

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 atwww.irs.gov/form990pf.

OMB No 1545-0052

| | ror | aler | toar year 2013 or tax year deginning OLL | 1 1, 2013 | , and ending | | JUN 30, 2014 | · |
|----------|----------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------|------------------------------------------------------|---------------------------------------------------|
| | Nai | ne of | foundation | | | | A Employer Identification | number |
| | V | K | ANN RASMUSSEN FOUNDATIO | N INC. | | | 46-2283123 | l j |
| | Nun | ber a | and street (or PO box number if mail is not delivered to street | t address) | Room/s | uite | B Telephone number | |
| | 4 | 75 | RIVERSIDE DRIVE | | 900 | | 212-812-42 | 71 |
| - | City | or t | own, state or province, country, and ZIP or foreign p | ostal code | | | C If exemption application is p | ending, check here . |
| | N | EW | YORK, NY 10115 | | | | | |
| 1 | G (| heck | call that apply Initial return | Initial return of a f | ormer public charity | | D 1. Foreign organizations | s, check here . \blacktriangleright |
| | | | Final return | Amended return | | | 2 5 | salvan the DEO/ hand |
| | | | Address change | Name change | | | Foreign organizations me check here and attach co | emputation |
| | <u> </u> | _ | type of organization X Section 501(c)(3) ex | | | | E If private foundation sta | |
| - | <u>L</u> | | ction 4947(a)(1) nonexempt charitable trust | Other taxable private found | | | under section 507(b)(1) | (A), check here . PL |
| - | | | · Gen | ing method Cash | Accrual | | F If the foundation is in a | |
| | | | | ther (specify) MODIFI | | | under section 507(b)(1) |)(B), check here ► |
| F | <u> </u> | | | ımn (d) must be on cash | l | | | (4) - |
| Į | Pa | rt l | Analysis of Revenue and Expenses (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 investmer income | nt | (c) Adjusted net income | (d) Disbursements for chantable purposes |
| - | | | | expenses per ocoks | | | N/A | (cash basis only) |
| | | 1 | Contributions, gifts, grants, etc., received | | | | N/A | |
| | | 2 | Check \(\bigset \bigset \lambda \) if the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments | <u> </u> | | | <u> </u> | |
| | | 3 | cash investments Dividends and interest from securities | ļ | | | | |
| | | 4 | _ | <u> </u> | | _ | | |
| | | | Gross rents Net rental Income or (loss) | | | | | |
| | | _ | | | | | [| |
| |)ue | va h | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | | |
| | Revenue | 7 | assets on line 6a Capital gain net income (from Part IV, line 2) | [, | | 0. | ······································ | |
| | æ | 8 | Net short-term capital gain | | | | | |
| | | 9 | Income modifications | | - 1.'''''''. '1 '141 1'''' | | | * (-) * ******************************** |
| | | 10a | Grass sales less returns | | | ••••• | | |
| C | | | Less Cost of goods sold | ************************************** | ************************************** | | , | |
| CIN7 | | | Gross profit or (loss) | | | | | |
| | | 11 | Other income | | | | | |
| ≈ . ∞ | | 12 | Total. Add lines 1 through 11 | 0. | | 0. | | |
| | | 13 | Compensation of officers, directors, trustees, etc | 0. | | 0. | | 0. |
| MAY | | 14 | Other employee salaries and wages | | | | | |
| | s | 15 | Pension plans, employee benefits | | | | | |
| | ıse | | Legal fees ! | RECEIVED | | | | <u> </u> |
| Z | Expenses | | Accounting fees (2) | -IVED | | | | |
| SCANNED | | | Accounting fees Other professional fees | MAY 2 6 2015 | | | | |
| Š | Administrative | 17 | interest | ""\ | (S) (S) | | | |
| (I) | itra | 18 | Taxes | TOO : | (A) | | | |
| | inis | 19 | Depreciation and depletion | PGDEN, UT | ~ | | | |
| | Ę | 20 | Occupancy | | | | | |
| | d A | 21 | Travel, conferences, and meetings | <u></u> | | | | |
| | and | 22 | Printing and publications | | | | | |
| | ing | 23 | Other expenses | | | | | |
| | era | 24 | Total operating and administrative | 0. | | 0. | | 0. |
| | Operating | 25 | expenses. Add lines 13 through 23 | 0. | | <u> </u> | | 0. |
| | | 25 | Contributions, gifts, grants paid | | | | | · · · · |
| | | 26 | Total expenses and disbursements. | 0. | | 0. | | 0. |
| | | 27 | Add lines 24 and 25 | <u> </u> | | | | |
| | | 27 | | 0. | | | | |
| | | | Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | | <u> </u> | 0. | | · . |
| | | | Adjusted net income (it regains, enter -0-) | | | | N/A | : |

| 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 | 0. |
| 2 | Enter amount from Part I, line 27a | 2 | 0. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 0. |
| 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 | 0. |

Form 990-PF (2013)

323521 10-10-13

8

0.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

| Forn | | | 22831 | | | Page 4 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------|-----------------------------------------|---------------|
| | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | 948 - | see ins | tru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1 | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1% | 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) | - 1 | | | | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0- | 5 | | | | 0. |
| 6 | Credits/Payments | | • | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 | | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | | | | | |
| | Backup withholding erroneously withheld . 6d . | _ 1 | | | • | ^ |
| | Total credits and payments Add lines 6a through 6d | 7 | | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached | 8 | | | | 0. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | <u> </u> |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be Credited to 2014 estimated tax | 11 | | | | |
| | rt VII-A Statements Regarding Activities | | | Т | Vac | No |
| ı a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i | " | <u> </u> | | 163 | X |
| | any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition) | 2 | | a b | | $\frac{x}{x}$ |
| U | If the answer is "Yes" to $1a$ or $1b$, attach a detailed description of the activities and copies of any materials published | | [| - | | |
| | distributed by the foundation in connection with the activities. | 3 0, | | | | |
| _ | Did the foundation file Form 1120-POL for this year? | | ١, | c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | |
| u | (1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0. | | 1 | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| ٠ | managers > \$ 0. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | |] | 2 | | X |
| _ | If "Yes," attach a detailed description of the activities. | | ļ | _ | | ··· |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | ŗ | | | | |
| - | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | a_ | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N, | /A [| b_ | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | | |
| | remain in the governing instrument? | | <u> </u> | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | ļ | 7 | • • • • • • • • • • • • • • • • • • • • | X |
| | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | DE | | | | | |
| 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) | 3.7 | / | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | /A 8 | b | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary | dar | } | | | v |
| | 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 | | Form S | 0 | DE / | |
| | | | romi s | JU. | ·rr(| 2013) |

| orm | 1990-PF (2013) V KANN RASMUSSEN FOUNDATION INC. 46 | -2283123 | 1 | Page 5 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|--------|
| Pa | art VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile | · | | |
| | If "Yes," attach statement (see instructions) | 12 | ĺĺ | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► WWW.VKRF.ORG | | | |
| 14 | The books are in care of ▶ IRENE KRARUP Telephone no. ▶2 | 12-812-4 | 268 | |
| | Located at ► 475 RIVERSIDE DRIVE, STE. 900, NEW YORK, NY ZIP | +4 ▶ 10115 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign | | | |
| | country > | | 1 | |
| Pa | 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. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | X No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | NO LA | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | ⊽] Na | | |
| | , | מא בב | | |
| | (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.) | X No | | |
| h | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| u | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 16 | | X |
| | | | ,,,,, | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| _ | before the first day of the tax year beginning in 2013? | 10 | | 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)) | | | |
| а | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | ļ | | |
| | before 2013? | X No | | |
| | If "Yes," list the years > | | | |
| þ | 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 | | | |
| | · · · · · · · · · · · · · · · · · · · | N/A 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here |]] | | |
| _ | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes | ∵) ,,_ | | |
| L | • • | ואט ואַ | | |
| 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, | ٦ | | |
| | | N/A 3b | 1 | |
| 42 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | · · · · · · · · · · · · · · · · · · · | | |
| U | had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 46 | 1 | Х |
| | The second secon | Form 99 0 |)-PF (| |

10-10-13

| Form 990-PF (2013) V KANN RASMUSSEN FOUNDAT | ION INC. | | 46-22831 | 23 Page 6 |
|--------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|----------------------------------------------------------------|----------------------------|
| Part VII-B Statements Regarding Activities for Which I | orm 4720 May Be I | Required (contin | | |
| 5a During the year did the foundation pay or incur any amount to | | · · · · · · · · · · · · · · · · · · · | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955), o | | ectly, | 1 | |
| any voter registration drive? | | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes: | ? | Y(| es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | for | | |
| the prevention of cruelty to children or animals? | | Y | es X No | |
| b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | ler the exceptions described | ın Regulations | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | ctions)? | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | |
| expenditure responsibility for the grant? | N | I/A | es L No | |
| If "Yes," attach the statement required by Regulations section 53.4945 | 5-5 <i>(d</i>). | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | |
| a personal benefit contract? | | Yı | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | ļ | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b |
| Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | y | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation | | | |
| List all officers, directors, trustees, touridation managers and their | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense |
| (a) Name and address | hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | account, other allowances |
| | to position | enter -0-) | compensation | allowalices |
| | | | | |
| SEE STATEMENT 1 | | 0. | 0. | 0. |
| | | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 1 | | <u> </u> |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (C) Compensation | and deferred compensation | allowances |
| NONE | | | | |
| | | | | |
| | |] | | |
| | | <u> </u> | | |
| | | | | |
| | · | | | ļ |
| | | | | |
| | | ļ | | |
| | | | | |
| | | L | L | |
| Total number of other employees paid over \$50,000 | | | P | 990-PE (2013) |

Form 990-PF (2013)

Total. Add lines 1 through 3

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, see ir | structions.) |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 0. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| P | art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0. |
| 2a | Tax on investment income for 2013 from Part VI, line 5 | | |
| b | Income tax for 2013 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 0. |
| P | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | _1a | |
| b | Program-related investments - total from Part IX-B | 16 | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | _ |
| | Income Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies for the se | ction |
| | 4940(e) reduction of tax in those years | | |

Form **990-PF** (2013)

Page 9

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, | | | | 0. |
| line 7 | · | ,, | ++,, | |
| 2 Undistributed income, if any, as of the end of 2013 | | | 0. | |
| a Enter amount for 2012 only b Total for prior years | · <u>·························</u> | | | |
| g rotarior prior years | | 0. | | * |
| 3 Excess distributions carryover, if any, to 2013 | *************************************** | | *************************************** | *************************************** |
| 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 ►\$O. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | 18¹ 1 1 1 1 1 1 1 1 1 | | | |
| 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 | 0. | | ······································ | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below | 7 | | | |
| a 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' 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 | | | | 0. |
| 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 | | | | f |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2014. | _ | ` | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | - |
| 10 Analysis of line 9 | | | | |
| a Excess from 2009 | | | | |
| b Excess from 2010 | • |] | , | |
| c Excess from 2011 | | | | (|
| d Excess from 2012 | | ļ | | • |
| e Excess from 2013 | | | | 202 27 |
| | | | | Form 990-PF (2013) |

| | RASMUSSEN F | | | | 83123 Page IL |
|-------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|--------------------------|------------------------------|---------------|
| Part XIV Private Operating F | | | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective fo | | • | . ▶ ∟ | | |
| b Check box to indicate whether the found | | ig foundation described | | 4942(j)(3) or49 |)42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2013 | (b) 2012 | Prior 3 years | (d) 2010 | (a) Total |
| income from Part I or the minimum | (4) 2013 | (0) 2012 | (c) 2011 | (0) 2010 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | - | ļ | | |
| 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 Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | <u> </u> | - | |
| alternative test relied upon | | | | | |
| a "Assets" alternative test - enter (1) Value of all assets | | | | | |
| , , , , , , , , , , , , , , , , , , , , | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | · · · · · · · · · · · · · · · · · · · | | | |
| 2/3 of minimum investment return | ł | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross | | | Ì | | |
| 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)(8)(iii) | | | | | |
| (3) Largest amount of support from | | | | , | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | 1 105.000 | |
| Part XV Supplementary Info at any time during t | | | | n nad \$5,000 or mo | ore in assets |
| | | uctions./ | N/A | | |
| 1 Information Regarding Foundatioa List any managers of the foundation who | = | han 2% of the total cont | ributions received by th | e foundation before the clos | on of any tay |
| year (but only if they have contributed m | | | ilbuttons received by th | e loundation before the clos | oe of any tax |
| | | | | | |
| b List any managers of the foundation who | o own 10% or more of the | stock of a corporation | or an equally large port | ion of the ownership of a pa | artnership or |
| other entity) of which the foundation has | | | | | · |
| | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan, | Scholarship, etc., Pr | ograms: | | |
| Check here 🕨 🗓 if the foundation o | | | | | |
| the foundation makes gifts, grants, etc. (| (see instructions) to indivi | duals or organizations u | nder other conditions, c | complete items 2a, b, c, and | <u>d</u> |
| a The name, address, and telephone number | per or e-mail address of th | ie person to whom appli | cations should be addre | essed | |
| | | | | | |
| | | | | | |
| b The form in which applications should b | e submitted and informati | on and materials they st | iould include | | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards | s such as by geographical | l areas, charitable fields | kinds of institutions or | other factors | |
| , roomened or miniations on attained | , et e, goograpmou | | 20 21 | | |
| | | | | | |

Form 990-PF (2013)

Total

| Enter gross amounts unless otherwise indicated | | ousiness income | Exclud | led by section 512, 513, or 514 | (e) |
|--------------------------------------------------------------|------------------------|-----------------------|------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue a | code | | - Code | | |
| ab | | | +-+ | | |
| C | 1 1 | | | | |
| d | | | 1 | | |
| e | 1 | | 1 | · | |
| ſ | | | | | |
| 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 | | | | <u> </u> | |
| 5 Net rental income or (loss) from real estate | | | | *************************************** | (81 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - 181 - |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | 1 | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | 1 1 | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | - | | |
| O Gross profit or (loss) from sales of inventory | | | 4 | | |
| 1 Other revenue | 1 1 | | 1 | | |
| a | | | + | | |
| b | | | | | |
| c | | | | | |
| de | | | + | | |
| 2 Subtotal Add columns (b), (d), and (e) | _ _ | 0. | . + - + | 0. | 0. |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13_ | |
| See worksheet in line 13 instructions to verify calculations |) | | | | |
| Part XVI-B Relationship of Activitie | | nlishment of F | vemnt | Purnoses | |
| relationship of Activitie | 5 to the Accon | phoninent of L | xempt | | |
| Line No. Explain below how each activity for which is | | | | | lishment of |
| ▼ the foundation's exempt purposes (other th | nan by providing funds | for such purposes) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | . | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

323621 10-10-13

| Pa | rt XVI | Information Re Exempt Organ | | o and Transactions a | and Relationships With Noncha | ıritable | е | |
|--------|------------------|--------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|-------------|-----------|--------------|
| 1 | Did the | | | wing with any other organization | on described in section 501(c) of | 7' | Yes | No |
| | | | r)(3) organizations) or in section | | • • | 1 | | |
| | | · · | ation to a noncharitable exempt | | | | | |
| | (1) Cas | | • | • | | 1a(1) | [| X _ |
| | (2) Oth | er assets | | | | 1a(2) | | Х |
| b | Other tra | insactions | | | | | | |
| | (1) Sale | es of assets to a noncharita | ble exempt organization | | | 16(1) | | X |
| | (2) Pur | chases of assets from a no | ncharitable exempt organization | 1 | | 16(2) | | X |
| | (3) Ren | tal of facilities, equipment, | or other assets | | | 1b(3) | ! | X |
| | (4) Reir | nbursement arrangements | | | | 16(4) | _ | X |
| | | ns or Ioan guarantees | | | | 1b(5) | | X |
| | | | embership or fundraising solicita | | | 16(5) | | X |
| | - | | uling lists, other assets, or paid | | | 10 | لـــا | X |
| | or servic | es given by the reporting fo | oundation. If the foundation rec | eived less than fair market valu | vays show the fair market value of the goods, e in any transaction or sharing arrangement, s | | ets, | |
| | | | other assets, or services receive | eo able exempt organization | (d) 0 | | | |
| (a) Li | ne no | (b) Amount involved | N/A | | (d) Description of transfers, transactions, and | shanng an | rangeme | nts |
| | | | N/2 | 1 | | | | |
| | | | | | - | | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | le the for | undation directly or indirect | tly affiliated with, or related to, o | and or more tax-exempt organiz | rations described | | | |
| | | | r than section 501(c)(3)) or in s | | cations described | Yes | ΪX | No |
| | | complete the following sch | , ,, ,, | 00(1011 027 | | | (| , |
| | ,, ,,,, | (a) Name of org | | (b) Type of organization | (c) Description of relations | hip | | |
| | | N/A | <u></u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | statements, and to the best of my knowledge ation of which preparer has any knowledge | y the IRS d | liscuss t | his |
| Sig | ın į 👢 | - 1111 | 1/1/21 | Chilie | She she | um with the | (see Inst | <u>(</u> ,)? |
| He | | Juni | | 4/1// | V CACOALL O VI CION C | X Yes | | J No i |
| | 510 | nature of officer or trustee | | Daté | Title Land Date Check If PTIN | | | |
| | | Print/Type preparer's na | THE KINDSTON | s signature | Date Check I If PTIN self- employed | | | |
| Pai | Н | THOMAS BLA | NEV (2) | 4161- | | 0234 | 022 | |
| | u eparer | | ONNOR DAVIES, | LLD | Firm's EIN ▶ 27-1 | | | |
| | e Only | | OHHOR DAVIED! | ., | riiii 5 Cilv = 2 / - I | , 200 | | |
| | y | | 5 FIFTH AVENUE | | | | | |
| | | í | W YORK, NY 100 | | Phone no (212) | 286- | 2600 | 0 |
| | | | | | | orm 990 | | |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | STATEMENT | | | |
|----------------------------------------------------------------------------------------|-------------------|-------------------|---------------------------------|---------|
| NAME AND ADDRESS | | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| HANS KANN RASMUSSEN 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115 | DIRECTOR AND 1.00 | BOARD CHAIRM | 0. | 0. |
| ANNE-MARGRETE OGSTRUP-PEDERSEN 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ASTRID KANN-RASMUSSEN 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115 | DIRECTOR 1.00 | 0. | 0. | 0. |
| KRISTIAN KANN RASMUSSEN 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DR. LOIS E.H. SMITH 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

| | | . 0000 0110 115 | | 1110000 | | |
|------------------------------|----------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|------------------|
| • If you a | re filing for an Automatic 3-Month Extension, con | nplete only Pa | art I and check this box | | | ► X |
| • If you a | re filing for an Additional (Not Automatic) 3-Mont | h Extension, o | complete only Part II (on page 2 of | this form) | • | |
| Do not co | mplete Part II unless you have already been gran | ted an automa | atic 3-month extension on a previous | sly filed Fo | orm 8868. | |
| Electroni | c filing (e-file). You can electronically file Form 886 | 8 if you need | a 3-month automatic extension of tir | ne to file (| 6 months for a | corporation |
| required t | o file Form 990-T), or an additional (not automatic) 3 | 3-month extens | sion of time. You can electronically f | ile Form 8 | 868 to reques | t an extension |
| of time to | file any of the forms listed in Part I or Part II with th | e exception of | Form 8870, Information Return for | Transfers | Associated Wi | ith Certain |
| Personal I | Benefit Contracts, which must be sent to the IRS in | paper format | (see instructions). For more details of | on the ele | ctronic filing of | f this form, |
| | irs.gov/efile and click on e-file for Charities & Nonpi | | · · · · · · · · · · · · · · · · · · · | | | |
| Part I | | | | | 1) | |
| A corpora | tion required to file Form 990-T and requesting an a | utomatic 6-mo | onth extension - check this box and | complete | | |
| Part I only | , | | | | | > |
| | corporations (including 1120-C filers), partnerships, i | REMICs, and t | rusts must use Form 7004 to reques | | | |
| | ome tax returns. | | | | er's identifyin | |
| Type or print | Name of exempt organization or other filer, see in | structions. | | Employe | r identification | number (EIN) or |
| File by the | V KANN RASMUSSEN FOUNDAT | | | | 46-228 | 3123 |
| due date for filing your | Number, street, and room or suite no. If a P.O. bo 475 RIVERSIDE DRIVE, NO. | | tions. | Social se | curity number | (SSN) |
| return See instructions | City, town or post office, state, and ZIP code. For NEW YORK, NY 10115 | | lress, see instructions. | | | |
| F-446 | | (6) | 4 | | | 0 4 |
| Enter the | Return code for the return that this application is fo | r (tile a separa | te application for each return) | | | 0 4 |
| Application | on | Return | Application | | | Return |
| Is 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 |
| | IRENE KRARUP | | | | | _ |
| | oks are in the care of ▶ 475 RIVERSID | E DRIVE | | ORK, | NY 1011 | 5 |
| | one No. ► 212-812-4268 | _ | Fax No. 🕨 | | | . — |
| | rganization does not have an office or place of busi | | | | | ▶ [] |
| _ | s for a Group Return, enter the organization's four o | $\overline{}$ | | | | |
| | . If it is for part of the group, check this box | | | | ers the extens | ion is for. |
| | quest an automatic 3-month (6 months for a corpora FEBRUARY 15, 2015, to file the exi | | | | The extension | |
| | r the organization's return for: | , , | _ | | | |
| ▶[| calendar year or | | | | | |
| ▶[| X tax year beginning JUL 1, 2013 | , an | d ending JUN 30, 2014 | | | |
| | | | | | _ | |
| 2 If the | e tax year entered in line 1 is for less than 12 month | s, check reas | on: Initial return I | Final retur | n | |
| 2 o 16 th | J Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4 | 720 ~ 6060 | onter the tentative tay less any | \neg | | |
| | | 720, Or 6069, | enter the tentative tax, less any | 20 | • | 0. |
| _ | refundable credits. See instructions. | 2000 | . unfine de la la constitución de la constitución d | 3a | \$ | |
| | is application is for Forms 990-PF, 990-T, 4720, or 6 | | | 2. | • | 0. |
| | mated tax payments made. Include any prior year o | | | 3b | \$ | |
| | ance due. Subtract line 3b from line 3a. Include you | | | 3с | • | 0. |
| | ising EFTPS (Electronic Federal Tax Payment Syste f you are going to make an electronic funds withdra | | | | nd Form 8879. | |
| instruction | ns | | | | | |
| LHA Fo 323841 12-31-13 | or Privacy Act and Paperwork Reduction Act Not | ice, see instri | uctions. | | Form 880 | 68 (Rev. 1-2014) |

| Form 8868 (Rev. 1-2014) | | | | | Page 2 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|--------------|-----------------------------------------|-------------------|--|
| If you are filing for an Additional (Not Automatic) 3-Month E | xtension, | complete only Part II and check this | box | | ightharpoons | |
| Note. Only complete Part II if you have already been granted an | automatic | 3-month extension on a previously fi | led Form | 8868 | 1 | |
| If you are filing for an Automatic 3-Month Extension, compl | | | | | | |
| Part II Additional (Not Automatic) 3-Month | Extensio | n of Time. Only file the origin | al (no c | opies nee | ded). | |
| | | Enter filer's | identifyir | ng number, | see instructions | |
| | | | Employe | Employer identification number (EIN) or | | |
| rint | | | | 46-2283123 | | |
| | | | Social se | Social security number (SSN) | | |
| return See 475 RIVERSIDE DRIVE, NO. 900 | | | | ————— | | |
| City, town or post office, state, and ZIP code. For a NEW YORK, NY 10115 | foreign add | dress, see instructions | | | | |
| NEW YORK, NY 10115 | | | | | | |
| Enter the Return code for the return that this application is for (f | ile a separa | te application for each return) | | | 0 4 | |
| Application | Return | Application | | | Return | |
| Is 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 grante | d an autor | natic 3-month extension on a prev | iousiy tile | a Form 886 | 8 | |
| The books are in the care of ► 475 RIVERSIDE | שעדפת | COTE OND - NEW V | אמר | NTV 101 | 15 | |
| Telephone No. ▶ 212-812-4268 | DVIAR | Fax No ▶ | | 111 101 | <u> </u> | |
| If the organization does not have an office or place of business | se in the l li | | | | ▶ □ | |
| If this is for a Group Return, enter the organization's four digr | | | f this is fo | r the whole o | roup, check this | |
| box ► If it is for part of the group, check this box ► | | ach a list with the names and EINs of | | | | |
| 4 I request an additional 3-month extension of time until | | | | | | |
| 5 For calendar year, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014 | | | | | | |
| 6 If the tax year entered in line 5 is for less than 12 months, | | | Final r | | _ | |
| Change in accounting period | | | | | | |
| 7 State in detail why you need the extension | | | | | <u> </u> | |
| ADDITIONAL TIME IS NEEDED TO | COMPI | LE THE INFORMATION | NECE | SSART | TO FILE | |
| A COMPLETE AND ACCURATE RETUR | N. | | | | | |
| | | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 472 | 0, or 6069, | enter the tentative tax, less any | | | _ | |
| nonrefundable credits. See instructions. | | | 8a | \$ | 0. | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 606 | | • | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | • | |
| previously with Form 8868 | | | 8b | \$ | 0. | |
| Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using | | | | | 0 | |
| EFTPS (Electronic Federal Tax Payment System) See inst | | | 8c | \$ | <u> </u> | |
| • | | st be completed for Part II o | - | | and halist | |
| Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this | form. | panying schedules and statements, and to | the best o | t my knowled | ge and belief, | |
| Signature > Minem) (1/1/2) Entry Title > | <u>('Y/</u> | | Date | <i>▶.a</i> /1 | a/b | |
| | | | | Form 8 | 3868 (Rev 1-2014) | |