | | | | 0 <u>.</u> |
| 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. | 2 627 270 | | | |
| Subtract lines 7 and 8 from line 6a | 2,637,279. | | | |
| 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 2,637,279. | | | | |
| 6 LAUGOO II UIII 20 IO 2,03 4 3 | <u> </u> | <u> </u> | | 5: 000 DE (0040) |

| Form 990-PF (2013) THE SAN Part XIV Private Operating F | TUEL & MARGA | | | 52-15 N/A | 98535 Page 10 |
|--|---|------------------------------|------------------------------|------------------------------|---------------------|
| 1 a If the foundation has received a ruling | | | 7,4,4400 | M/A | |
| - | | | | | |
| foundation, and the ruling is effective for | | = | t | 4042(1)(2) or 4 | |
| b Check box to indicate whether the foun | | ig touridation described i | | 4942(j)(3) or 49 | 942(j)(5) T |
| 2 a Enter the lesser of the adjusted net | Tax year | /b) 2012 | Prior 3 years | (4) 2010 | (a) Tatal |
| income from Part I or the minimum | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| 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 | | | | | |
| • | | | | ļ | |
| exempt activities | | <u> </u> | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | | | | |
| under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter | | | | - | |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | | | | | |
| listed | | | | <u> </u> | <u> </u> |
| 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 | | 1 | | | |
| 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 | ormation (Comple | te this part only | if the foundatior | n had \$5,000 or m | ore in assets |
| at any time during | the year-see insti | ructions.) | | | |
| | | | · | | |
| 1 Information Regarding Foundation | | than 00/ of the total cont | hustiana rasautad bu shi | foundation hafara the ale | son of any tax |
| a List any managers of the foundation w year (but only if they have contributed | | | ributions received by the | s toutioation before the cit | JSE OI ally lax |
| , , , , , | ποιο επαιτ φο,σοση. (σοσ ε | (4)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation w | | | (or an equally large porti | on of the ownership of a p | partnership or |
| other entity) of which the foundation h | as a 10% or greater intere | St. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribu | tion. Grant. Gift. Loan | . Scholarship, etc., Pi | ograms: | | |
| Check here ► X If the foundation | | | | not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, etc | | | | | |
| a The name, address, and telephone nur | · · · · · · · · · · · · · · · · · · · | · | | | |
| a The Hame, address, and lelephone hur | iinei oi e-iiidii auuless 01 | me hersom to amoni abbi | เงินแบบอ อบเบนเน มิซิ 4001ชี | | |
| | | | | | |
| | | | | ·-· | |
| b The form in which applications should | be submitted and informa | tion and materials they s | hould include: | | |
| | | | | | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on awar | ds, such as by geographic | al areas, charitable fields. | kinds of institutions, or | other factors: | |
| • | , | , | , - | | |
| | | | | | |

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC GOOD SAMARITAN HOSPITAL UNRESTRICTED 5601 LOCH RAVEN BOULEVARD 15,000. BALTIMORE, MD 21239 JEMICY SCHOOL UNRESTRICTED PUBLIC 11 CELADON ROAD OWINGS MILLS MD 21117 1,000,000. MT WASHINGTON PEDIATRIC HOSPITAL PUBLIC UNRESTRICTED 1708 WEST ROGERS AVENUE 1,000,000, BALTIMORE MD 21209 ENOCH PRATT FREE LIBRARY PUBLIC UNRESTRICTED 400 CATHEDRAL STREET BALTIMORE MD 21201 925,000. Total ▶ 3a 2 940 000. **b** Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

| Enter groop amounts values athenwes undicated | Unrelated | business income | Exclud | ed by section 512, 513, or 514 | |
|---|------------------|------------------------|--|--------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- sion | (d) | (e) Related or exempt function income |
| 1 Program service revenue: | code | | code | Amount | |
| a | | | 1 1 | | |
| b | | | 1 1 | | |
| C | | | + | | |
| d | | | 1 | | |
| e | | | ├ | | |
| f | | | \vdash | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | } | | 1 | | |
| investments . | | | 14 | 161,850. 130,533. | |
| 4 Dividends and interest from securities | | | 14 | 130,533. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 171,297. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | 1 | | |
| b | l i | , | | | |
| C | 1 | | | | |
| d | 1 1 | | 1 | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 463,680. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 463,680. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | <u></u> | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of E | xempt | Purposes | |
| Line No. Explain below how each activity for which inco | | | A contrib | uted importantly to the accom | plishment of |
| the foundation's exempt purposes (other than | by providing tun | as for such purposes). | | | · · · · · · |
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Firm's name ► GROSS, MENDELSOHN & ASSOCIATES, P.A.

Firm's address ▶ 36 SOUTH CHARLES ST., 18TH FLOOR

BALTIMORE, MD 21201

Form **990-PF** (2013)

Firm's EIN \triangleright 52-0982413

Phone no. 410-685-5512

Use Only

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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

| | THE SAMUEL & MARGARET GORN FOUNDATION | 52-1598535 |
|--------------------------------|---|---|
| Organization ty | pe (check one): | |
| Filers of: | Section: | |
| Form 990 or 990 | -EZ | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charatable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| General Rule X For an | etion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more utor Complete Parts I and II. | |
| Special Rules | | |
| 509(a)(| ection 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th I) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | |
| total co | ection 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of intributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, ovention of cruelty to children or animals. Complete Parts I, II, and III. | |
| contrib If this b purpos | ection 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of ations for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> point complete any of the parts unless the General Rule applies to this organization becaus, charitable, etc., contributions of \$5,000 or more during the year | ot total to more than \$1,000. <i>lusively</i> religious, chantable, etc , |

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)

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

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

Name of organization '

Employer identification number

THE SAMUEL & MARGARET GORN FOUNDATION

52-1598535

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| | | <u> </u> | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ESTATE OF MARGARET A. GORN 6225 SMITH AVENUE BALTIMORE, MD 21209 | \$\$, 5,652,351. | 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 Noncash (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.) |

Name of organization ·

Employer identification number

THE SAMUEL & MARGARET GORN FOUNDATION

52-1598535

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| raitii | Noticasii Property (see instructions). Ose duplicate copies of Pal | Ten in additional opaco is nococa. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | MARKETABLE SECURITIES AND BONDS | \$\$\$\$ | 07/31/13 |
| (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 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 |
| | | \$Schedule B (Form S | |

Name of organization. **Employer identification number** THE SAMUEL & MARGARET GORN FOUNDATION 52-1598535 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift <u>Part I</u> (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF · INTERES | T ON SAVIN | IGS AND | TEMPOR | ARY C | ASH I | NVESTMENTS | ST | ATEMENT | 1 |
|---|-------------------------------|-------------------------|--|---------------|--|-----------------------------|-------------------------------|--------------------------|----|
| SOURCE ESTATE OF MARGARET A. GORN - 2012 SCH K-1 ESTATE OF MARGARET A. GORN - 2013 SCH K-1 RBC DAIN RAUSCHER #85276 SCHWAB #2237-9484 TOTAL TO PART I, LINE 3 | | | (A) REVENUE PER BOOKS 123,710. 15,919. 11,292. 10,929. | | (B) NET INVESTMENT INCOME 86,243. 0. 11,292. 10,929. | | (C) ADJUSTED NET INCOME | | 3 |
| | | | | | | | | | |
| | | 161,850. | | 50. | | | | | |
| FORM 990-PF | DIVIDENDS | S AND I | NTERESI | FROM | 1 SECU | RITIES | ST. | ATEMENT | 2 |
| SOURCE | GROSS AMOUNT | GA | ITAL INS DENDS | REV | (A) /ENUE BOOKS | (B) NET INVES MENT INCO | | (C) ADJUST NET INC | |
| ESTATE OF MARGARET A. GORN - 2012 SCH K-1 RBC DAIN RAUSCHER #85276 SCHWAB #2237-9484 | 23,886. 74,036. 76,310. | | 0. 871. 2,828. | - | 23,886 73,165 33,482 | 73,10 | 65. | | |
| TO PART I, LINE 4 | 174,232 | 4 | 3,699. | 13 | 30,533 | 130,53 | 33. | | |
| FORM 990-PF | | ACCO | UNTING | FEES | | | ST | ATEMENT | 3 |
| DESCRIPTION | | (A) EXPENS PER BC | ES NE | (B) VNI TE | VEST- | (C) ADJUSTEI NET INCO | | (D) CHARITA PURPOS | |
| ACCOUNTING FEES | | 10, | 315. | 10 | 0,315. | , | | | 0. |
| TO FORM 990-PF, PG | 1, LN 16B | 10, | 315. | 10 | 0,315. | | | | |

| FORM 990-PF | TAX | ES | STATEMENT 4 | | | |
|---|------------------------------|-----------------------------------|---------------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| FOREIGN TAXES - RBC DAIN RAUSCHER #85276 FOREIGN TAXES - SCHWAB | 2,595. | 2,595. | | 0. | | |
| #2237-9484 FOREIGN TAXES - ESTATE OF MARGARET A. GORN - 2012 | 14. | 14. | | 0. | | |
| SCH K-1 FOREIGN TAXES - ESTATE OF | 256. | 256. | | 0. | | |
| MARGARET A. GORN - 2013 SCH K-1 | 97. | 97. | | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 2,962. | 2,962. | · · · · · · · · · · · · · · · · · · · | 0. | | |
| = | | | | | | |
| FORM 990-PF | OTHER E | XPENSES | STATEMENT 5 | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| INVESTMENT FEES EXCESS DEDUCTIONS - ESTATE | 18,514. | 18,514. | | 0. | | |
| OF MARGARET A. GORN - 2013 SCH K-1 BANK FEES | 127,615. 13. | 127,615. 13. | | 0. 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 146,142. | 146,142. | | 0. | | |
| FORM 990-PF OTHER DECREASE | ES IN NET AS | SETS OR FUND | BALANCES S | TATEMENT 6 | | |
| DESCRIPTION | | | | AMOUNT | | |
| EXCESS FMV OF SECURITIES CON' | TRIBUTED OVE | R COST | | 48,417. | | |
| TOTAL TO FORM 990-PF, PART I | II, LINE 5 | | _ | 48,417. | | |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 7 | |
|--------------------------------|-------------------------------------|--------------------------|---|--|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE 5,312,192. 5,312,192. | |
| SCHWAB - CORPORATE STOCK | - | 4,786,354. | | |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | 4,786,354. | | |
| | | | | |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 8 | |
| FORM 990-PF DESCRIPTION | OTHER INVESTMENTS VALUATION METHOD | BOOK VALUE | STATEMENT 8 FAIR MARKET VALUE | |
| | VALUATION | BOOK VALUE 1,000,000. | FAIR MARKET | |

| Form: | 8868 (Rev. 1-2014) | | | | | Page 2 | |
|--|--|------------|--|---------------|---------------------------------------|----------------|--|
| • If yo | ou are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this | box | | . X | |
| Note. | Only complete Part II if you have already been granted an a | automatic | 3-month extension on a previously fil | led Form | 3868. | | |
| | ou are filing for an Automatic 3-Month Extension, comple | | | | | | |
| Part | t II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies need | ed). | |
| | | | Enter filer's | identifyir | g number, se | e instructions | |
| Туре | | | | | ployer identification number (EIN) or | | |
| print | ıt | | | | | | |
| File by t | | | | | <u>52-1598535</u> | | |
| due date filing you | Number, street, and foom or suite no. If a P.O. box, see instructions. | | | Social se | ocial security number (SSN) | | |
| return S | See 6225 SMITH AVENUE | | | | | | |
| ınstructı | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | |
| | BALTIMORE, MD 21209-3635 | | | | | | |
| | | | | | | | |
| Enter | the Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | |
| | | , | | | | | |
| Applic | cation | Return | Application | | Return | | |
| <u>Is For</u> | | Code | Is For | | | | |
| | 990 or Form 990-EZ | 01 | | | | | |
| | 990-BL | 02 | Form 1041-A | 08 | | | |
| | 4720 (Individual) | 03 | Form 4720 (other than individual) | 09 | | | |
| Form 990-PF | | 04 05 | Form 5227 | 10 | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | | Form 6069 | 11 12 | | | |
| Form 990-T (trust other than above) | | | Form 8870 | | | | |
| SIUP | ! Do not complete Part II if you were not already granted | | natic 3-month extension on a prev | iously file | d Form 8868. | | |
| ● The | DAVID A GOLDNEI | | 10mi et con parm | TMODE | MD 21 | 201 | |
| | books are in the care of $ ightharpoonup$ $\frac{36}{50000}$ SOUTH CHARLING ephone No. $ ightharpoonup$ $410-685-5512$ | ro ot | | IMOKE | , MD 21 | 201 | |
| | ne organization does not have an office or place of business | aua Aballe | Fax No. | | | | |
| | ns is for a Group Return, enter the organization's four digit | | | Ethiologo | | www.abaak thia | |
| box 🕨 | | 1 | emption Number (GEN) It | | | | |
| | | | BER 15, 2014. | all memb | ers trie exteris | ion is ior. | |
| | For calendar year 2013, or other tax year beginning | .40 V E11 | , and ending | 7 | | | |
| | If the tax year entered in line 5 is for less than 12 months, c | heck reas | | Final r | eturn | • | |
| | Change in accounting period | moon road | on milariotani | | Clairi | | |
| 7 | State in detail why you need the extension | | | | | | |
| | TAXPAYER RESPECTFULLY REQUESTS | SADD | ITIONAL TIME TO GA | THER | TNFORMA | TTON | |
| | NECESSARY TO FILE A COMPLETE A | | | | | | |
| | | | | | | | |
| 8a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069. | enter the tentative tax, less any | | | | |
| | nonrefundable credits. See instructions. | | | 8a | \$ | 11,045. | |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter an | y refundable credits and estimated | | • | | |
| | tax payments made Include any prior year overpayment all | | | İ | | | |
| | previously with Form 8868. | | | | \$ | 11,045. | |
| C | Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using | | | | | | |
| | EFTPS (Electronic Federal Tax Payment System). See instru | | | 8c | \$ | 0. | |
| | | | st be completed for Part II o | nly. | | | |
| Jnder (| penalties of perjury, I declare that I have examined this form, includ | ing accomp | panying schedules and statements, and to | the best o | f my knowledge | and belief, | |
| i is tru | e, correct, and complete, and that I am authorized to prepare this fo | rm. | | | | | |

Title ►

Form 8868 (Rev 1-2014)

Date >

Signature >