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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

| For | caler | ndar year 2013 or tax year begin | ning APR | 1, 2013 | | , and e | nding | MAR 31, | 2014 | | |
|--|---------------|--|---|---------------------------------|------------|--------------------|-----------------------|---------------------------------|------------------------------|--|--|
| Na | me o | foundation | | | _ | | | A Employer ide | ntification | number | |
| 7 | HE | NEXTGEN FOUNDA | ATION CHA | RITABLE T | rrus | T | | 31-14 | 30932 | | |
| _ | | and street (or P O box number if mail is | | | | | Room/suite | B Telephone nu | mber | | |
| | 07 | 06 BEAVER DAM I | ROAD | | | | | (410) | 568- | 1500 | _ |
| | | own, state or province, country, a KEYSVILLE, MD | and ZIP or foreign po 21030 | ostal code | | | | C if exemption app | olication is pe | ending, check here | ل |
| _ | | | return | Initial retu | rn of a fo | rmer public c | harity | D 1. Foreign or | anizations | , check here |] |
| | | | return | Amended | return | · | | | | | |
| | | Addre | ess change | Name cha | nge | | | Z. Foreign orga check here a | nizations me nd attach co | eting the 85% test, mputation | \Box |
| H | <u>Ch</u> eck | type of organization: X S | Section 501(c) <u>(3) e</u> x | | | | | E If private four | dation stat | tus was terminated | _ |
| | | ction 4947(a)(1) nonexempt cha | | Other taxable privat | | tion | | under section | 507(b)(1) | (A), check here 🕨 🖳 | ٦ |
| | | arket value of all assets at end of | · | • | Cash | Accr | ual | | | 60-month termination | ~ |
| | | Part II, col. (c), line 16) | 0t | her (specify) | | | | under section | 507(b)(1) | (B), check here | ك |
| | <u>>\$</u> | 13,126,8. Analysis of Revenue and Expe | 10 . (Part I, colu | | | | | | | (d) Disbursements | |
| | art i | (The total of amounts in columns (b), necessarily equal the amounts in columns | , (c), and (d) may not lumn (a)) | (a) Revenue a expenses per t | | (b) Net in | | (c) Adjuste incom | | for charitable purposes (cash basis only) | _ |
| | 1 | Contributions, gifts, grants, etc. | | | | | | [| | | |
| | 2 | Check X if the foundation is not re interest on savings and temporary cash investments | equired to attach Sch B | | | | | | | | _ |
| | 3 | | urtioo | 471,0 | 791 | 47 | 1,081. | 471 | ,081. | | |
| | 52 | Dividends and interest from sec Gross rents | เนาแยร | 4/1/ | 207. | 4 / | 1,001. | | , 001. | | = |
| | 1 . | Net rental income or (loss) | | | | | | | F | ECEIVED | |
| | 6a | Net gain or (loss) from sale of assets i | not on line 10 | 1,867, | 769. | | | | | | $\frac{1}{2}$ |
| Revenue | b | | 350,234. | | | | | | 3011 | ER 1 7 2015 | 28018 |
| a S | 7 | Capital gain net income (from Part IV, | line 2) | | | 1,86 | 7,769. | | 3(| CD-1 1 C010 | RS |
| a | 8 | Net short-term capital gain | | | | | . <u> </u> | N/A | | GDEN, UT | = |
| | 9 | Income modifications Gross sales less returns | | | | | | | 0 | GDEN, UT | |
| 10 | 10a | and allowances | | | | | | | | | |
| 2015 | 1 | Less Cost of goods sold | | | | | | | | | _ |
| 6 | 1 | Gross profit or (loss) | | -21.2 | 228. | -2 | 1,228. | -21 | 220 | STATEMENT 1 | |
| | 1 | Other income Total. Add lines 1 through 11 | 1 | $\frac{-21}{2,317}$ | | | $\frac{1,220}{7,622}$ | | , 853. | DIALEMENT 1 | <u>. </u> |
| 田 一 | 13 | Compensation of officers, directors, to | nistees etc | 2,31, | 0. | 2,31 | 0. | 332 | 0. | 0 |) . |
| 出 | 14 | Other employee salaries and wa | | | | | | | | | |
| \bigcirc | 15 | Pension plans, employee benefit | ~ | | | | | | | | _ |
| E | 16a | Legal fees | STMT 2 | | 563. | | 563. | | 0. | C |) . |
| É | b | Accounting fees | STMT 3 | | 220. | | 8,220. | | 0. |)C | <u>) .</u> |
| SCANNE STATE | G | Other professional fees | STMT 4 | 30, | 711. | <u>3</u> | <u>0,711.</u> | | 0. | C |) . |
| SC | 17 | Interest | a | | | | | | | | _ |
| 1 | 18 | Taxes | STMT 5 | <u> </u> | 795. | | 0. | | 0. | ļ <u>(</u> | <u>.</u> |
| į | 19 | Depreciation and depletion | | | | | | | | | — |
| Ę | 20 | Occupancy Travel, conferences, and meetin | 100 | <u> </u> | | | | | | | — |
| 7 | 22 | Printing and publications | iys | | | | | | | | —- |
| ā | 23 | Other expenses | , | | | | | | | | _ |
| ţ | 24 | Total operating and administra | ative | | | | | | | | _ |
| Onerating | | expenses. Add lines 13 through | | 41. | 289. | 3 | 9,494. | 1 | 0. | ď |) <u>.</u> |
| ā | 25 | Contributions, gifts, grants paid | | 545, | | | | | | 545,017 | 7. |
| | | Total expenses and disbursem | | | | | | | | | |
| _ | _ | Add lines 24 and 25 | , , , , , , , , , , , , , , , , , , , | 586, | 306. | 3 | 9,494. | | 0. | 545,017 | <u> </u> |
| | 27 | Subtract line 26 from line 12: | | | | | | } | | | |
| | 1 | Excess of revenue over expenses and | | 1,731, | 316. | | | ļ | | | |
| | 1 | Net investment income (if negati | | | | 2,27 | 8,128. | 110 | 050 | | |
| 323 | 501 10-13 | Adjusted net income (if negative | | | | L | | 449 | <u>,853.</u> | Form 990-PF (20 | |
| 10. | 10-12 | LHA For Paperwork Reducti | ION ACI NOTICE. SEE | mstructions. | | | | | | FUIII 220-F F (20 | 10) |

| <u>Fo</u> | rm 99 | 00-PF (2013) THE NEXTGEN FOUNDATION | | <u>UST 31-</u> | 1-1480932 Page 2 | | | | |
|--|-------|---|----------------------|---------------------|---------------------------|--|--|--|--|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Balance Sheets Attached schedules and amounts in the description column should be for and of year amounts only | Beginning of year | | End of year | | | | |
| <u> </u> | art | Balance Streets column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | | | |
| | 1 | Cash - non-interest-bearing | | | | | | | |
| | 2 | Savings and temporary cash investments | | * | | | | | |
| | 3 | Accounts receivable ► | | | | | | | |
| | | Less; allowance for doubtful accounts | | · = | | | | | |
| | 4 | Pledges receivable ► | | | | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | | | | |
| | 5 | Grants receivable | | | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | | | |
| | | disqualified persons | | | | | | | |
| | 7 | Other notes and loans receivable | | | | | | | |
| | | Less: allowance for doubtful accounts | | | | | | | |
| ş | 8 | Inventories for sale or use | | | | | | | |
| Assets | | Prepaid expenses and deferred charges | | | | | | | |
| ⋖ | 10a | Investments - U.S. and state government obligations STMT 6 | 10,391. | 7,478. | 7,478. | | | | |
| | b | Investments - corporate stock . STMT 7 | 5,294,411. | 4,700,428. | 4,700,428. | | | | |
| | 1 | Investments - corporate bonds STMT 8 | 909,546. | 1,208,843. | 1,208,843. | | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | | | |
| | | Less accumulated depreciation | | | | | | | |
| | 12 | Investments - mortgage loans | | | | | | | |
| | i | Investments - other STMT 9 | 5,486,162. | 7,208,726. | 7,208,726. | | | | |
| | 14 | Land, buildings, and equipment basis | | | | | | | |
| | | Less accumulated depreciation | | | | | | | |
| | 1 | Other assets (describe STATEMENT 10) | 6,637. | 1,335. | 1,335. | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | | | | |
| | _ | instructions. Also, see page 1, item 1) | 11,707,147. | <u> 13,126,810.</u> | <u>13,126,810.</u> | | | | |
| | 1 | Accounts payable and accrued expenses | | | | | | | |
| | 18 | Grants payable | | | | | | | |
| es | 19 | Deferred revenue | | | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons . | | <u> </u> | | | | | |
| jab. | 21 | Mortgages and other notes payable . | | | | | | | |
| _ | 22 | Other liabilities (describe) | | | | | | | |
| | | | | | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | | | |
| | | Foundations that follow SFAS 117, check here | | | | | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | | | | | |
| Jce | 24 | Unrestricted | | | • | | | | |
| alaı | 25 | Temporarily restricted | | | | | | | |
| 99 | 26 | Permanently restricted | | | | | | | |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here | | | | | | | |
| ᅙ | | and complete lines 27 through 31. | | | | | | | |
| şţ | 27 | Capital stock, trust principal, or current funds | 0. | 0. | | | | | |
| 386 | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | | | | |
| χ¥ | 29 | Retained earnings, accumulated income, endowment, or other funds | 11,707,147. | 13,126,810. | | | | | |
| ž | 30 | Total net assets or fund balances | 11,707,147. | 13,126,810. | | | | | |
| | | Table 10 de 10 de 11 de | 11 707 147 | 12 105 010 | | | | | |
| _ | 31 | Total liabilities and net assets/fund balances | 11,707,147. | 13,126,810. | | | | | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | | | | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 20 | | · | | | | |
| • | | net assets or fund balances at beginning of year - Part II, column (a), line t agree with end-of-year figure reported on prior year's return) | งบ | | 11 707 147 | | | | |
| 2 | | amount from Part I, line 27a | • | . 1 | 11,707,147. | | | | |
| | | increases not included in line 2 (itemize) | • | . 2 | 1,731,316. | | | | |
| | | ines 1, 2, and 3 | | 3 | 13 439 463 | | | | |
| | | eases not included in line 2 (itemize) UNREALIZED LOS | C ON THREE CONSERVA | 4 | 13,438,463. | | | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | NTS 5 | 311,653. 13,126,810. | | | | |
| <u>-</u> | iolai | Tier asserts or runing balances at this of year time 4 minus line 3) - Part II, Cl | oranni (D), iille 30 | | Form 990-PF (2013) | | | | |
| | | | | | 101111 000 1 1 (2010) | | | | |

| | nd Losses for Tax on Ir | | | | 1001 | | <u> </u> | 1 age 0 |
|--|---|--|--------------------------------------|---------------------|--------------------------------------|------------------|--------------------------------|---|
| (a) List and describ | be the kind(s) of property sold (e.gehouse; or common stock, 200 sh | nd(s) of property sold (e.g., real estate, or common stock, 200 shs. MLC Co.) | | | low acquired Purchase Donation | (c) Dat (mo., | e acquired day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a CHARLES SCHWAB | | | | | P | VAR | IOUS | 03/31/14 |
| b CHARLES SCHWAB | | | | | P | VAR: | IOUS | 03/31/14 |
| c CAPITAL GAINS D | IVIDENDS | | | | | | | |
| <u>d</u> | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | Gain or (los us (f) minus | |
| a 2,291,017. | | | 280,14 | 0. | | | | 2,010,877. |
| b 2,055,941. | | | 2,202,32 | 5. | | | | -146,384. |
| <u>c</u> 3,276. | | | | _ | | | | 3,276. |
| <u>d</u> | <u></u> - | | | | | | | |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | on 12/31/69 | \dashv | | /I) Gains | (Col. (h) gai | n minus |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (1) col. (j), if any | | C | ol. (k). bu | t not less the s (from col. | an -0-) or |
| a | | | | | | | | 2,010,877. |
| <u>b</u> | | | | | | | | -146,384. |
| <u>c</u> | ····· | ļ | | _ | | | | 3,276. |
| <u>d</u> | | <u> </u> | | | | - | | |
| <u>e</u> | <u> </u> | | | $\overrightarrow{}$ | | | | |
| 2 Capital gain net income or (net cap | ital loss) { If gain, also ente If (loss), enter -0 | | | } | 2 | | | 1,867,769. |
| 3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co | | nd (6): | | } | | | | 1 064 403 |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Un | der Section 4940(e) for | Reduced | Tax on Net | Inve | stment ir | come | | 1,864,493. |
| (For optional use by domestic private f If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify | s part blank. on 4942 tax on the distributable an | nount of any ye | ear in the base peri | | .) | | | Yes X No |
| 1 Enter the appropriate amount in ea | ch column for each year; see the I | nstructions be | fore making any er | ntries. | | | | |
| (a) Base period years Calendar year (or tax year beginning | | | Net value of nor | | | | Dıstr (col. (b) d | (d) ibution ratio ivided by col. (c)) |
| 2012 | | 9,831. | | | 006,38 | | | .045413 |
| 2011 | | 3,000. | | | 400,82 | | | .021441 |
| 2010 | 50 | 7,270. 0. | | | 692,95 555,01 | | | .052334 |
| 2008 | 50 | 0,000. | - | | 053,30 | | | .062086 |
| 2 Total of line 1, column (d) | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | 2 | | .181274 |
| 3 Average distribution ratio for the 5- the foundation has been in existence | | on line 2 by 5, | or by the number | of yea | ırs | 3 | | .036255 |
| 4 Enter the net value of noncharitable | -use assets for 2013 from Part X, | line 5 | | | | 4 | | L2,863,354. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 466,361. |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | 22,781. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 489,142. |
| 8 Enter qualifying distributions from | Part XII, line 4 | ***** | | | | 8 | | 545,017. |
| If line 8 is equal to or greater than I See the Part VI instructions. | ine 7, check the box in Part VI, line | e 1b, and comp | plete that part using | g a 1% | 6 tax rate. | | | |

| | | <u> 148093:</u> | | Page 4 |
|----|--|-----------------|---------------|----------------|
| _ | irt Vi Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | see instr | uctio | ns)_ |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | <u>22,7</u> | 81. |
| | of Part I, line 27b . | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| - | Add lines 1 and 2 | | 22,7 | 81. |
| | 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- | | <u> 22,7</u> | 81. |
| | Credits/Payments: | | | |
| | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,335. | | | |
| | Exempt foreign organizations - tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 30,000. | | | |
| | Backup withholding erroneously withheld 6d 6 | | | |
| | Total credits and payments. Add lines 6a through 6d | | <u>31,3</u> | |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | <u>80.</u> |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | • | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | <u>8,4</u> | 74. |
| | Enter the amount of line 10 to be: Credited to 2014 estimated tax | | | <u> </u> |
| _ | art VII-A Statements Regarding Activities | | | N ₂ |
| 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? | <u>1a</u> | + | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | <u> 1b</u> | | 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. | 1 |] | 37 |
| | Did the foundation file Form 1120-POL for this year? | <u>1c</u> | | X |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | ļ |
| | (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 | | | 1 |
| | managers. > \$ | | - | v |
| 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 | | | x |
| 4- | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated bylances green recome of \$1,000 or more during the year? | 3 | + | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? 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? | / A 40 5 | + | x |
| IJ | If "Yes," attach the statement required by General Instruction T. | 5 | 1 | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | 1 | | |
| v | 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 | X | |
| • | the following fraction of the second strains are second strains and second strains are se | <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) | | | 1 |
| | of each state as required by General Instruction G? If "No," attach explanation | 8b | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | |
| | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | 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 |

| orn | n 990-PF (2013) THE NEXTGEN FOUNDATION CHARITABLE TRUST 31-1480 |)932 | Page 5 |
|-----|---|------------------|-------------|
| Pa | art Vil-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 | X_ |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | <u> </u> |
| | Website address ► N/A | | |
| 14 | The books are in care of ► THE NEXTGEN FOUNDATION CHAR. T Telephone no. ► (410) | <u> 568-</u> : | 1500 |
| | Located at ► 10706 BEAVER DAM ROAD, COCKEYSVILLE, MD ZIP+4 ►21 | 1030 | |
| 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/2 | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | 1 1 | es No |
| | securities, or other financial account in a foreign country? | 16 | <u> </u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | |
| P | country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | |
| • | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | T | es No |
| 1. | a During the year did the foundation (either directly or indirectly): | • | 00 110 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | l |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | |
| | a disqualified person? Yes X No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | ŀ |
| | 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.) | | |
| ì | o 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 | | |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | |
| | before the first day of the tax year beginning in 2013? | 1c | X_ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | |
| č | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X No | 1 | |
| | If "Yes," list the years ▶ | | |
| , | 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 | 1 1 | |
| | statement - see instructions.) N/A | 2b | ļ |
| (| If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | |
| • | | | |
| 38 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | |
| | during the year? | | |
| t | o If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A | 3b | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X_ |
| t | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | |
| | had not been removed from leonardy before the first day of the tax year beginning in 20132 | L Ah i | ΙY |

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| Part VII-B Statements Regarding Activities for Which | | | 31-14809 | 32 | Page 6 |
|---|---|--|--|---------------|-----------------------|
| 5a During the year did the foundation pay or incur any amount to: | TOTTI 4720 Way be I | nequii eu (conun | luea) | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | nn 4045(n\\2 | | es X No | | 1 |
| (2) Influence the outcome of any specific public election (see section 4955); | | • • | ES LAL 140 | | ! |
| any voter registration drive? | or to carry on, unequy or mail | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purpose | e? | | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | • | | ES LAL 140 | - | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | או מפפטווטפט ווו פפטווטוו | □ v. | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | | | ES LAL NO | | |
| the prevention of cruelty to children or animals? | , or educational purposes, or | | es X No | į | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur | ider the exceptions described | • | ES LALINU | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instr | • | ni riegulations | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check | | | | 55 | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | • | uned | | ļ | |
| expenditure responsibility for the grant? | | . — | es 🔲 No | İ | |
| If "Yes," attach the statement required by Regulations section 53.494 | | 1/A | 55 140 | ļ | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | |
| a personal benefit contract? | pay premiumo vii | | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | | | 1 | 6Ъ | x |
| If "Yes" to 6b, file Form 8870. | personal benefit contract: | | <u> </u> | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | | es 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 | | nagers, Highly | | 70 | |
| Paid Employees, and Contractors | | | , | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| (-) Name and address | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) E | expense ant, other |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | allo | wances |
| ROBERT E. SMITH | PRESIDENT | | | | |
| | | | | | |
| | 4.00 | 0. | 0. | | 0. |
| MELISSA W. SMITH | SECRETARY | | | | |
| | | | | | |
| | 4.00 | 0. | 0. | | 0. |
| PAUL O. WALLACE | TREASURER | | | | |
| | | _ | _ | | _ |
| | 0.25 | 0. | 0. | | 0. |
| | _ | | | | |
| | _ | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | cluded on line 1) If non- | enter "NONE " | | | |
| 2 Componential of the highest-band employees (other tilali tilose ill | (b) Title, and average | enter HONE. | (d) Contributions to | (0) | xpense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | accou | ınt, other |
| NONE | devoted to position | - | compensation | allo | wances |
| 1/01/12 | 1 | | | | |
| | | - | | | |
| | 1 | | | | |
| | | * | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | - | |
| | 1 | | | | |
| Total number of other employees paid over \$50,000 | | 1 | | | 0 |
| · · · · · · · · · · · · · · · · · · · | | | | | |

► 0 Form **990-PF** (2013)

| Form 990-PF (2013) THE NEXTGEN FOUNDATION CHARITABLE TRUS Part Vill Information About Officers, Directors, Trustees, Foundation Management Employees, and Contractors (continued) | | 1480932 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 | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | ▶ 0 |
| 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 | on 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. 1 N/A | | Amount |
| 2 | | |
| All other program-related investments. See instructions. | | |
| Total. Add lines 1 through 3 | | 0. |

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| Page - |
|--------|
|--------|

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 13,059,243. 1a b Average of monthly cash balances 1b c Fair market value of all other assets 1c 13,059,243. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 059,243. 3 Subtract line 2 from line 1d 195,889. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 863,354. 5 5 Minimum investment return. Enter 5% of line 5 643,168. Part XI | Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) Minimum investment return from Part X, line 6 643,168. 22,781 Tax on investment income for 2013 from Part VI, line 5 2a Income tax for 2013. (This does not include the tax from Part VI.) c Add lines 2a and 2b 22.781. 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 620,387. 0. Recoveries of amounts treated as qualifying distributions 4 620,387. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 387. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 620, Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 545,017. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 545,017. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 22.781 income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 522,236. 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

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4940(e) reduction of tax in those years.

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 | | | | 620,387. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 545,017. | |
| b Total for prior years: | | _ | | |
| 3 Excess distributions carryover, if any, to 2013: | | 0. | | |
| a From 2008 | | | | |
| b From 2009 | | | | |
| c From 2010 | | | | |
| d From 2011 | | | | |
| e From 2012 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2013 from | . | ····· | | |
| Part XII, line 4: ►\$545,017. | | | | |
| a Applied to 2012, but not more than line 2a | | | 545,017. | |
| b Applied to undistributed income of prior | | | 343,017. | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2013 (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: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | - 0. | | |
| undistributed income for which a notice of | | : | | |
| deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | ···· |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2012. Subtract line | | · | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2013. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | 620,387. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2008 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2014. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| O Analysis of line 9: | | | | |
| a Excess from 2009 | | | | |
| b Excess from 2010 | | | | |
| c Excess from 2011 | | | | |
| d Excess from 2012 | | } | | |
| e Excess from 2013 | | | | |

| | TGEN FOUNDA | | | 31-14 | 80932 Page 10 |
|--|---|---------------------------------|---------------------------|-----------------------------|----------------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | t it is a private operating | | | |
| *foundation, and the ruling is effective fo | r 2013, enter the date of t | the ruling | ▶ 🗀 | | |
| b Check box to indicate whether the found | lation is a private operatir | ng foundation described i | n section | 4942(j)(3) or 49 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2013 | (b) 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 | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | 1 | |
| for active conduct of exempt activities. | 1 | 1 | | | |
| Subtract line 2d from line 2c | <u> </u> | | | | <u> </u> |
| 3 Complete 3a, b, or c for the afternative test relied upon: | • | | | | |
| a "Assets" alternative test - enter: | | | | 1 | |
| (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) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | <u> </u> | | |
| (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 t | he year-see instr | ructions.) | | | |
| 1 Information Regarding Foundation | - | | | | |
| a List any managers of the foundation wh | | | ributions received by the | e foundation before the clo | se of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See s | ection 507(a)(2).) | | | |
| ROBERT E. SMITH | | | | | |
| b List any managers of the foundation whother entity) of which the foundation has | | | or an equally large porti | on of the ownership of a p | eartnership or |
| NONE | · | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here X if the foundation of the foundation makes gifts, grants, etc. | nly makes contributions (see instructions) to indiv | to preselected charitable | organizations and does i | not accept unsolicited requ | uests for funds. If d d |
| a The name, address, and telephone num | | | | | |
| a The name, address, and telephone nam | ber or a mail address or t | ine person to whom appli | cations should be addre | 33cu. | |
| | | | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they st | nould include: | | |
| c Any submission deadlines: | | | | | · |
| d Any restrictions or limitations on awards | e cuch as hy geographic | al areas, charitable fields | kinds of institutions or | other factors | |
| a With restrictions of minitations on awaya. | o, outin as by geographic | ai ai vao, viiai ilavie ileiUS, | ando oi montunono, Oi | טנווטו ומטנטוס. | |
| | | | | | |

THE NEXTGEN FOUNDATION CHARITABLE TRUST 31-1480932 Form 990-PF (2013) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year BALTIMORE URBAN NONE PUBLIC UNRESTRICTED 522 NOTTINGHAM ROAD 5,000. BALTIMORE, MD 21229 COMMUNITY BIBLE STUDY INTERNATIONAL NONE PUBLIC UNRESTRICTED 790 STOUT ROAD COLORADO SPRINGS, CO 80921 5,000. FURBEARERS UNLIMITED, INC NONE PUBLIC UNRESTRICTED 2815 WASHINGTON AVENUE BEDFORD, IN 47421 10,000. GERSTELL ACADEMY NONE PUBLIC UNRESTRICTED 2500 OLD WESTMINSTER PIKE FINKSBURG, MD 21048 78,517. HABITAT FOR HUMANITY CHESAPEAKE NONE PUBLIC UNRESTRICTED 3741 COMMERCE DR. SUITE 309 BALTIMORE MD 21227 10,000. SEE CONTINUATION SHEET(S) ▶ 3a Total 545 017. b Approved for future payment NONE

Total

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | ded by section 512, 513, or 514 | (e) | | |
|--|----------------------------|------------------|------------------|---------------------------------|-----------------------------------|--|--|
| • | (a) (b) Business Amount | | Exercise Con- | (d) Amount | Related or exempt function income | | |
| 1 Program service revenue: | coue | | | | | | |
| a | | | | | | | |
| | | | | | | | |
| C | | | | | | | |
| d | | | | | , <u>-</u> | | |
| 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 | | | 18 | 471,081. | | | |
| 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 | | | 15 | -21,228. | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | | |
| than inventory | | | 18 | 1,867,769. | | | |
| 9 Net income or (loss) from special events | | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | | |
| 11 Other revenue: | | | | | | | |
| a | | | ļ | | | | |
| b | | | - | | | | |
| C | | | | | | | |
| d | ļ | | | | | | |
| e | | | | 2 217 622 | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | <u> </u> | 2,317,622. | 0. 2,317,622. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | 2,317,622. | | |
| Part XVI-B Relationship of Activities to | the Acc | omplishment of E | cemp | ot Purposes | | | |
| Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be | | | contri | buted importantly to the accom | plishment of | | |
| | | | | . , | | | |
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Form 990-PF (2013) THE NEXTGEN FOUNDATION CHARITABLE TRUST 31-1480932 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| the Code (other than section 631(s)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 14(1) Cash 14(1) X 14 | 1 *Did | the organization directly or indi | rectly engage in any | of the following | ig with any other organization | on described in secti | on 501(c) of | | Yes | No | |
|--|--|--|--|-------------------|--------------------------------|---|------------------------------------|-----------|----------------------|-----------|--|
| (2) Other saests b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimburssment arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundracing soliotations (7) Sales of assets from a noncharitable exempt organization (8) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance of services or membership or fundracing soliotations (9) Performance (10) Performance or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in continuous continuous properties and transactions, and abung arrangements, solio services given by the reporting foundation. If the foundation received less than fair market value on any transaction or sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(d)) or in section 527? (9) If Yes, complete the foliowing schedule. (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amoun | | | | | | | | | | | |
| (2) Purchases of assests to a noncharitable exempt organization (1) Sales of assests to a noncharitable exempt organization (2) Purchases of assests to a noncharitable exempt organization (3) Rential of facilities, equipment, orbit assests (4) Reinhoursement arrangements (5) Loans for fear quarantees (5) Loans for fear quarantees (6) Performance of services or membership or fundrating solicitations (7) Sales of assests to any of the above is "Yes," complete the following schedule. Column (b) should aways show the fair market value of the goods, other assets, or services received. (8) It is nearest to any of the above is "Yes," complete the following schedule. Column (b) should aways show the fair market value of the goods, other assets, or services received. (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Name of noncharitable exempt organization (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Name of organization (8) Amount involved (9) Amount involved (1) Name of organization (1) Name of organization (1) Name of organization (1) Name of organization (2) Involve positive of person, 1 declare that I have examined this return, reclading accompanying schedules and administration of which processes the services received. (1) Name of organization (2) Name of organization of pricesse (how the transfer at the person of relationships (2) Name of organization of pricesse (how the transfer at the person of relationships (8) Princy organized of person, 1 declare that I have examined this return, reclading accompanying schedules and administration of which processes the service of the person of relationships (4) Description of relationships (5) Princy organized of officer of trustee (6) Amount involved (7) Princy organized of person, 1 declare that I have examined this return, reclading accompanying schedules or dismontance of my vicovedule person organized organization of pricesses (how the person organization organi | a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | | | | | | | | |
| Comparison of the content of the c | (1) Cash | | | | | | | | | | |
| (1) Sales of assets from a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reliablus rement arrangements (5) Loans or foat purametes (5) Loans or foat purametes (6) Performance of services or methorship or fundrasing solicitations (6) Performance of services or methorship or fundrasing solicitations (7) Loans or foat purametes (8) A loans or foat purametes (8) A loans or oary of the above is Yes, complete the following schedule. Column (6) 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 (6) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (9) Amount involved (9) Rame of nonchartable exempt organization (9) Amount involved (9) Rame of nonchartable exempt organization (9) Amount involved (9) Rame of nonchartable exempt organization (9) Described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) N/A (b) Type of organization (c) Described in the best of my scorescape (a) N/A (b) Type of organization (c) Described or foreign scorescape (b) Type of organization (c) Described or foreign scorescape (c) Trust TEE Trust TEE Primy Figure or further than the examined this intern, including accompanying schedules and statements, and to the best of my scorescape (a) N/A Primy Figure or further than the examined this intern, including accompanying schedules and statements, and to the best of my scorescape (b) Type of organization (c) Described or further than the examined this internation of which prepare have any knowledge of the scorescape organization of prepare (other further than than problem) (c) Type of organization (d) Described or f | (2) | Other assets | | | | | | 1a(2) | | <u> </u> | |
| (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reinhorsament arrangements (5) Loans or twan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services 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 (0) the value of the goods, other assets, or services received. 2) It was no (3) Amount involved (1) Reme of nonchartable exempt organization (4) Description of transfers, wereactions, and sharing arrangements 2a is the foundation directly or indirectly sfilliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than sections 501(c) (3) or in section 527? 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (5) Description of relationship in section 501(c) of the Code (other than sections 501(c)(3)) or in section 527? 3 If Yes, complete the following schedule. 4 If Yes, complete the following schedule. 4 If Yes, complete the following schedule. 5 If Yes, complete the following schedule. 5 If Yes, complete the following schedule. 6 If Yes, complete the following schedule. 6 If Yes are followed in the second of the second of transfer of the second of the | b Othe | r transactions: | | | | | | | | | |
| (3) Rental of facilities, equipment, or other assets (4) Reinhorsement arrangements (5) Loans or loan guistanties (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or paid employees 4) 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 grower by the reporting foundation. If the reduction received sets than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. 2a is the foundation directly or indirectly or indirectly assets, or services received. 2a) Inne in (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactors, and sharing arrangements 2a is the foundation directly or indirectly assets to the second of the value of the goods, other assets, or services received. 3 inne in (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactors, and sharing arrangements 3 in Yes. 3 in Yes. 4 in Yes. 4 in Yes. 5 in Yes. 5 complete the following schedule. 6 (a) Name of organization (b) Type of organization (c) Description of reliationship 6 in Yes. 6 in Primary. 6 in Yes. 7 in Yes. 7 in Yes. 7 in Yes. 7 in Yes. 8 in Yes. 9 in Yes | (1) | Sales of assets to a noncharita | ible exempt organiza | tion | | | | 1b(1) | | | |
| (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or services given by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) Manual trivolved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Name of organization (3) Low no (4) Name of organization (4) Name of organization (5) Type of organization (6) Type of organization (7) Performance of perjan, Jeddae Pall Inve examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is three preferred. It is the preferred organization of perjan, Jeddae Pall Inve examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is three preferred. It is the preferred organization of perjan, Jeddae Pall Inve examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is three preferred in the preferred organization of perjan, Jeddae Pall Investment or perpare in the preferred performance of perjan, Jeddae Pall Investment organization of proper in the trace preferred in the performance of perjan, Jeddae Pall Investment organization of proper in the trace preferred in the performance of perjan in the performance of the performance of perjan in the performance of the | (2) | Purchases of assets from a no | ncharitable exempt | organization | | | | 1b(2) | | | |
| (6) Performance of servoces or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d 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 grower 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. a) Live no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A (d) Description of transfers, transactions, and sharing arrangements in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Value of person, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the second of person, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the second of person of | | | | | | | | 1b(3) | | | |
| (6) Performance of services or membership or fundrasing solicitations | ٠, | | ; | | | | • | 1b(4) | | | |
| Starm of facilities, equipment, mailling 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 green 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. | | | | | • | | | | | | |
| d if the answer to any of the above is "ves." 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. a] Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A | | | · · · · · · · · · · · · · · · · · · · | - | | | | | | | |
| 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 poods, other assets. In services received in section of transfers, transactions, and sharing arrangements N/A | | | | | | | | | | <u> </u> | |
| column (a) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharlable exempt organization (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 in section 501(c) of the Code (other than section 501(c)) 3) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perpart, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge spin and belief, it is true, profile. Table Sign and belief, it is true, profile. I are transfer to finder or trustee Printy Type preparer's name Preparer's signature Paul O. WALLACE PAUL O. WALLACE PAUL O. WALLACE D. (2/07/15) Firm's address ≥ 36 SOUTH CHARLES ST., 18TH FLOOR BALTTIMORE, MD 21201 Phone no. 410-685-5512 | | | | | • • | | | | ets, | | |
| a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (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 in section 50 ((c) of the Code (other than section 50 ((c)(d))) or in section 52?? Yes X No If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A No (c) Description of relationship N/A No (d) Description of relationship N/A (e) Description of rela | | | | | ed iess than fair market vail | de in any transaction | or snaring arrangement, sn | ow in | | | |
| N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Indire penalties of paraxy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge N/A Sign and belief, it is true, perfect, an stransglety Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Partial Preparer Signature of officer or trustes PAUL O. WALLIACE PAUL O. | | | | | a evenut organization | /d\ Dtur | | | | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belief, it is true yet, in organization packed but a stum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true yet, in organization packed by the statements of prayer (abetine that it has prepare to the than tappage) is used on all efficient on which prepare has any knowledge and belief, it is true yet, in the prepare of the than tappage) is used on all efficient on which prepare has any knowledge and belief, it is true yet, in the prepare of the than tappage) is used on all efficient on which prepare has any knowledge and belief, it is true yet, in the prepare of the than tappage) is used on all efficient or which prepare has any knowledge and belief, it is true yet, in the prepare of the true than tappage) is used on all efficient or which prepare has any knowledge and belief, it is true yet, in the prepare of the true that the prepare yet is used on all efficient or which prepare has any knowledge. Print/Type preparer's name Print/Type preparer's name Preparer's signature Date Title PAUL O. WALLACE PAUL O. WALLACE 02/07/15 Firm's name > GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's EIN > 52-0982413 Firm's address > 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | (a) Lille 110 | (b) Amount involved | (c) Name of | | s exempt organization | (u) Description | of transfers, transactions, and si | naring an | angeme | nts | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | N/A | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | · | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | · ··· | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | · · · · · · · · · · · · · · · · · | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | <u> </u> | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | •• ••• | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| 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 Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and consider the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and consider the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and consider the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and consideration of preparer shown below (see instr.)? TRUSTEE Tritle Print/Type preparer's name Preparer's signature Date Check if print's elin PTIN self-employed PAUL O. WALLACE PAUL O. WALLACE 02/07/15 PO0002583 Firm's name GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's EIN ► 52-0982413 Firm's address ► 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | 2a Is th | e foundation directly or indirec | tly affiliated with, or | related to, one | or more tax-exempt organi | zations described | | _ | | _ | |
| (a) Name of organization (b) Type of organization (c) Description of relationship N/A N/A | | | • |)(3)) or in sect | tion 527? | | | Yes | X | No | |
| N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instriction in the perfect of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if self- employed PAUL O. WALLACE PAUL O. WALLACE 02/07/15 Prim's name ▶ GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's lin ▶ 52-0982413 Firm's address ▶ 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | b If "Y | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and to the best of my knowledge and belief, it is true, perfect, and to the best of my knowledge and belief, it is true, perfect, and to the best of my knowledge and belief, it is true, perfect, and to the best of my knowledge and belief, it is true, perfect, and the information of which preparer has any knowledge and belief, it is true, perfect, and the information of which preparer has any knowledge and the information of which preparer has any knowledge and the information of which preparer has any knowledge and the information of which preparer has any knowledge and the information of whic | | | janization | | (b) Type of organization | | (c) Description of relationship | р | | | |
| Sign Here | | N/A | | | | | | | | | |
| Sign Here | | | | | | | | | | | |
| Sign Here | | | - | | | ļ · | · · | | | | |
| Sign Here | | | | | | | | | | | |
| Sign Here | | Linder penalties of periory I declare | that I have examined the | e return includin | a accompanying echedules and | etatements and to the | hant of my knowledge | | | | |
| Here Signature of officer or trustee Date Tritle X Yes No | I | | | | | | han any knowledge May | the IRS o | discuss t | his er | |
| Paid Preparer Use Only Prim's address ▶ 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Pate Tritle Date Check if PTIN self- employed P00002583 | Here | | | | 12/11/15 | MDITCHE | show | n below | (see inst | tr)? | |
| Print/Type preparer's name Preparer's signature Date Check if Self- employed Self- employed PAUL O. WALLACE PAUL O. WALLACE 02/07/15 P00002583 Preparer Use Only Firm's name ► GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's EIN ► 52-0982413 Firm's address ► 36 SOUTH CHARLES ST., 18TH FLOOR Phone no. 410-685-5512 | | Signature of officer or trustee | <i></i> | | Date | · | <u>'</u> | _ tes | | _ NO | |
| Paid Preparer Use Only Pirm's address ▶ 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Self- employed P00002583 P00002583 Firm's EIN ▶ 52-0982413 | | | | Preparer's s | ionature | , | Check I if PTIN | | | | |
| Paid Preparer Use Only Paul O. WALLACE PAUL O. WALLACE 02/07/15 Firm's name ► GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's address ► 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | | 7 | | | g | | | | | | |
| Preparer Use Only Firm's name ► GROSS, MENDELSOHN & ASSOCIATES, P.A. Firm's EIN ► 52-0982413 Firm's address ► 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | Paid | PAUL O. WA | LLACE | PATIT, O | . WALLACE | 02/07/15 | · · · | იივ | 583 | | |
| Use Only Firm's address ► 36 SOUTH CHARLES ST., 18TH FLOOR BALTIMORE, MD 21201 Phone no. 410-685-5512 | Prepa | | | | | | Firm's EIN ► 52-09 | 824 | 333 13 | | |
| BALTIMORE, MD 21201 Phone no. 410-685-5512 | Use O | nly | | + | | , | | <i></i> | | | |
| BALTIMORE, MD 21201 Phone no. 410-685-5512 | | Firm's address ► 36 | SOUTH CH | IARLES | ST., 18TH FL | OOR | | | | | |
| | | | | | | | Phone no. 410-68 | 5-5 | 512 | | |
| | | | | _ | | | | | | (2013) | |

| Part XV Supplementary Informat | | | | |
|--|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During to | | | | |
| Recipient (hama as business) | If recipient is an ındıvıdual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| HOMES FOR OUR TROOPS | NONE | PUBLIC | UNRESTRICTED | |
| 6 MAIN STREET TAUTON, MA 02780 | | | | 10,000. |
| Indian, in vario | | | | 20,000 |
| HOUSE OF RUTH | NONE | PUBLIC | UNRESTRICTED | |
| 2201 ARGONNE DRIVE | | | | |
| BALTIMORE, MD 21218 | | | | 7,500. |
| | | | | |
| JERUSALEM PRAYER TEAM | NONE | PUBLIC | UNRESTRICTED | |
| P.O. BOX 30000 PHOENIX AZ 85046 | | | | 7,500, |
| FROERIX, AZ 03040 | | | | 7,500, |
| LADEW TOPIARY GARDENS | NONE | PUBLIC | UNRESTRICTED | |
| 3535 JARRETSVILLE PIKE | | | | |
| MONKTON, MD 21111 | | ļ | | 2,500. |
| | | | | |
| LIVING CLASSROOMS FOUNDATION | NONE | PUBLIC | UNRESTRICTED | |
| 802 SOUTH CAROLINE STREET | | | · | |
| BALTIMORE, MD 21231 | | | | 10,000. |
| | | | | |
| MARYLAND FOOD BANK | NONE | PUBLIC | UNRESTRICTED | |
| 2200 HALETHORPE FARMS ROAD | | | | |
| BALTIMORE, MD 21227 | | | | 15,000. |
| | | | | |
| MD SCIENCE CENTER 601 LIGHT STREET | NONE | PUBLIC | UNRESTRICTED | |
| BALTIMORE, MD 21230 | | | | 5,000. |
| | | | | |
| MD SPECIAL OLYMPICS | NONE | PUBLIC | UNRESTRICTED | |
| 1218 BOYCE AVENUE | | | | 45.000 |
| BALTIMORE, MD 21204 | | | | 15,000. |
| MY SISTERS CIRCLE | NONE | PUBLIC | UNRESTRICTED | |
| P.O. BOX 84 | 110112 | | | |
| TIMONIUM, MD 21094 | | | | 10,000, |
| | | | | |
| NATIONAL TRAPPERS ASSOCIATION | NONE | PUBLIC | UNRESTRICTED | |
| 2815 WASHINGTON AVENUE BEDFORD IN 47421 | | | | 10,000, |
| Total from continuation sheets | | | | 436 500 |

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NRA FOUNDATION NONE PUBLIC UNRESTRICTED 11250 WAPLES MILL ROAD FAIRFAX, VA 22030 15,000. OPERATION CARE PACKAGE NONE PUBLIC UNRESTRICTED 611 WILCOX STREET 8,000. JOLIET, IL 60435 PAUL'S PLACE PUBLIC NONE UNRESTRICTED 1118 WARD STREET BALTIMORE, MD 21230 15,000. ST. JOHN'S CHURCH NONE PUBLIC UNRESTRICTED WESTERN RUN - 3738 BUTLER ROAD REISTERSTOWN MD 21136 15,000. SUSAN G. KOMEN FOUNDATION NONE PUBLIC UNRESTRICTED P.O. BOX 650309 DALLAS, TX 75265-0309 15,000. UNIVERSITY OF COLORADO NONE PUBLIC UNRESTRICTED 4740 WALNUT STREET BOULDER, CO 80301 15,000. USSA PUBLIC NONE UNRESTRICTED 801 KINGSMILL PKWY COLUMBUS OH 43229-1137 10,000. VOICE OF MARTYRS NONE PUBLIC UNRESTRICTED P.O. BOX 443 BARTLETSVILLE, OK 74005 8,000. WOUNDED WARRIOR PROJECT NONE PUBLIC UNRESTRICTED 7020 AC SKINNER PKWY 20,000. JACKSONVILLE, FL 32256 YOU'TH TRAPPERS CAMP NONE PUBLIC UNRESTRICTED P.O. BOX 133 GUILFORD, MT 59525 10,000. Total from continuation sheets

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | | |
|---|---|--------------------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| BIG GAME FOREVER | NONE | PUBLIC | UNRESTRICTED | |
| 90 WEST 500 SOUTH #428 | | | | 20.000 |
| BOUNTIFUL, UT 84010 | | | | 30,000, |
| COLLEGE OF CHARLESTON | NONE | PUBLIC | UNRESTRICTED | |
| 66 GEORGE ST | | | | |
| CHARLESTON SC 29424 | | | | 85,000, |
| | | | | |
| CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD | NONE | PUBLIC | UNRESTRICTED | |
| BETHESDA MD 20814 | | | | 5,000, |
| | | | | |
| MAKE A WISH FOUNDATION | NONE | PUBLIC | UNRESTRICTED | |
| 5272 RIVER ROAD | | | | |
| BETHESDA MD 20816 | | | | 5,000, |
| | | | | |
| ROANOKE COLLEGE | NONE | PUBLIC | UNRESTRICTED | |
| 221 COLLEGE LN SALEM, VA 24153 | | | | 50,000 |
| <u> </u> | | | | |
| COMMIT FOUNDATION | NONE | PUBLIC | UNRESTRICTED | |
| 1111 LIGHT STREET, 2ND FLOOR | NONE | OBBIG | | |
| BALTIMORE, MD 21230 | | | | 3,000 |
| | | | | |
| COALITION TO SUPPORT AMERICA'S HEROES | NONE | PUBLIC | UNRESTRICTED | |
| 552 FORT EVENS RD, SUITE 300 LEESBURG, VA 20176 | | | | 5,000 |
| | | | | |
| PARKINSON'S DISEASE FOUNDATION | NONE | PUBLIC | UNRESTRICTED | |
| 1359 BROADWAY, SUITE 1509 | | | | |
| NEW YORK, NY 10018 | | | | 5,000 |
| | | | | |
| GBMC FOUNDATION 6701 N CHARLES ST | NONE | PUBLIC | UNRESTRICTED | |
| TOWSON, MD 21204 | | | | 2,500 |
| | | | | |
| BOULDER SHELTER FOR THE HOMELESS | NONE | PUBLIC | UNRESTRICTED | |
| 4869 N. BROADWAY | | | | 5,000 |
| BOULDER, CO 80304 Total from continuation sheets | _l | <u></u> | <u> </u> | 3,000 |

| Part XV Supplementary Informati 3 Grants and Contributions Paid During the | | | | |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual | T | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| CAMP HAPPY DAYS | NONE | PUBLIC | UNRESTRICTED | |
| 1622 ASHLEY HALL RD CHARLESTON SC 29407 | | | | 5,000 |
| CIMMINGTON , SC 25407 | | | | 3,000 |
| BIG BROTHER BIG SISTER GALLATIN | NONE | PUBLIC | UNRESTRICTED | |
| COUNTY | | | | |
| 15 SOUTH 8TH AVENUE | | | | |
| BOZEMEN, MT 59715 | | | - | 5,000 |
| | | | | |
| MEALS ON WHEELS | NONE | PUBLIC | UNRESTRICTED | } |
| 515 SOUTH HAVEN STREET | NONE | FORLIC | ONRESTRICTED | |
| BALTIMORE MD 21224 | | | | 2,500 |
| | | | | |
| | | | | ļ |
| ADOPT A PLATOON | NONE | PUBLIC | UNRESTRICTED | |
| P.O. BOX 1457 | | - | | |
| SEABROOK NH 03874 | | - | | 5,000 |
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| Total from continuation sheets | | | <u> </u> | |

| FORM 990-PF | OTHER | INCOME | | STATEMENT 1 |
|-------------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| | _ | -21,228. | -21,228. | -21,228. |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | -21,228. | -21,228. | -21,228. |
| FORM 990-PF | LEGA | L FEES | S | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| | 563 | . 563 | . 0. | 0. |
| TO FM 990-PF, PG 1, LN 16A = | 563 | . 563 | . 0. | 0. |
| FORM 990-PF | ACCOUNT | ING FEES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| | 8,220 | . 8,220 | . 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 8,220 | 8,220 | 0. | 0. |
| FORM 990-PF O | THER PROFE | SSIONAL FEES | S | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| | | | | |
| ADVISORY FEES | 30,711 | . 30,711 | . 0 | . 0. |

| FORM 990-PF | TAX | ES | | | STATEMENT | 5 |
|------------------------------|------------------------------|-----------------------------|------|------------------------------|---------------------|-----|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| EXCISE TAXES | 1,795. | | 0. | · - | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 1,795. | | 0. | | 0. | 0. |
| FORM 990-PF U.S. AND | STATE/CITY G | OVERNMENT | OBLI | GATIONS | STATEMENT | 6 |
| DESCRIPTION | U.S GOV' | | B00 | K VALUE | FAIR MARKE VALUE | T |
| GOVERNMENT DEBT - SCHWAB #31 | 49 X | | | 7,478. | 7,4 | 78. |
| TOTAL U.S. GOVERNMENT OBLIGA | TIONS | • | | 7,478. | 7,4 | 78. |
| TOTAL STATE AND MUNICIPAL GO | VERNMENT OBL | GATIONS | | | | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10A | - | | 7,478. | 7,4 | 78. |
| FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 7 |
| DESCRIPTION | | | ВОО | K VALUE | FAIR MARKE VALUE | T |
| CORPORATE STOCK - SCHWAB #28 | 33 | - | 4 | ,700,428. | 4,700,4 | 28. |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | : | 4 | ,700,428. | 4,700,4 | 28. |
| FORM 990-PF | CORPORAT | E BONDS | | | STATEMENT | 8 |
| DESCRIPTION | | | воо | K VALUE | FAIR MARKE VALUE | T |
| | | | | | | |
| CORPORATE BONDS - SCHWAB #31 | 49 | • | 1 | ,208,843. | 1,208,8 | 43. |

| FORM 990-PF OT | HER INVESTMENTS | | STATEMENT 9 |
|---|---------------------------------|---|---|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| MUTUAL FUNDS - VANGUARD MUTUAL FUNDS - SCHWAB #3149 K-1 INVESTMENTS MONEY MARKET FUND - SCHWAB #2833 MONEY MARKET FUND - SCHWAB #3149 | FMV FMV FMV FMV FMV | 289,316. 6,003,136. 168,621. 664,665. 82,988. | 289,316. 6,003,136. 168,621. 664,665. 82,988. |
| TOTAL TO FORM 990-PF, PART II, LI | NE 13 | 7,208,726. | 7,208,726. |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 10 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| INCOME TAX RECEIVABLE | 6,637. | 1,335. | 1,335. |
| TO FORM 990-PF, PART II, LINE 15 | 6,637. | 1,335. | 1,335. |

| Form_886 | 68 (Rev. 1-2014) | | | | Page 2 |
|---|---|-------------|-------------------------------------|------------------------------|------------|
| • If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check the | s box | X |
| - | nly complete Part II if you have already been granted an a | | | | |
| | are filing for an Automatic 3-Month Extension, complet | | | | |
| Part II | | | | nal (no copies needed). | |
| | | | Enter filer's | s identifying number, see in | structions |
| Type or | Name of exempt organization or other filer, see instru- | ctions. | | Employer identification num | |
| print | L | | | 24 44000 | |
| File by the | THE NEXTGEN FOUNDATION CHAR | | - | 31-14809 | |
| due date for filing your return See | Number, street, and room or suite no. If a P.O. box, so 10706 BEAVER_DAM_ROAD | ee instruc | tions. | Social security number (SS | N) |
| instructions | City, town or post office, state, and ZIP code. For a fo | oreign add | Iress, see instructions. | | |
| | COCKEYSVILLE, MD 21030 | | | | |
| | | | | | |
| Enter the | e Return code for the return that this application is for (file | a separa | te application for each return) | | 0 4 |
| Applicat | ion | Return | Application | | Return |
| Is For | | Code | Is For | | Code |
| Form 990 | 0 or Form 990-EZ | 01 | | | |
| Form 990 | 0-BL | 02 | Form 1041-A | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | 09 |
| Form 990 | 0-PF | 04 | Form 5227 | | 10 |
| Form 990 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | ••• | 11 |
| Form 990 | 0-T (trust other than above) | 06 | Form 8870 | | 12 |
| STOP! D | o not complete Part II if you were not already granted | an auton | natic 3-month extension on a pre | viously filed Form 8868. | |
| | THE NEXTGEN FOU | | | | |
| | ooks are in the care of $ ightharpoonup$ 10706 BEAVER D2 | AM RO | <u> AD - COCKEYSVILLE,</u> | MD 21030 | |
| Telep | hone No. ► <u>(410) 568-1500</u> | | Fax No. ▶ | | |
| | 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 🕨 📖 | | | of all members the extension | is for. |
| | · · | | ARY 15, 2015. | | |
| | r calendar year, or other tax year beginning2 | | 1 | ng MAR 31, 2014 | · |
| 6 If t | he tax year entered in line 5 is for less than 12 months, c | heck reas | on: Initial return | Final return | |
| <u>L</u> | Change in accounting period | | | | |
| | ate in detail why you need the extension | | | | |
| | AXPAYER RESPECTFULLY REQUESTS | | | | ON |
| <u>N</u> . | ECESSARY TO FILE A COMPLETE A | AND A | CCURATE TAX RETURN | • | |
| | | | | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720, | , or 6069, | enter the tentative tax, less any | | 1 225 |
| _ | nrefundable credits. See instructions. | | | | 1,335. |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | |
| | k payments made. Include any prior year overpayment all | lowed as a | a credit and any amount paid | 3 | 1 225 |
| | reviously with Form 8868. | | U. 41-1-4 | 8b \$ 3 | 1,335. |
| | Nance due. Subtract line 8b from line 8a. Include your pa | | un uns form, it required, by using | 00 6 | 0. |
| EF | TPS (Electronic Federal Tax Payment System). See instru | | st be completed for Part II | 8c \$ only | |
| Under per | nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo | ling accomp | - | _ | belief, |
| Signature | | | | Date > | |