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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.

OMB No 1545-0052

| For calendar year 2013 or tax year beginning APR | m 990-PF and its separate 1 , 2013 | , and ending | MAR 31, 2014 | Open to Public Inspection |
|--|---------------------------------------|---------------------------|--|--|
| Name of foundation | | , | A Employer identification | number |
| R/S FOUNDATION | | | , , | |
| · · | EASURER | | 52-2109630 | |
| Number and street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| 3100 EMORY CHURCH ROAD | | c | 301-774-20 | 13 |
| City or town, state or province, country, and ZIP or foreign p $OLNEY$, $MD 20832$ | ostal code | | C If exemption application is pe | ending, check here |
| Check all that apply: Initial return | Initial return of a fo | ormer public charity | D 1 Foreign organizations | , check here $ ightharpoonup$ |
| Final return | Amended return | | 2 Foreign organizations may | ating the 95% test |
| Address change | Name change | | 2 Foreign organizations med check here and attach cor | mputation |
| Check type of organization: X Section 501(c)(3) ex | • • | | E If private foundation stat | |
| | Other taxable private founda | | under section 507(b)(1) | |
| Fair market value of all assets at end of year J Account | - | X Accrual | F If the foundation is in a 6 | |
| | ther (specify) | hasis) | under section 507(b)(1) | (B), check here |
| ►\$ 125,746. (Part I, colu Part I Analysis of Revenue and Expenses | | | (c) Adjusted net | (d) Disbursements |
| (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 150,000. | | N/A | |
| 2 Check In the foundation is not required to attach Sch B | | | | |
| Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | . <u>.</u> |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | <u> </u> | |
| b assets on line 8a | | ^ | | |
| b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) | | 0 | • | |
| 8 Net Short-term capital gain | | | | |
| 9 Income modifications Gross sales less returns | | | | |
| b Less Cost of goods soft | | | - | |
| c Gross profit or (loss) ❖ | S | | | |
| c Gross profit or (loss) 11 Other income FEB 2 0 2015 | 191 | | | |
| 12 Total Add lines 1 through 11 | € 150,000. | 0 | • | |
| 13 Compensation of officers, directors, trustees of a 14 Other employee salaries and wages | 0. | 0 | • | 0. |
| | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees | C 150 | | | 6,178. |
| b Accounting fees STMT 1 c Other professional fees STMT 2 | 6,178. | 0 | | 3,002. |
| c Other professional fees STMT 2 | 3,002. | | | 3,002. |
| 9 17 Interest 18 Taxes | | | | - |
| 16a Legal fees b Accounting fees STMT 1 c Other professional fees STMT 2 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications | | | | |
| E 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | 11,522. | 0 | • | 11,522. |
| 22 Printing and publications | | | | |
| | 991. | 0 | <u>. </u> | 991. |
| 23 Other expenses STMT 3 24 Total operating and administrative expenses. Add lines 13 through 23 | | _ | | 04 444 |
| expenses. Add lines 13 through 23 | 21,693. | 0 | • | 21,693. |
| 25 Contributions, girts, grants paid | 129,005. | | | 129,005. |
| 26 Total expenses and disbursements. | 150 600 | | | 150 600 |
| Add lines 24 and 25 | 150,698. | 0 | • | 150,698. |
| 27 Subtract line 26 from line 12: | <698. | | | |
| Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | 2030. | 0 | • | |
| c Adjusted net income (it negative, enter -0-) | | | N/A | |

LHA For Paperwork Reduction Act Notice, see instructions.

R/S FOUNDATION 52-<u>210</u>9630 C/O DR. DAVID M. REILE TREASURER Form 990-PF (2013) End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year (a) Book Value (b) Book Value (c) Fair Market Value 97,018. 97,477 97,477. 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 28,269. 21,410. 28,269. disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 1 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 125,746. 118,428. 125,746. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 475 8,491 22 Other liabilities (describe > STATEMENT 4) 475 8,491 23 Total liabilities (add lines 17 through 22) $\triangleright \mathbf{x}$ Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 117,953. 117,255. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 117,953. 117,255. 30 Total net assets or fund balances 125,746 118,428 31 Total liabilities and net assets/fund balances

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
| (must agree with end-of-year figure reported on prior year's return) | 1 | 117,953. |
| 2 Enter amount from Part I, line 27a | 2 | <698. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 117,255. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 117,255. |

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| _ | \sim | | ~ | - | \sim | \sim | _ | \sim | \sim | |
|---|--------|---|---|---|--------|--------|---|--------|--------|--|
| • | ٠, | _ | , | 1 | 11 | u | • | • | " | |
| J | 4 | | ~ | _ | v | " | u | J | v | |

| | d Losses for Tax on | | t Income | | | | | | , ugu |
|--|---|----------------------------|--------------------------------------|-------------------------------|--------------------------|-----------------------------|----------------------------|----------------------------------|------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | (b) I | low acc - Purch - Donat | quired (e ase tion |) Date acqu (mo., day, y | | (d) Date sold (mo., day, yr.) | |
| 1a | | | | | | | | | |
| b NONI | 3 | | | | | | | | |
| <u>c</u> | | | | - | | | | | |
| <u>d</u> | | | | - | | | | | |
| <u>e</u> | | 1 | | 1 | | | | (!===\ | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | . | (h) Gain o (e) plus (f) | | |
| a | | | | _ | | | | | - |
| b | | | | | | - | | | |
| <u>c</u> | | · | | - | | | | | |
| <u>d</u> | | | | | | | | | _ |
| Complete only for assets showing (| nain in column (h) and owned | by the foundation | on 12/31/69 | | | (I) (| Gains (Col. (| h) naın ı | minus |
| Complete only for assets showing s | (j) Adjusted basis | 1 | cess of col. (I) | \neg | | còl. (l | k), but not le | ess than | -0-) or |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | col. (j), if any | ĺ | | | Losses (fro | m col. (f | 1)) |
| a | | | | | | - | | | |
| b | | | · | | | | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| | ∫ If gain, also e | nter in Part I, line | 7 | ٦ | | | | | |
| Capital gain net income or (net capit | | r -0- ın Part İ, lıne | | } | 2 | | | | |
| Net short-term capital gain or (loss) | as defined in sections 1222(5 | i) and (6); | | | | | | | |
| If gain, also enter in Part I, line 8, co | | , (-,- | |) | | | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Und | der Section 4940(e) | | | <u> </u> | 3 | | | | |
| Vas the foundation liable for the section Yes," the foundation does not qualify Enter the appropriate amount in each | under section 4940(e). Do no | t complete this pa | art. | | | | | | Yes X No |
| (a) | | ile ilistructions be | Tore making any e | (c) | | | | | (d) ution ratio |
| Base periód years Calendar year (or tax year beginning | | | Net value of no | | ıtable-u | | | Distribi (b) divi | ded by col. (c)) |
| 2012 | | 169,121. | | | | <u>1,414.</u> | | | 3.28939 |
| 2011 | | <u>135,744.</u> 28,103. | - | | | 4,717. 0,105. | | | 1.60232 .40087 |
| 2010 | | 40,435. | | | | 8,475. | | | .83414 |
| 2009 2008 | | 40,433. | | | | J, 1 13. | <u> </u> | | .03414 |
| 2000 | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | 6.12673 |
| Average distribution ratio for the 5-y | ear base period - divide the to | otal on line 2 by 5, | or by the number | r of ye | ars | | | | |
| the foundation has been in existence | e if less than 5 years | | | | | | 3 | | 1.53168 |
| | | | | | | | | | 00 688 |
| Enter the net value of noncharitable- | use assets for 2013 from Par | t X, line 5 | | | | | 4 | | 92,677 |
| Multiply line 4 by line 3 | | | | | | | 5 | | 141,952 |
| Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | | 6 | | 0 |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 141,952 |
| 8 Enter qualifying distributions from F | Part XII. line 4 | | | | | | 8 | | 150,698 |
| If line 8 is equal to or greater than li | | line 1b, and com- | nlete that nart user | າດລາ | % tax ra | ate. | | | |
| See the Part VI instructions. | no 1, oncon the box in Fall VI, | o ib, and com | pioto triat part doll | .y u i | , | | | | |
| 323521 10-10-13 | | | | | | | | F | orm 990-PF (201 |

R/S FOUNDATION C/O DR. DAVID M. REILE, TREASURER 52-2109630 Form 990-PF (2013) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \] and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X 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 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2013 estimated tax payments and 2012 overpayment credited to 2013 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 0. 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b 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. X c Did the foundation file Form 1120-POL for this year? 1c 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. ➤ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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:

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

By language in the governing instrument, or

remain in the governing instrument?

9 X

Form **990-PF** (2013)

X

X

323551

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

Form 990-PF (2013)

▶

Total, Add lines 1 through 3

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, se | ee instructions) |
|------------|---|-----------------|---------------------|
| 1 F | air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | verage monthly fair market value of securities | 1a | 0. |
| | verage of monthly cash balances | 1b | 94,088. |
| | air market value of all other assets | 1c | - |
| d T | otal (add lines 1a, b, and c) | 1d | 94,088. |
| | eduction claimed for blockage or other factors reported on lines 1a and | | |
| | c (attach detailed explanation) | | |
| | cquisition indebtedness applicable to line 1 assets | 2 | 0. |
| | ubtract line 2 from line 1d | 3 | 94,088. |
| 4 C | ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,411. |
| 5 N | let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 92,677. |
| 6 N | finimum investment return Enter 5% of line 5 | 6 | 4,634. |
| Pai | TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.) | d certain | |
| 1 1 | finimum investment return from Part X, line 6 | 1 | 4,634. |
| | ax on investment income for 2013 from Part VI, line 5 | | · · · · · · · · · · |
| b li | ncome tax for 2013. (This does not include the tax from Part VI.) | | |
| | dd lines 2a and 2b | 2c | 0. |
| 3 C | istributable amount before adjustments. Subtract line 2c from line 1 | 3 | 4,634. |
| 4 F | ecoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 A | dd lines 3 and 4 | 5 | 4,634. |
| 6 D | leduction from distributable amount (see instructions) | 6 | 0. |
| 7 D | istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 4,634. |
| Pa | Qualifying Distributions (see instructions) | | |
| 1 A | mounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a E | xpenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 150,698. |
| b P | rogram-related investments - total from Part IX-B | 1b | 0. |
| 2 A | mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 A | mounts set aside for specific charitable projects that satisfy the: | | |
| a S | uitability test (prior IRS approval required) | 3a | |
| b 0 | ash distribution test (attach the required schedule) | 3b | · |
| 4 0 | lualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 150,698. |
| 5 F | oundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| U | ncome. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 A | djusted qualifying distributions. Subtract line 5 from line 4 | 6 | 150,698. |
| N | lote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies for t | he section |
| | 4940(e) reduction of tax in those years. | | |

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Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|--|----------|---------------------------------------|-------------|--|
| 1. Distributable amount for 2012 from Part VI | Corpus | Years prior to 2012 | 2012 | 2013 |
| 1 Distributable amount for 2013 from Part XI, line 7 | | | | 4,634. |
| 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 | | | | |
| b From 2009 38,012. | | | | |
| c From 2010 24,598. | | | | |
| d From 2011 131,508. | | | | |
| e From 2012 166,550. | | | | |
| f Total of lines 3a through e | 360,668. | | | <u> </u> |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: ►\$ 150,698. | | | | |
| 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. | | | 4,634. |
| d Applied to 2013 distributable amount | 146,064. | · · · · · · · · · · · · · · · · · · · | | 4,034. |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | <u> </u> |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 506,732. | | | |
| b Prior years' undistributed income. Subtract | 30077321 | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | | • |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | <u></u> | |
| e Undistributed income for 2012. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2013. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | ا م | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2008 | 0. | | | |
| not applied on line 5 or line 7 9 Excess distributions carryover to 2014. | U• | | | |
| Subtract lines 7 and 8 from line 6a | 506,732. | | | |
| 10 Analysis of line 9: | 300,732. | | | |
| a Excess from 2009 38,012. | | | | |
| b Excess from 2010 24,598. | | | | |
| c Excess from 2011 131,508. | | | | |
| d Excess from 2012 166,550. | | | | |
| e Excess from 2013 146, 064. | | | | |
| | | | | Form QQ0-PF (2012) |

C/O DR. DAVID M. REILE, TREASURER

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC CHARITY CREATE AN AWARENESS OF ADVENTIST FRONTIER MISSIONS THE NEEDS OF EDUCATION 107 E. FERRY ST. 1,000. BERRIEN SPRINGS MI 49103 PUBLIC CHARITY CREATE AN AWARENESS OF CORNERSTONE CHURCH OF SDA NONE THE NEEDS OF EDUCATION P.O. BOX 19 5,000, STONE RIDGE, VA 20105 NONE PUBLIC CHARITY CREATE AN AWARENESS OF GHROW FOUNDATION INC THE NEEDS OF EDUCATION PO BOX 6815 7,500. COLUMBIA, MD 21045 NONE PUBLIC CHARITY CREATE AN AWARENESS OF HOLBROOK INDIAN SCHOOL THE NEEDS OF EDUCATION 2001 MCLAWS RD 500. HOLBROOK, AZ 86025 HOPE CHANNEL NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 12501 OLD COLUMBIA PIKE 600. SILVER SPRING MD 20904 SEE CONTINUATION SHEET(S) ▶ 3a 129,005. Total b Approved for future payment NONE **▶** 3b Total

323811

Form **990-PF** (2013)

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Part XVI-A Analysis of Income-Producing Activities

| nter gross amounts unless otherwise indicated. | | ousiness income | (C) Exclu- | by section 512, 513, or 514 | ¬ \~/ |
|---|---------------------------------------|-----------------------|------------------------|-----------------------------|-----------------------------------|
| I Program service revenue: | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | |
| C | _ | | | | |
| d | _ | | | | |
| e | _ | | | | |
| f | _ | | | | |
| g Fees and contracts from government agencies | | - | | | |
| Membership dues and assessments | | | | · | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | | | | | |
| Debt-financed property | | | | | |
| Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | - | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | _ | | |
| Net income or (loss) from special events | | | | · | - |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue. | | | | | |
| | - | | | | |
| | - | | - - - | | |
| c | l I | | | * * *** | 3.7 |
| e | _ | | | | |
| Subtotal. Add columns (b), (d), and (e) | | | 0. | 0 |). |
| Total. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| worksheet in line 13 instructions to verify calculations. |) | | | | |
| art XVI-B Relationship of Activities | to the Accor | nplishment of | Exempt P | urposes | |
| ne No Explain below how each activity for which in | come is reported in | column (e) of Part X\ | /I-A contribute | d importantly to the acc | complishment of |
| the foundation's exempt purposes (other than | an by providing fund | s for such purposes |). | | · |
| | | | | | |
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| orm 990-PF (2 | 2013) C/O D | R. DAVID M. | REIL | E, TREASURE | R | 52-2109 | 630 | Page 13 |
|---------------------|--|---|------------------------------------|--|---|-----------------------------------|----------------|------------------|
| Part XVII | Information Re | garding Transfe | rs To ar | nd Transactions a | and Relations | hips With Nonchar | itable | |
| | Exempt Organ | | | | | | | |
| 1 Did the or | ganization directly or indir | ectly engage in any of th | e following | with any other organization | on described in sect | on 501(c) of | <u> Y</u> | es No |
| the Code | (other than section 501(c) | (3) organizations) or in s | section 527, | , relating to political orgar | nizations? | | | İ |
| a Transfers | from the reporting founda | ation to a noncharitable e | xempt orga | nızatıon of: | | | | İ |
| (1) Cash | | | | | | | 1a(1) | <u> </u> |
| (2) Other | assets | | | | | | 1a(2) | X |
| b Other tran | sactions: | | | | | | | |
| (1) Sales | of assets to a noncharital | ble exempt organization | | | | | 1b(1) | <u> </u> |
| (2) Purc | hases of assets from a nor | ncharitable exempt orgar | nization | | | | 1b(2) | X |
| (3) Renta | al of facilities, equipment, (| or other assets | | | | | 1b(3) | X |
| (4) Reim | bursement arrangements | | | | | | 1b(4) | X |
| (5) Loan | s or loan guarantees | | | | | | 1b(5) | X |
| (6) Perfo | ormance of services or me | mbership or fundraising | solicitations | 3 | | | 1b(6) | <u> </u> |
| c Sharing o | f facilities, equipment, ma | ılıng lısts, other assets, o | r paid empl | oyees | | | 1c | <u> </u> |
| d If the ans | wer to any of the above is | "Yes," complete the follow | wing schedi | ule. Column (b) should al | ways show the fair n | narket value of the goods, of | ther asset | s, |
| or service | s given by the reporting fo | oundation. If the foundati | on received | l less than fair market vali | ue in any transaction | or sharing arrangement, sh | ow in | |
| column (d | d) the value of the goods, | | | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of non | charitable e | xempt organization | (d) Description | of transfers, transactions, and s | naring arran | gements |
| | | | N/A | | | | | |
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| | | | | | | | | |
| | ndation directly or indirect | | | | izations described | | _ | |
| ın sectior | 501(c) of the Code (other | r than section 501(c)(3)) | or in section | n 527? | | i_ | Yes | X No |
| b If "Yes," c | omplete the following sch | | | . | | | | |
| | (a) Name of org | anization | | (b) Type of organization | | (c) Description of relationsh | ıp | |
| | N/A | | | | ļ | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | . | | | | |
| | | , | | | <u> </u> | | | |
| | r penalties of perjury, I declare eller, it is true, correct, and cor | that I have examined this return of prepare | urn, including er (other than ' | accompanying schedules and taxpaver) is based on all inforr | d statements, and to the mation of which prepare | | the IRS dis | cuss this |
| Sign 📈 | X () | |) | | - k _ \ | shov | wn below (s | ee instr)? |
| Here | Jan V | MAKER | | 2-16-15 | Direct | <u>27 7</u> | Yes | ∐ No] |
| Sig | nature of officer or trustee | | | Date | Title | Observation of the Party | | |
| | Print/Type preparer's na | ame Pro | eparer's sig | nature | Date 2-16-15 | Check if PTIN | | |
| D-1-2 | | | % . | R | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | self- employed | | |
| Paid | LEESA J. E | | 7RY | Wwo. | CPA | | 1207 | |
| Preparer | Firm's name ► CHA | PIN, OWEN 8 | SAMY | STROM, P.A. | • • • • | Firm's EIN ► 52-12 | 14977 | 7 |
| Use Only | | | | | | | | |
| | 1 | 01 NATIONAL | | E SUITE 260 |) | | | |
| | l BU | RTONSVILLE, | MD 2 | <u> 20866-1189</u> | | Phone no. 301-42 | | |
| | | | | | | Fo | rm 990- | PF (2013) |

323622 10-10-13

C/O DR. DAVID M. REILE, TREASURER

| Part XV Supplementary Information | | | | ··· |
|--|--|----------------------|--|--------------|
| 3 Grants and Contributions Paid During the Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | - | |
| MARYLAND CAREER DEVELOPMENT | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF | |
| ASSOCIATION | HONE | | THE NEEDS OF EDUCATION | |
| 5430 CAMPBELL BLVD #113 | | | | |
| WHITE MARSH, MD 21162 | | | | 250 |
| | | | | |
| Van | | DUDI TO GUADIMI | | |
| NCDA 305 N. BEECH CIRCLE | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF THE NEEDS OF EDUCATION | |
| BROKEN_ARROW, OK 74012 | | | THE REEDS OF EDUCATION | 10,000 |
| | | | | |
| | | | | |
| OLNEY ADVENTIST PREPATORY SCHOOL | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF | |
| 4100 OLNEY-LAYTONSVILLE RD., | | | THE NEEDS OF EDUCATION | |
| OLNEY, MD 20832 | | | | 73,706 |
| | | | | |
| OLNEY CIVIC FOUNDATION | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF | |
| P.O. BOX 154 | | | THE NEEDS OF EDUCATION | |
| BROOKEVILLE, MD 20833 | | | | 1,000 |
| | | | | |
| OLNEY CHARMAN DAY ADVIDANTON CHARON | NONE | DUDI TO CUADIMY | CREATE AN AWARENESS OF | |
| OLNEY SEVENTH-DAY ADVENTIST CHURCH 4100 OLNEY-LAYTONSVILLE RD., | NONE | PUBLIC CHARITI | THE NEEDS OF EDUCATION | |
| OLNEY MD 20832 | | | | 15,949 |
| | | - i | | |
| | | | | |
| POTOMAC CONFERENCE OF SDA | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF | |
| 606 GREENVILLE AVENUE STAUNTON VA 24401 | | | THE NEEDS OF EDUCATION | 12,000 |
| 511011011, VII 21101 | | | | |
| | | | 1 | |
| UNION COLLEGE STUDENT MISSIONS | NONE | PUBLIC CHARITY | CREATE AN AWARENESS OF | |
| 3800 SOUTH 48TH STREET | | | THE NEEDS OF EDUCATION | |
| LINCOLN NE 68506 | | | | 500 |
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| Total from continuation sheets | | | | 113 405 |

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

R/S FOUNDATION

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

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

| | C/O DR. DAVID M. REILE, TREASURER | 52-2109630 | | | | | | |
|---|---|---------------------------------|--|--|--|--|--|--|
| Organization type (chec | | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | form 990 or 990-EZ 501(c)() (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| Note. Only a section 501 | n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule. See instructions | | | | | | |
| General Rule | | | | | | | | |
| | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n mplete Parts I and II | noney or property) from any one | | | | | | |
| Special Rules | | | | | | | | |
| 509(a)(1) and 17 | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. | | | | | | | |
| total contributio | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| contributions fo If this box is che purpose Do no | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| | n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its I | | | | | | | |

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

Name of organization

R/S FOUNDATION

Employer identification number

C/O DR. DAVID M. REILE, TREASURER

52-2109630

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

| (0) | (5) | (0) | (d) |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | Type of contribution |
| 1 | CAREER DEVELOPMENT ALLIANCE, LLC 3100 EMORY CHURCH ROAD, SUITE C OLNEY, MD 20832 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

R/S FOUNDATION

C/O DR. DAVID M. REILE, TREASURER

52-2109630

| Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed | |
|---|--|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | • | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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323454 10-24-13

| FORM 990-PF | ACCOUNTI | NG FEES | S | TATEMENT 1 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 6,178. | 0. | | 6,178. |
| TO FORM 990-PF, PG 1, LN 16B | 6,178. | 0. | | 6,178. |
| FORM 990-PF C | THER PROFES | SIONAL FEES | S | TATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| CONSULTANTS | 3,002. | 0. | | 3,002. |
| TO FORM 990-PF, PG 1, LN 16C | 3,002. | 0. | | 3,002. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT 3 |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | ADJUSTED | |
| OFFICE SUPPLIES AND EXPENSE | 0. 245. 0. | 0. | | 0. 245. 0. |
| BANK SERVICE CHARGES TESTING PERSONAL PROPERTY TAX | 95. 620. 31. | 0. | | 95. 620. 31. |
| TO FORM 990-PF, PG 1, LN 23 | 991. | 0. | | 991. |

| FORM 990-PF OTHER LIABILI | TIES | STATEMENT | 4 |
|---|------------|------------|------------|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT | |
| DUE TO CDA, LLC CHASE CHREDIT CARD | 475. 0. | 47 8,01 | 75. 16. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 475. | 8,49 | 91. |
| FORM 990-PF PART XV - LINE LIST OF FOUNDATION N | | STATEMENT | 5 |

NAME OF MANAGER

DAVID M. REILE BARBARA H. SUDDARTH

2013 DEPRECIATION AND AMORTIZATION REPORT

| ORM S | FORM 990-PF PAGE 1 | | | Ī | | | 990-PF | | | | | | | |
|--------------------|----------------------------------|------------------|--------|------|--------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---|
| Asset | Description | Date Acquired | Method | Lıfe | 0 o c > | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 11 | 11 (D)FURNITURE AND FIXTURES | 09/01/04 200DB | 200DB | 7.00 | HY17 | 8,386. | | | | 8,386. | 8,386. | | 0. | |
| 12 | (D)FURNITURE AND FIXTURES | 09/01/05 200DB | 200DE | 7.00 | HX17 | 1,851. | | | | 1,851. | 1,851. | | .0 | |
| F | 13 (D) FURNITURE AND FIXTURES | 09/01/03 200DB | 200DB | 7.00 | HX17 | 2,073. | | | | 2,073. | 2,073. | | Ö | |
| 14 | 14 (D)SOFTWARE | 09/01/04 | | 3Ж | HY43 | 918. | | | | 918. | 918. | | 0 | |
| | * TOTAL 990-PF PG 1 DEPR & AMORT | | | | - | 13,228. | | | | 13,228. | 13,228. | | .0 | 0 |
| | | | | | | | | | | | | | | |
| 328111 05-01-13 | | | | | } | (D) - Asset disposed | pesod | | • | ITC, Salvage, | Bonus, Comr | nercial Revita | alization Deduc | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |

Form **8868** (Rev •January 2014)

Department of the Treasury Internal Revenue Service

LHA 323841 12-31-13

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

Form 8868 (Rev 1-2014)

| P Internation about 1 or in occ | 0 41.4 | mod doctorio lo de minimo gomion | | 1 | |
|---|-------------|---|----------------|---------------------------------------|------------|
| If you are filing for an Automatic 3-Month Extension, complet | te only Pa | rt I and check this box | • | > | X |
| If you are filing for an Additional (Not Automatic) 3-Month Ext | | | this form) | | |
| Do not complete Part II unless you have already been granted a | ın automa | tic 3-month extension on a previous | sly filed Fo | m 8868 | |
| Electronic filing (e-file). You can electronically file Form 8868 if y | ou need a | . 3-month automatic extension of tir | ne to file (6 | months for a corp | oration |
| required to file Form 990-T), or an additional (not automatic) 3-mor | nth extens | sion of time. You can electronically f | ile Form 88 | 368 to request an e | xtension |
| of time to file any of the forms listed in Part I or Part II with the exc | | • | | • | |
| Personal Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| visit www.irs gov/efile and click on e-file for Chanties & Nonprofits. | | , | | 3 | , |
| Part I Automatic 3-Month Extension of Time | | submit original (no copies ne | eded). | | |
| A corporation required to file Form 990-T and requesting an auton | | | | | |
| Part I only | | | · | • | . 🗀 |
| All other corporations (including 1120-C filers), partnerships, REM | ICs, and ti | rusts must use Form 7004 to reques | st an exten | sion of time | |
| to file income tax returns. | • | • | | er's identifying nur | nber |
| Type or Name of exempt organization or other filer, see instruc | ctions | | | identification num | |
| print R/S FOUNDATION | | | | | |
| C/O DR. DAVID M. REILE, TRE | EASURI | ER | | 52-210963 | 30 |
| Number, street, and room or suite no. If a P O box, se | | · | Social se | curity number (SSN | |
| filing your 3100 EMORY CHIECH ROAD NO. | | | | | • 7 |
| return See Instructions City, town or post office, state, and ZIP code For a fo | | ress, see instructions | l <u>-</u> . | | |
| OLNEY, MD 20832 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 |
| | и сорини | application to dominating | | | |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| 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 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| DR. DAVID M. RE | | 1 0111 0070 | | | 1 12 |
| • The books are in the care of ▶ 3100 EMORY CHUF | | OAD SUITER C - OLN | EV M | D 20832 | |
| Telephone No. ► 301-774-2013 | CII I | Fax No D | <u> 11 , M</u> | D 20032 | |
| If the organization does not have an office or place of business | un the lin | * ************************************* | | | |
| If this is for a Group Return, enter the organization's four digit (| | | lf this is foi | the whole group, o | hook thic |
| box If it is for part of the group, check this box | | ch a list with the names and ElNs o | | | |
| 1 I request an automatic 3-month (6 months for a corporation | | | | ers trie extension is | ioi |
| NOVEMBER 15, 2014 , to file the exempt | | - | | The extension | |
| is for the organization's return for. | Ulyaniza | don return for the organization name | eu above | THE EXTENSION | |
| | | | | | |
| | | d ending MAR 31, 2014 | | | |
| ► X tax year beginning APR 1, 2013 | , an | dending FIAR 31, 2014 | | — · | |
| O If the tay year entered in line 1 is for less than 10 months, of | book roos | on: Initial return | Final retur | _ | |
| 2 If the tax year entered in line 1 is for less than 12 months, cl | neck reas | oninitiar return | rinai retur | 11 | |
| Change in accounting period | COCO | enter the tentative toy long any | $\overline{}$ | | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | 01 0005, | enter the tentative tax, less any | 20 | œ | 0. |
| nonrefundable credits See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | onter an | v refundable crodute and | 3a | \$ | <u> </u> |
| | | | 26 | • | 0. |
| estimated tax payments made Include any prior year overp | | | 3b | _\$ | <u> </u> |
| c Balance due. Subtract line 3b from line 3a Include your pa | • | • | | | ^ |
| by using EFTPS (Electronic Federal Tax Payment System) \$ | | | 3c | \$ 2070 50 4 | 0. |
| Caution. If you are going to make an electronic funds withdrawal instructions | (direct de | Dit) with this Form 8868, see Form 8 | 5453-EU ar | na rorm 88/9-EO fo | or payment |
| HOLI GOLIOTIS | | | | | |

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

| Form 8868 (Rev. 1-2014) | | | | | Page 2 |
|--|------------------|---|--------------|--------------|--------------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | tension, | complete only Part II and check this | box | | ▶ X |
| Note. Only complete Part II if you have already been granted an a | | | | 3868 | |
| If you are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no co | opies nee | eded). |
| | | Enter filer's | identifyin | a number. | see instructions |
| Type or Name of exempt organization or other filer, see instru | ctions | | | • | on number (EIN) or |
| print R/S FOUNDATION | | | , , | | , , |
| File by the C/O DR. DAVID M. REILE, TREA | ASURE | R | | 52-21 | .09630 |
| due date for Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions. | Social se | cunty numb | |
| filing your return See 3100 EMORY CHURCH ROAD, NO. | C | | | • | |
| City, town or post office, state, and ZIP code. For a fo | oreign add | fress, see instructions. | | | |
| OLNEY, MD 20832 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (file | e a separa | te application for each return) | - | - | 0 4 |
| | | | | | |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | | |
| 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 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already granted | | matic 3-month extension on a prev | iously file | d Form 886 | 38 |
| DR. DAVID M. RI | | | | | |
| The books are in the care of ► 3100 EMORY CHUI | RCH R | | EY, M | D 2083 | 2 |
| Telephone No ► 301-774-2013 | | Fax No. ▶ | | | |
| 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 | | ach a list with the names and EINs of | all memb | ers the exte | nsion is for |
| • | | ARY 15, 2015. | | 24 6 | |
| 5 For calendar year, or other tax year beginning | | | | | 014 |
| 6 If the tax year entered in line 5 is for less than 12 months, o | heck reas | son Initial return | Final r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | |
| ADDITIONAL TIME IS REQUIRED I | N ORD | ER TO OBTAIN INFOR | MATIO | N AND | COMPLETE |
| THE TAX RETURN. | | | | | |
| | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 | , or 6069, | enter the tentative tax, less any | 1 | | 0 |
| nonrefundable credits See instructions | | | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | |
| tax payments made Include any prior year overpayment al | lowed as | a credit and any amount paid | - | | 0 |
| previously with Form 8868. | | | 8b | \$ | 0. |
| Balance due. Subtract line 8b from line 8a. Include your pa | | th this form, if required, by using | | _ | 0 |
| EFTPS (Electronic Federal Tax Payment System). See instr | | at he completed for Dort II. | 8c | \$ | 0. |
| | | st be completed for Part II | - | | |
| Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and earliefete, and that I am authorized to prepare this fo | ng accom orm. | panying schedules and statements, and t | o the dest o | t my knowled | ige and belief, |
| | | | D-: | ► 11- | 5-14 |
| Signature Title | CPA | | Date | | |
| | | | | Form | 8868 (Rev 1-2014) |
| | | | | | |

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