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Form **990-PF**

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.

OMB No 1545-0052

Dono	-t	t of the Treasury					Security numbers o							LU	, 10
Intern	nal Rev	venue Service			on about	Form 990-	PF and its separate	e instructions	is at WWW.II	rs.gov	v/form9	90pf.	Оре	en to Put	olic Inspection_
For	calen	dar year 2013 c	r tax year	beginning				, and e	nding						
		foundation								A E	mployer	identificatio	n numb	er	
		COLBUR						_					_		
							EMENT, LI	7G	Ι			92388	<u> </u>		
		nd street (or PO b				treet address)		Room/suite	1.		number	700		
		5 DULLE			_				670	1.		437-9			
		own, state or pro			or foreig	on postal co	ode			Cire	exemption	application is	pending, i	check he	ere 🕨 📖
		NDON, V		171			1			┦	_				
G	Check	all that apply:	=	Initial return	1	<u> </u>	Initial return of a	former public	charity	D 1	Foreign	organization	is, check	nere	
			=	Final return		<u> </u>	Amended return			2.	. Foreign o	organizations m ere and attach o	eeting the	e 85% te	st,
	N 1			Address ch	<u> </u>		J Name change								
H (_	type of organization 4947(a)(1)					rivate foundation axable private found	dation				oundation st			
<u> </u>		arket value of all				unting met		Acc	rual			tion 507(b)(1			
		Part II, col (c),		nu oi yeai	J ACCO	Other (sp		L ACC	ıuaı			idation is in a tion 507(b)(1			
	• \$	Part II, COI (C),	1111e 16) 5 /15/1	028	(Part L.c		must be on cash	basis)		"	iluei sec	1011 307 (0)(1)(0), 011	eck liei	5 - L
	irt Ι	Analysis of Re	evenue and	d Expenses		1.		I	nvestment	+	(c) Adı	sted net	1 (d) Disbu	rsements
		(The total of amo necessarily equa	unts in colun	nns (b), (c), and		ot ex) Revenue and penses per books		ome			ome	for	charitabl (cash ba	le purposes
	1	Contributions,								\dagger	N/	Ά	 		
	2	Check X						1		1	/				
	3	Interest on saving cash investments						1							
	4	Dividends and					48,890	. 4	8,890				STA	TEM	ENT 1
	5a	Gross rents													
	1	Net rental income	or (loss)	-230	,322			-	* -				STA	TEM	ENT 2
	6a	Net gain or (loss) f	rom sale of a				36,409	,							·
nge	Ь	Gross sales price			,409										
Revenue	7	Capital gain net in	come (from F	Part IV, line 2)				3	6,409	•					
Œ	8	Net short-term	capital gair	ı					····					_	
	9	Income modific								1	RE	CEIV	ED		
	10a	Gross sales less r and allowances	eturns											18	
	b	Less Cost of goo	ds sold							4026	NO	∨ 132	014	101	
	C	Gross profit or	(loss)							18	140	1 10 -		18	.,
	11	Other income				-		<u> </u>		1		21 76 61	117	_	
	12	Total Add line			•		<u>85,299</u>		<u>5,299</u>	- 12	<u> </u>	iden,			
	13	Compensation of	•		etc	-	0 .	•	0 .	•			-		0.
	14	Other employee		•						-			-		
Ś	15	Pension plans,	employee I	Denents				 		+			-		
inse	1	Legal fees Accounting fee	c	Сш	мт 3		60,000	1	2,000	+			+	1	2,000.
Expenses	I	Other profession			MT 4		100,000		20,000						3,762.
ē Ē		Interest	1101 1003	51	4		100,000	1	,	-	· ·		 		~ , , 04.
d Administrative	18	Taxes													
and Administrative	19	Depreciation ar	nd denleting	n									+-		· · · · · · · · · · · · · · · · · · ·
<u> </u>	20	Occupancy	io ocpiciioi												
A P	21	Travel, confere	nces, and r	meetinas			-1	· · · · ·							
, 5	22	Printing and pu													
		Other expenses		ST	MT 5		231,157	. 23	0,322	•					0.
rating	24	Total operating							•						
opera		expenses Add	_				391,157	26	2,322					4	5,762.
, o	25	Contributions,		-			570,050								0,050.
ရ ဂ ၁၈၈၈	į.	Total expenses													
-		Add lines 24 ar					961,207	. 26	2,322	•				<u>61</u>	5,812.
	27	Subtract line 20	3 from line	12-							_				
	a	Excess of revenue	over expens	ses and disbui	sements		-875,908	•		J					
	b	Net investmen	t income (if	l negative, enti	er -0-)				0	-	_	 			
	c	Adjusted net in	1COME (if ne	gative, enter -	0-)						N/	<u>'A</u>			

For	m 99	Q-PF (2013) C/O STERLING FOUNDATION		T	1923880 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
<u> </u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1 11 2 2 2 2 2	1 110 000
		Savings and temporary cash investments	1,927,910.	1,419,898.	1,419,898.
	3	Accounts receivable ►			
		Less, allowance for doubtful accounts			
	4	Pledges receivable ▶			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	ь	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons Other notes and loans receivable 119,333.			
	′	Less allowance for doubtful accounts 0.	186,000.	119,333.	119,333.
"	8	Inventories for sale or use	100,000.	115,333.	115,555.
Assets	9	Prepaid expenses and deferred charges	1,061.	6,061.	6,061.
As	_	Investments - U S and state government obligations		0,0020	0,0020
		Investments - corporate stock			
	_	Investments - corporate bonds			
		Investments - land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	1,525,000.	775,000.	761,878.
	14	Land, buildings, and equipment basis ▶	-		-
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 7)	2,000,000.	2,443,771.	3,146,858.
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item 1)	<u>5,639,971.</u>		5,454,028.
	17	Accounts payable and accrued expenses	25.	25.	
	18	Grants payable		-	
es	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap.	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		7	25.	25.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	45.	45.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted	5,639,946.	4,764,038.	
Ď	25	Temporarily restricted	3,033,340.	4,704,030.	
3al	26	Permanently restricted			
Fund Balances	20	Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31			
ŏ	27	Capital stock, trust principal, or current funds			
sets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or	30	Total net assets or fund balances	5,639,946.	4,764,038.	
_					
	31	Total liabilities and net assets/fund balances	5,639,971.	4,764,063.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		E 630 046
	•	st agree with end-of-year figure reported on prior year's return)		1	5,639,946. -875,908.
		r amount from Part I, line 27a		3	-875,908.
_		r increases not included in line 2 (itemize) lines 1, 2, and 3		4	4,764,038.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	4,764,038.
<u> </u>	i Ula	The about of tand balances at one of year time 4 miles into of 1 art 11, of			Form 990-PF (2013)

Page 3 Form 99Q-PF (2013) C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1923880 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo , day, yr.) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs. MLC Co.) 02/14/02 05/13/13 P 1a PIONEER b CAPITAL GAINS DIVIDENDS C d е (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 759,669 750,000 9,669 26,740 26,740 b C d е (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k) Excess of col. (i) (j) Adjusted basis Losses (from col. (h)) (i) F M V. as of 12/31/69 as of 12/31/69 over col. (j), if any 9,669. a 26,740 b C đ If gain, also enter in Part I, line 7 36,409. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col (c)) (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 677,266. 5,116,276 .132375 2012 747,370. 5,944,210 .125731 2011 944,190. 6,614,760. .142740 2010 7,074,797 .173106 ,224,691. 2009 .478.934 8.450.173. .175018 2008 <u>.74</u>8970 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .149794 the foundation has been in existence if less than 5 years 3 4,991,410. Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 747,683. 5 Multiply line 4 by line 3 0. Enter 1% of net investment income (1% of Part I, line 27b) 6 747,683. 7 Add lines 5 and 6 7 615,812. Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.

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	n 990-PF (2013) C/O STERLING FOUNDATION MANAGEMENT, LLC 54-192 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	<u>3880</u> instrւ	ctio	Page 4 ns)
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%			0.
	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-)			0.
3	Add lines 1 and 2		_	0.
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-			0.
6	Credits/Payments:			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6,061.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
ď	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d		<u>6,0</u>	61.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			_
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>6,0</u>	61.
	Enter the amount of line 10 to be Credited to 2014 estimated tax			0.
	rt VII-A Statements Regarding Activities		\ <u></u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		res	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		X
	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			37
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •			
•	managers. ► \$ 0 . Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
2	If "Yes," attach a detailed description of the activities			Λ
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4 2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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	Х	
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) VA			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
J	of each state as required by General Instruction G? If "No," attach explanation	8b	х	
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	1	 -	-
٠	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," 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
		orm 990	-PF	

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	rt VII-A Statements Regarding Activities (continued)	,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► STERLING FOUNDATION MANAGEMENT Telephone no. ► 703-43		<u>720</u>	
	Located at ► 2325 DULLES CORNER BLVD, STE 670, HERNDON, VA ZIP+4 ►20	171		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		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	l		
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.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2013?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
	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 \(\bigcup_{			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	٠,		
	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.			
_	P			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? X Yes No			
	• ,			
	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			•
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	۸.		v
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	<u> 4b</u> rm 99 0)-PF	(2012)
	FU	・・・・・・ フラリ	J-1-1"	(2013)

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orm 990-PF (2013) C/O STERLING FOUNDATION			<u>54-19238</u>	<u>80</u> _	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	-,-	
5a During the year did the foundation pay or incur any amount to:		·		1	- 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		· 	s X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire	ectly,			
any voter registration drive?			s X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	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	ł	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	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					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	「/A	s No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6Ъ	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>(</i>		
List all officers, directors, trustees, foundation managers and their	compensation.				
	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) acc al	Expense ount, other lowances
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acci al	Expense ount, other lowances
(a) Name and address DAVID COLBURN	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acci al	Expense ount, other lowances
(a) Name and address	(b) Title, and average hours per week devoted to position PRESDIENT/SEC	(If not paid, enter -0-) RETARY	compensation	(e acc al	lowances
(a) Name and address DAVID COLBURN POTOMAC, MD 20854	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00	(If not paid, enter -0-) RETARY	(d) Contributions to employee benefit plans and deterred compensation	(e) acc al	Expense ount, other lowances
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC	(If not paid, enter -0-) RETARY	compensation	(e) acc al	lowances
(a) Name and address DAVID COLBURN POTOMAC, MD 20854	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e) acc al	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00	(If not paid, enter -0-) RETARY	compensation	(e) acc all	lowances
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e acc al	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e acc all	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e acc all	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e acc all	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE	(If not paid, enter -0-) RETARY 0. ASURER	O .	(e acc all	0 .
(a) Name and address PAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00	(If not paid, enter -0-) RETARY 0. ASURER 0.	O.	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 E Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	O.	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 CATHLEEN COLBURN POTOMAC, MD 20854	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00	(If not paid, enter -0-) RETARY 0. ASURER 0.	O .	all	0 .
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 E Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.
(a) Name and address DAVID COLBURN POTOMAC, MD 20854 KATHLEEN COLBURN POTOMAC, MD 20854 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 PRESDIENT/SEC 1.00 VICE PRES/TRE 1.00 Luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) RETARY 0. ASURER 0.	(d) Contributions to employee benefit plans and deferred	all	0. 0.

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

Form 990-PF (2013) C/O STERLING FOUNDATION MANAGEME		<u>1923880 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STERLING FOUNDATION MANAGEMENT LLC - 2325		
DULLES CORNER BLVD, STE 670, HERNDON, VA	MANAGEMENT FEES	100,000.
GORFINE, SCHILLER & GARDYN, PA - 10045 RED		
RUN BLVD, STE 250, OWINGS MILLS, MD 21117	ACCOUNTING/TAX S	VCS 60,000.
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
	ouceu, etc.	
1 N/A		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		Ι
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>		
		-
2		
		-
All other program-related investments. See instructions.		
3		
		1
Total, Add lines 1 through 3	•	0.

	art X A		1923000 Fage 6
_	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	·	1a	3,402,146.
b	Average of monthly cash balances	1b	1,507,053.
C	Fair market value of all other assets	1c	158,222.
d	Total (add lines 1a, b, and c)	1d	5,067,421.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,067,421.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	76,011.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,991,410.
6	Minimum investment return. Enter 5% of line 5	6	249,571.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	249,571.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	249,571.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	249,571.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	249,571.
_	art YII		
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	615,812.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	615,812.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
-	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	615,812.
-	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	
	4940(e) reduction of tax in those years.	-	

Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

Form 990-PF (2013)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				***
line 7				249,571.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 1,062,441.				
b From 2009 874,073.				
c From 2010 616,717.				
d From 2011 451, 961.				
e From 2012 422,817.				
f Total of lines 3a through e	3,428,009.			······································
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 615,812.			_	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			240 571
d Applied to 2013 distributable amount	266 241			249,571.
e Remaining amount distributed out of corpus	366,241.			0.
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	3,794,250.			
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		0		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must				
				0.
be distributed in 2014 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	1,062,441.			
9 Excess distributions carryover to 2014	1,002,111.			
Subtract lines 7 and 8 from line 6a	2,731,809.			
10 Analysis of line 9:				
a Excess from 2009 874, 073.				
b Excess from 2010 616,717.				
c Excess from 2011 451, 961.				
d Excess from 2012 422,817.				
e Excess from 2013 366, 241.				
				5 000 DE (0040)

	ERLING FOUND				23880 Page 10
Part XIV Private Operating F		· · · · · · · · · · · · · · · · · · ·	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of			_		
foundation, and the ruling is effective for		=	.n anation	4042(1)(2) 05	042(.)(E)
b Check box to indicate whether the found		ig foundation described	Prior 3 years	4942(<u>J)(3)</u> or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
income from Part I or the minimum	(4) 2010	(0)2012	(6) 2011	(4) 2010	(0) 10(4)
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					
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					
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)			1		
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from	"			***	
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w			tributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2))			
DAVID COLBURN					·····
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 ha	is a 10% or greater interes	ST.			
NONE					
2 Information Regarding Contribu					
Check here ► if the foundation	•	•	•		
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations	under other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num	nber or e-mail address of t	he person to whom app	lications should be addre	ssed:	
N/A					
- <u>-</u>					
b The form in which applications should	be submitted and informa	tion and materials they s	should include:		
NONE PRESCRIBED					
c Any submission deadlines:					
NONE	do ouch or his reserve	al avenue of the state of the	Jundo of	ather fast	_
d Any restrictions or limitations on award RECOGNIZED SECTION					

Form 990-PF (2013) C/O STERLING FOUNDATION MANAGEMENT, 54-1923880 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) or substantial contributor a Paid during the year SEE ATTACHED NONE 501(C)(3) CHARITABLE 570,050. **▶** 3a Total 570 050 **b** Approved for future payment NONE

Total

Form 990-PF (2013)

Part XVI-A

Analysis of Income-Producing Activities

	Unrelated	business income		ed by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		<u> </u>		"	
b					
c					
•			 		· · · · · · · · · · · · · · · · · · ·
					· · ·
e					·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					-
investments					
4 Dividends and interest from securities			14	48,890.	
5 Net rental income or (loss) from real estate:	-		1	=0,000.	,
	531110	-230,322.			
a Debt-financed property	231110	-230,322.	 -		
b Not debt-financed property	-				
6 Net rental income or (loss) from personal				•	
property			 		
7 Other investment income	<u> </u>				
8 Gain or (loss) from sales of assets other				2.5.4.2.	
than inventory			18	36,409.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		-230,322.		85,299.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-145,023.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	cempt	Purposes	
Line No Explain below how each activity for which income	omo ic roportod in	and the second of the second s	a a a tribu	recension and the called and all the community	
			COMMIND	teo importantly to the accornt	olishment of
the foundation's exempt purposes (other than			CONTINU		olishment of
the formulation is according to the allowed				teo importantly to the accomp	olishment of
the formulation is according to the allowed			COMMBU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed				teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTRIBU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed				teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTRIBU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTRIBU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTINU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIBU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the allowed			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the about			CONTIDU	teo importantiy to the accomp	olishment of
the formulation is according to the about			CONTIDU	teo importantiy to the accomp	plishment of
the formulation is according to the about			CONTIDU	teo importantiy to the accomp	plishment of
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C/O STERLING FOUNDATION MANAGEMENT, LLC

54-1923880

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Form **990-PF** (2013)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) X Х (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer Sign own below (see instr)? Here XYes Signature of officer or trustee PTIN Print/Type preparer's name Date Check [Preparer's signature self- employed BARRY B. BONDROFF, Paid P00087387 Preparer Firm's EIN \triangleright 52-1231901 Firm's name ► GORFINE, SCHILLER **Use Only** Firm's address ► 10045 RED RUN BLVD, SUITE 250 OWINGS MILLS, MD 21117 Phone no 410-356-5900

Form 990-PF (2013)

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUR	ITIES	STATEMENT	_1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVES MENT INCO		
DBAB ISRAEL BONDS	75,005 625		0. 48,265. 0. 625.			
TO PART I, LINE 4	75,630	. 26,74	0. 48,890.	48,89	0.	
FORM 990-PF		RENTAL EXP	ENSES		STATEMENT	2
DESCRIPTION			CTIVITY NUMBER A	MOUNT	TOTAL	
RENTAL EXPENSES	- S	UBTOTAL -	1	230,322.	230,32	2.
				-	220 22	
TOTAL RENTAL EXPENSI	ES				230,32	۷٠
TOTAL RENTAL EXPENSI		-PF, PART I	, LINE 5B	=	-230,32	
		-PF, PART I		=		
NET RENTAL INCOME TO				(C) ADJUSTED NET INCOM	-230,32 STATEMENT (D) CHARITAB	2. 3
NET RENTAL INCOME TO		ACCOUNTI (A) EXPENSES	NG FEES (B) NET INVEST-	ADJUSTED	-230,32 STATEMENT (D) CHARITAB	2. 3 LE
NET RENTAL INCOME TO FORM 990-PF DESCRIPTION	D FORM 990	ACCOUNTI (A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	-230,32 STATEMENT (D) CHARITAB E PURPOSE	3 LE S
PORM 990-PF DESCRIPTION ACCOUNTING	O FORM 990	(A) EXPENSES PER BOOKS 60,000.	(B) NET INVEST- MENT INCOME 12,000.	ADJUSTED	-230,32 STATEMENT (D) CHARITAB PURPOSE 12,00	3 LE S
NET RENTAL INCOME TO FORM 990-PF DESCRIPTION ACCOUNTING TO FORM 990-PF, PG	O FORM 990	(A) EXPENSES PER BOOKS 60,000.	(B) NET INVEST- MENT INCOME 12,000.	ADJUSTED	-230,32 STATEMENT (D) CHARITAB PURPOSE 12,00 12,00 STATEMENT (D) CHARITAB	2. 3 LES 0. 0.
NET RENTAL INCOME TO FORM 990-PF DESCRIPTION ACCOUNTING TO FORM 990-PF, PG	O FORM 990	ACCOUNTI (A) EXPENSES PER BOOKS 60,000. 60,000. THER PROFES (A) EXPENSES	(B) NET INVEST- MENT INCOME 12,000. 12,000. SIONAL FEES (B) NET INVEST-	ADJUSTED NET INCOM	-230,32 STATEMENT (D) CHARITAB PURPOSE 12,00 12,00 STATEMENT (D) CHARITAB	2. 3 0. 0. 4

FORM 990-PF	OTHER EXPENSES			STATEMENT 5			
	EXPENSES NET INVEST- ADJUS		(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES		
BANK FEES RENTAL EXPENSES	835. 230,322.	230,322.				0.	
TO FORM 990-PF, PG 1, LN 23	231,157.						
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	т	
PIONEER HIGH YIELD ISRAEL BONDS		COST COST		750,000. 25,000.	736,8 25,0		
TOTAL TO FORM 990-PF, PART II,	LINE 13			775,000.	761,8	78.	
FORM 990-PF	OTHER	ASSETS			STATEMENT	7	
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE	т	
INVESTMENT IN GRANITE POINT INVESTMENT - RRG CASTLE CLUB	2,	000,000.		2,000,000.	2,703,0	87.	
APARTMENTS PIONEER DIVIDEND RECEIVABLE		0. 0.		438,380. 5,391.	438,3 5,3		
TO FORM 990-PF, PART II, LINE 1	15 2,	000,000.	00. 2,443,771.		3,146,8	3,146,858.	

Form **8868** (Rev. Jarruary 2014)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<u> </u>	
	are filing for an Additional (Not Automatic) 3-Month Ex	-		this form).			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
	ic filing (e-file). You can electronically file Form 8868 if y		•	•		oration	
	to file Form 990-T), or an additional (not automatic) 3-moi						
•	o file any of the forms listed in Part I or Part II with the exc		•		•		
	Benefit Contracts, which must be sent to the IRS in pap	-					
	v irs.gov/efile and click on e-file for Charities & Nonprofits		(,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpor	ation required to file Form 990-T and requesting an autor						
Part I on				•	•	• 🗆	
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	_	
	ome tax returns.	•	·	_	er's identifying nu	mber	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or			
print THE COLBURN FAMILY FOUNDATION							
•	C/O STERLING FOUNDATION MAN	NAGEM	ENT, LLC		80		
File by the due date for	Number street and some or state as if a D O have			Social se			
filing your	2325 DULLES CORNER BLVD, NO			,			
return See instructions							
	HERNDON, VA 20171						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicat	ion	Return	Application			Return	
Is For	1011	Code	Is For			Code	
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02				08	
	20 (individual)	03				09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870	12			
1 01111 33	STERLING FOUNDA	'	•		-	12	
• The b	ooks are in the care of 2325 DULLES COI			RNDON	VA 2017	1	
	hone No ► 703-437-9720		Fax No. ▶	1412011	, VII 2017		
-	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit		•	 If this is fo	r the whole group,	check this	
box ►	If it is for part of the group, check this box		• • • — —		• , .		
	equest an automatic 3-month (6 months for a corporation				ore the extendion	<u> </u>	
•		-	tion return for the organization name		The extension		
IS 1	for the organization's return for:			····o oxtorioio		
	X calendar year 2013 or						
	tax year beginning	. an	d endina				
-		· ·			_		
2 ft	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n		
	Change in accounting period		 		[
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,				^	
	nrefundable credits. See instructions			3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					C 0C1	
	timated tax payments made Include any prior year overp		<u> </u>	3b	\$	<u>6,061.</u>	
	lance due. Subtract line 3b from line 3a Include your pa	-	•			^	
	using EFTPS (Electronic Federal Tax Payment System)		• •	3c_	15 5555 55	0.	
Caution	. If you are going to make an electronic funds withdrawal	(direct de	Dit) with this Form 8868, see Form 8	3453-EO ar	na Form 8879-EO	or payment	

Form 8868 (Rev 1-2014)					Page	
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check thi	s box		▶ X	
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously	filed Form	8868.		
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	extensio	on of Time. Only file the origin	nal (no d	copies nee	eded).	
		Enter filer's	identify	ng number,	see instruction	
				Employer identification number (EIN) o		
Social se	ecurity numb	per (SSN)				
City, town or post office, state, and ZIP code. For a f	oreign add	dress, see instructions.				
HERNDON, VA 20171						
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			. 0 4	
Application	Return	Application			Return	
is For	Code	ls For			Code	
Form 990 or Form 990-EZ	01				= - z - ×	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)	_		09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						
Form 990-T (trust other than above)	06	Form 8870	_		12	
STOP! Do not complete Part II if you were not already granted			iously file	ed Form 886	<u>58</u>	
STERLING FOUND				^		
• The books are in the care of • 2325 DULLES CO	KNEK I		KNDON	, VA 2	0171	
Telephone No. ► 703-437-9720		Fax No.			. —	
If the organization does not have an office or place of business If the organization does not have an office or place of business. If the organization does not have an office or place of business.					. ▶ ∟	
• If this is for a Group Return, enter the organization's four digit						
box . If it is for part of the group, check this box		BER 15, 2014.	all memb	ers the exte	nsion is for.	
	NOAFI		_			
 For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, c 	book room	, and ending			 -	
Change in accounting period	HECK TEAS	on: Initial return	Fınal ı	etum		
7 State in detail why you need the extension						
	RTT.R 2	A COMPLETE AND ACC	יםייי גל כוד	መልቁ D	EMITON	
indicate it is in the indicate in a		T COMIDEID AND ACC	JIMI II	TWV V	EIOKN.	
					·	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any		 		
nonrefundable credits. See instructions.			8a	\$	0	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made Include any prior year overpayment allowed as a credit and any amount paid			, , , , , , , , , , , , , , , , , , ,			
previously with Form 8868			8b	\$	6,061	
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					<u> </u>	
EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.	
Signature and Verificat	ion mus	t be completed for Part II o				
Under penalties of perjury, I declare that I have examined this form, include	ing accomp	anying schedules and statements, and to	the best o	f my knowledg	ge and belief,	
it is true, correct, and complete, and that I am authorized to prepare this fo				ala	1	
Signature ► Title ► CPA			Date	► 8/8/	17	

Form 8868 (Rev. 1-2014)