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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.**2014**

Open to Public Inspection

For calendar year 2014 or tax year beginning

, 2014, and ending

, 20

Name of foundation

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

6001 MONTROSE ROAD SUITE 403

City or town, state or province, country, and ZIP or foreign postal code

ROCKVILLE, MD 20852

G Check all that apply

☐ Initial return☐ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at

end of year (from Part II, col. (c), line

16) ▶ \$ 1,469,880.

J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) _____

(Part I, column (d) must be on cash basis)

A Employer identification number

20-1933917

B Telephone number (see instructions)

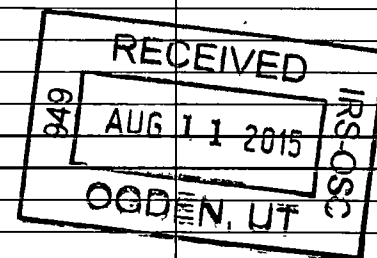
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C If exemption application is
pending, check here☐

D 1 Foreign organizations, check here

☐2 Foreign organizations meeting the
85% test, check here and attach
computation☐E If private foundation status was terminated
under section 507(b)(1)(A), check here☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here☐**Part I Analysis of Revenue and Expenses** (The
total of amounts in columns (b), (c), and (d)
may not necessarily equal the amounts in
column (a) (see instructions))(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	260,000.			
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	18,910.	18,910.		ATCH 1
	4	Dividends and interest from securities	9,240.	9,240.		ATCH 2
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	-2,671.			
	b	Gross sales price for all assets on line 6a	266,730.			
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
Operating and Administrative Expenses	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule) ATCH. 3	64,793.			
	12	Total. Add lines 1 through 11	350,272.	28,150.		
	13	Compensation of officers, directors, trustees, etc	0			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule) ATCH. 4	3,950.			
	c	Other professional fees (attach schedule) [5]	4,547.			
	17	Interest				
	18	Taxes (attach schedule) (see instructions) [6]	912.			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule) ATCH. 7	2,120.			
	24	Total operating and administrative expenses. Add lines 13 through 23.	11,529.			
	25	Contributions, gifts, grants paid	200,994.			200,994.
	26	Total expenses and disbursements. Add lines 24 and 25	212,523.	0	0	200,994.
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	137,749.			
	b	Net investment income (if negative, enter -0-)		28,150.		
	c	Adjusted net income (if negative, enter -0-)				



Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	340,515.	492,049.	492,049.
	3 Accounts receivable ▶ 2.			
	Less allowance for doubtful accounts ▶	180.	2.	2.
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10 a Investments - U.S. and state government obligations (attach schedule) [8]	153,214.	168,214.	172,846.
	b Investments - corporate stock (attach schedule) ATCH 9	444,294.	439,823.	534,884.
	c Investments - corporate bonds (attach schedule) ATCH 10	285,888.	261,752.	270,099.
	11 Investments - land, buildings, and equipment basis ▶			
Less accumulated depreciation ▶ (attach schedule)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶ (attach schedule)				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	1,224,091.	1,361,840.	1,469,880.	
Liabilities	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 (attach schedule)			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, . . . ▶ <input checked="" type="checkbox"/>			
	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	1,224,091.	1,361,840.	
30 Total net assets or fund balances (see instructions)	1,224,091.	1,361,840.		
31 Total liabilities and net assets/fund balances (see instructions)	1,224,091.	1,361,840.		

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	1,224,091.
2 Enter amount from Part I, line 27a	2	137,749.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,361,840.
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,361,840.

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Part IV Capital Gains and Losses for Tax on Investment Income

(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) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	-2,671.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	0	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	447,650.	1,345,570.	0.332684
2012	162,100.	1,065,433.	0.152145
2011	388,000.	687,848.	0.564078
2010	157,400.	670,251.	0.234837
2009	163,100.	350,205.	0.465727
2 Total of line 1, column (d)			2 1.749471
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.349894
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 1,349,763.
5 Multiply line 4 by line 3			5 472,274.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 282.
7 Add lines 5 and 6			7 472,556.
8 Enter qualifying distributions from Part XII, line 4 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			8 200,994.

Part VI 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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b		1	563.
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-)		2	
3 Add lines 1 and 2		3	563.
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	563.
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	524.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	650.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		1,174.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		611.
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 611. Refunded <input type="checkbox"/>	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 any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 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?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?		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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MD, _____		
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) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>DEENA L. KAPLAN</u> Telephone no <u>301-468-9070</u> Located at <u>6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD</u> ZIP+4 <u>20852</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. <u>15</u>			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country <u></u>	16	Yes	No X

Part 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
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
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 2014?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <u></u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u></u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **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 shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 11		0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE ----- ----- -----	
2 ----- ----- ----- -----	
All other program-related investments See instructions	
3 NONE ----- ----- -----	
Total. Add lines 1 through 3 ▶	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,065,273.
b	Average of monthly cash balances	1b	305,045.
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	1,370,318.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,370,318.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions).	4	20,555.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,349,763.
6	Minimum investment return. Enter 5% of line 5	6	67,488.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	67,488.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	563.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	563.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	66,925.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	66,925.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	66,925.

Part XII 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	200,994.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	200,994.
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	200,994.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				66,925.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u>				
3 Excess distributions carryover, if any, to 2014				
a From 2009 145,590.				
b From 2010 124,014.				
c From 2011 353,981.				
d From 2012 109,268.				
e From 2013 380,887.				
f Total of lines 3a through e	1,113,740.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>200,994.</u>				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2014 distributable amount				66,925.
e Remaining amount distributed out of corpus	134,069.			
5 Excess distributions carryover applied to 2014 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,247,809.			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	145,590.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	1,102,219.			
10 Analysis of line 9				
a Excess from 2010 124,014.				
b Excess from 2011 353,981.				
c Excess from 2012 109,268.				
d Excess from 2013 380,887.				
e Excess from 2014 134,069.				

NOT APPLICABLE

PAGE 10

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHED LIST			CHARITABLE	200,994.
Total			3a	200,994.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments				14	18,910.	
4 Dividends and interest from securities				14	9,240.	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property .						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory				18	-2,671.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory . .						
11 Other revenue a _____						
b ATCH 12						64,793.
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e)					25,479.	64,793.
13 Total. Add line 12, columns (b), (d), and (e)					13	90,272.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2014▶ **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.**Name of the organization**

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Employer identification number

20-1933917

Organization type (check one)**Filers of:****Section:**

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2014)

Name of organization JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Employer identification number
20-1933917**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEROME A. KAPLAN & DEENA L. KAPLAN 5420 GOLDSBORO ROAD BETHESDA, MD 20817	\$ 260,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Employer identification number

20-1933917

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----

Name of organization JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Employer identification number

20-1933917

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐**All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

20-1933917

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

6001 MONTROSE ROAD SUITE 403

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

ROCKVILLE, MD 20852

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return 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

- The books are in the care of ▶ DEENA L. KAPLAN, 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852

Telephone No. ▶ 301 468-9070

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2014 or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 650-

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2014)

JSA

Funds pd on Line See Attached

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					82.	
179,201.		CHEVY CHASE #1328 ST COVERED 179,297.					VAR -96.	VAR
38,735.		CHEVY CHASE #1328 LT COVERED 40,916.					VAR -2,181.	VAR
48,712.		CHEVY CHASE #1328 LT NONCOVERED 49,188.					VAR -476.	VAR
TOTAL GAIN(LOSS)							<u>-2,671.</u>	

P.O. BOX 20000
ALEXANDRIA, VA 22313

			REQUESTED
ALZHEIMER'S ASSOC. PO BOX 96011 WASHINGTON, D.C. 20090-6011	500.00	500.00	
ADL 605 THIRD AVENUE NEW YORK, NY 10158	5,000.00	4,100.00	X
ALS ASSOCIATEION 1275 K STREET, N.W SUITE 250 WASHINGTON, D C 20005	500 00	500.00	X
AMERICAN FRIENDS OF MAGEN DAVID ADOM 352 SEVENTH AVENUE, SUITE 400 NEW YORK, NY 10001	1,000 00	1,000.00	X
AMERICAN HEART ASSOC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	250.00	250 00	X
AMERICAN CANCER SOCIETY P O. BOX 22538 OKLAHOMA CITY, OK 73123	250.00	250.00	X
L'ARCHE P.O BOX 21471 WASHINGTON, D C. 20009	1,000 00	1,000.00	X
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	250 00	250.00	X
AMERICAN DIABETES ASSOCIATION 1701 BEAUREGARD STREET ALEXANDRIA, VA 22311	250 00	250.00	X
ARTHRITIS FOUNDATION P O. BOX 96280 WASHINGTON, D.C. 20090-6280	500 00	494 00	X
AVALON THEATRE 5612 CONNNECTICUT AVENUE, N.W. WASHINGTON, D.C. 20015	500 00	500 00	X
BETHESDA-CHEVY CHASE RESCUE SQUAD 5020 BATTERY LANE BETHESDA, MD 20814	500.00	500 00	X
BUTLER - WYATT CLUBHOUSE # 2 128 M STRET, N.W. WASHINGTON, D.C. 20001	8,000 00	8,000.00	X
CAPITAL AREA FOOD BANK 49 PUERTO RICO AVENUE, N.E WASHINGTON, D.C 20017	5,000 00	5,000.00	X
CAPITAL CARING 2900 TELESTAR COURT FALLS CHURCH, VA 22042	250.00	250.00	X
CHESAPEAKE BAY FNDTN 6 HERNDON AVENUE ANNAPOLIS, MD 21403	2,500.00	2,500.00	X
COMMUNITY OF HOPE 4 ATLANTIC STREET, S W.	2,500.00	2,500.00	X

3301 ARDEN ROAD
BETHESDA, MD 20814

CATALOGUE FOR PHILANTHROPY 1899 L STREET, N.W. SUITE 900 WASHINGTON, D.C. 20036	100.00	100.00	X
CORNERSTONES 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190	1,000.00	1,000.00	X
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	2,000.00	2,000.00	X
DYSTONIA MEDICAL RESEARCH FNDTN 1 EAST WACKER DRIVE SUITE 2810 CHICAGO, IL 60601-1905	250.00	250.00	X
THE ELLINGTON FUND 2001 10TH STREET, N.W. WASHINGTON, D.C. 2001	250.00	250.00	REQUESTED
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	3,000.00	3,000.00	X
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	500.00	500.00	X
GOODWILL OF GREATER WASHINGTON 2200 SOUTH DAKOTA AVENUE, N.E. WASHINGTON, D.C. 20018	1,000.00	1,000.00	X
HEBREW HOME OF GRTR WASHINGTON 6121 MONTROSE ROAD ROCKVILLE, MD 20852	50,000.00	50,000.00	X
HEBREW HOME OF GREATER WASHINGTON 6121 MONTROSE ROAD ROCKVILLE, MD 20852	10,000.00	10,000.00	X
HADASSAH 50 WEST 58TH STREET NEW YORK, NY 10019	2,500.00	2,500.00	X
HIAS 333 7TH AVENUE NEW YORK, NY 10001	250.00	250.00	X
HILLEL 800 EIGHTH STREET, N.W. WASHINGTON, D.C. 20001	500.00	500.00	X
HOUSE OF RUTH 5 THOMAS CIRCLE, N.W. WASHINGTON, D.C. 20005	1,000.00	1,000.00	X
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE, S.W. WASHINGTON, D.C. 20024	10,000.00	8,800.00	X
HOMELESS CHILDREN'S PLAYTIME PROJECT 1525 NEWTON STREET, N.W. WASHINGTON, D.C. 20010	1,000.00	1,000.00	X
HOPE FOR HENRY FOUNDATION 2300 WISCONSIN AVENUE, SUITE 100 A WASHINGTON, D.C. 20007	1,000.00	1,000.00	X

3000 BEECHCROFT ROAD, SUITE 300
HYATTSVILLE, MD 20782

IONA 4125 ALBERMARLE STREET, N.W., WASHINGTON, D.C. 20016	250.00	250.00	X
INTERNATIONAL RETT SYNDROME FNDTN 4600 DEVITT DRIVE CINCINNATI, OH 45246	500.00	500.00	X
JCC OF GREATER WASHINGTON 6125 MINTROSE ROAD ROCKVILLE, MD 20852	10,000.00	10,000.00	X
JCC ASSOCIATION 520 8TH AVENUE, 4TH FLOOR NEW YORK, NY 10018	250.00	250.00	X
JEWISH FNDTN FOR GROUP HOMES 1500 E. JEFFERSON STREET ROCKVILLE, MD 20852	2,500.00	2,500.00	X
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	500.00	500.00	X
JEWISH WAR VETERANS OF THE US 1811 R STREET, N.W. WASHINGTON, D.C. 20009	250.00	250.00	X
JSSA 200 WOOD HILL ROAD ROCKVILLE, MD 20850	10,000.00	10,000.00	X
JSSA 200 WOOD HILL ROAD ROCKVILLE, MD 20850	5,000.00	5,000.00	X
JBI INTERNATIONAL 110 EAST 30TH STREET NEW YORK, NY 10016	250.00	250.00	X
JUVENILE DIABETES RESEARCH FNDTN 1400 K STREET, N.W. SUITE 725 WASHINGTON, D.C. 20005	2,500.00	2,500.00	X
LEARNING ALLY (RECORDING FOR THE BLIND AND DYSLEXIC) 20 ROSZEL ROAD PRINCETON, NJ 08540	250.00	250.00	X
MPT 11767 OWINGS MILLS BLVD. OWINGS MILLS, MD 21117	5,000.00	5,000.00	X
MID ATLANTIC INNOCENCE PROJECT 2000 H STREET, N.W. WASHINGTON, D.C. 20052	1,000.00	1,000.00	X
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	250.00	250.00	X
NATIONAL VULVODYNIA ASSOCIATION P.O. BOX 4491 SILVER SPRING, MD 20914	5,000.00	5,000.00	X
ORT AMERICA 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	500.00	500.00	X

1100 15TH STREET, N.W.
WASHINGTON, D.C. 20036

PARKINSON'S DISEASE FOUNDATION
1359 BROADWAY, SUITE 1509
NEW YORK, NY 10018

500.00

500.00

X

PROJECT INTERCHANGE
1156 15TH STREET, N.W., SUITE 1201
WASHINGTON, D.C. 20005

500.00

500.00

REQUESTED

PULMONARY FIBROSIS FOUNDATION
811 WEST EVERGREEN AVENUE, SUITE 204
CHICAGO, IL 60642

250.00

250.00

X

PURDUE FOUNDATION
403 WEST WOOD STREET
WEST LAFAYETTE, IN 47907

5,000.00

5,000.00

X

REACH FOR COLLEGE
700 12TH STREET, N.W., SUITE 700
WASHINGTON, D.C. 200058

1,000.00

1,000.00

X

SEA WEBB
8403 COLESVILLE ROAD, SUITE 1100
SILVER SPRING, MD 20910

500.00

500.00

X

SMILE TRAIN
41 MADISON AVENUE, 28TH FLOOR
NEW YORK, NY 10010

250.00

250.00

X

SO OTHERS MIGHT EAT
71 O STREET, N.W.
WASHINGTON, D.C. 20001

5,000.00

5,000.00

X

WASHINGTON TENNIS & EDCTN FNDTN
16TH & KENNEDY STS, N.W.
WASHINGTON, D.C. 20011

5,000.00

5,000.00

X

WEIZMANN INSTITUTE OF SCIENCE
144 TENNESSEE AVENUE, N.E.
WASHINGTON, D.C. 20002

2,500.00

2,500.00

X

WOMEN FOR WOMEN INTERNATIONAL
2000 M STREET, N.W., SUITE 200
WASHINGTON, D.C. 20036

2,500.00

2,500.00

X

WASHINGTON HUMANE SOCIETY
7319 GEORGIA AVENUE, N.W.
WASHINGTON, D.C. 20012

500.00

500.00

X

A WIDER CIRCLE
9159 BROOKVILLE ROAD
SILVER SPRING, MD 20910

1,000.00

1,000.00

X

YELLOW RIBBON FUND
4805 DEL RAY AVENUE, SUITE 500
BETHESDA, MD 20814

2,500.00

2,500.00

X

YOUNG PLAYWRIGHTS' THEATER
2437 15TH STREET, N.W., 3RD FLOOR
WASHINGTON, D.C. 20009

500.00

500.00

X

YACHAD
16666 CONNECTICUT AVENUE, NW. SUITE 500
WASHINGTON, D.C. 20009

1,000.00

1,000.00

X

TOTAL

203,100.00

200,994.00 TB

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
BANK OF AMERICA	18.	18.
CHEVY CHASE TRUST	18,892.	18,892.
TOTAL	<u>18,910.</u>	<u>18,910.</u>

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDEND INCOME - CHEVY CHASE TRUST	9,240.	9,240.
TOTAL	<u>9,240.</u>	<u>9,240.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
MADOFF RECOVERY DISTRIBUTIONS	64,793.
TOTALS	<u>64,793.</u>

ATTACHMENT 4

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING FEES	3,950.			
TOTALS	<u>3,950.</u>			

ATTACHMENT 5FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
CHEVY CHASE TRUSTEE FEES	4,547.
TOTALS	<u>4,547.</u>

ATTACHMENT 6FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
TAXES	600.
FOREIGN TAX	312.
TOTALS	<u>912.</u>

ATTACHMENT 7FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
OTHERS FEES AND EXPENSES	2,120.
TOTALS	<u>2,120.</u>

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

<u>DESCRIPTION</u>	<u>ATTACHMENT 8</u>	
	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
MUNICIPAL BONDS	168,214.	172,846.
STATE OBLIGATIONS TOTAL	<u>168,214.</u>	<u>172,846.</u>

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 9

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
TEMPLETON GLOBAL BOND FUND-AD	12,903.	11,646.
RIDGEWORTH SEIX FLOATING RATE		
BANCO LANTINOMERICANO DE COMER	8,322.	9,783.
BERKSHIRE HATHAWAY INC-CL B	8,626.	11,261.
CHARLES SCHWAB CORP	9,021.	12,076.
GOLDMAN SACHS GROUP INC		
STARWOOD PROPERTY TRUST INC	7,378.	7,902.
TRAVELERS COMPANIES INC	5,408.	6,880.
US BANCORP	9,507.	11,238.
VISA INC	7,335.	10,488.
JOHNSON & JOHNSON	6,785.	7,843.
PERRIGO CO PLC		
ROCHE HLDG LTD SPONSORED	7,893.	8,498.
SIGMA ALDRICH CORP	6,263.	10,295.
SONOVA HOLDING AG		
SPDR S&P BIOTECH ETF	5,887.	9,323.
STRYKER CORP COM	6,776.	9,433.
VARIAN MEDICAL SYSTEM INC	7,066.	8,651.
DANAHER CORP	8,200.	9,428.
EMERSON ELECTRIC	7,547.	7,716.
FLOWSERVE CORP		
ILLINOIS TOOL WORKS		
ROPER INDS INC NEW	6,459.	7,818.
VALMONT INDUSTRIES		
3M CO		
APPLE COMPUTER	7,024.	9,859.
CISCO SYSTEMS INC	9,129.	15,453.
GEMALTO NV	9,787.	11,126.
GOOGLE INC CL-A	7,209.	7,960.

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 9 (CONT'D)

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
IBM CORPORATION		
MICROSOFT CORP	10,645.	13,935.
SAP ADTIENGESELLSCHAFT SPONSOR	9,183.	8,706.
XLINX INC		
FMC CORP		
MONSANTO CO NEW	4,981.	5,974.
AMERICAN ELEC POWER	5,753.	7,590.
NEXTERA ENERGY	6,276.	7,972.
ISHARES CORE S&P SMALL CAP ETF	9,625.	11,520.
TORTOISE MLP FUND		
DOLLAR GENERAL CORP		
HOME DEPOT INC		
JOHNSON CTLS INC	10,015.	12,085.
STARBUCKS CORP	11,233.	12,308.
TJX COMPANIES	3,078.	4,115.
VF CORP	7,199.	10,486.
WALT DISNEY COMPANIES	8,256.	11,774.
COLGATE-PALMOLIVE	9,148.	10,379.
CVS CAREMARK CORP	7,430.	12,039.
DIAGEO PLC		
GENERAL MILLS		
NESTLE SA SPONS ADRS	8,340.	9,119.
PEPSICO INC	8,278.	9,456.
CHEVRON CORP	9,293.	8,414.
DEVON ENERGY CORPORATION NEW		
NATIONAL-OILWELL INC	6,378.	6,553.
PACIFIC RUBIALES ENERGY CORP		
SCHLUMBERGER LTD	8,958.	8,541.
SUNCOR ENERGY INC		

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 9 (CONT'D)

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
AMERICAN INTERNATIONAL GROUP	5,263.	5,601.
DISCOVER FINL SVCS	7,551.	7,859.
LAZARD LTD CLASS A	7,885.	7,505.
ILLUMINA INC	8,494.	10,152.
JUNO THERAPEUTICS INC	21,469.	39,165.
QUINTILES TRANSITIONAL HOLDING	4,715.	5,004.
UNITED HEALTH GROUP INC	4,515.	5,055.
KUKA AG	4,503.	5,524.
GOOGLE INC CLASS C	4,062.	4,738.
IAC INTERACTIVECORP	6,615.	6,079.
NVIDIA CORP	9,666.	10,226.
RED HAT INC COM	4,852.	4,909.
SANDISK CORP COM	8,254.	10,778.
ECOLAB INC	5,160.	5,226.
AMAZON COM INC	5,143.	4,966.
MARRIOTT INTERNATIONAL INC	7,457.	9,754.
VINCE HOLDING CORP	5,106.	4,967.
COSTCO WHSL CORP NEW	8,127.	9,922.
RANGE RESOURCES CORP	2,392.	1,811.
TOTALS	<u>439,823.</u>	<u>534,884.</u>

FORM 990PF, PART II - CORPORATE BONDSATTACHMENT 10

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
TIME WARNER	24,970.	25,350.
GEN ELEC CAP CRP MTN	26,171.	27,751.
GEN ELEC CAP CRP MTN	25,684.	28,615.
GEN ELEC CAP CRP MTN	16,244.	16,878.
MORGAN STANLEY MTN	10,394.	10,737.
AGILENT TECHNOLOGIES	6,014.	5,550.
GEN ELEC CAP CRP MTN	51,066.	54,762.
WASHINGTON REIT	26,158.	25,009.
PETROBRAS INTL FIN CO	50,000.	50,704.
GENERAL ELECTRIC	25,051.	24,743.
PENTAIR FINANCE SA		
TOTALS	<u>261,752.</u>	<u>270,099.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 11

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JEROME A KAPLAN 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852	PRESIDENT	0	0	0
DEENA L KAPLAN 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852	SECRETARY TREAS	0	0	0
KAREN E KAPLAN 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852	VICE PRESIDENT	0	0	0
JESSICA M KAPLAN 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852	VICE PRESIDENT	0	0	0
CAROLYN I KAPLAN 6001 MONTROSE ROAD SUITE 403 ROCKVILLE, MD 20852	VICE PRESIDENT	0	0	0
GRAND TOTALS		<u>0</u>	<u>0</u>	<u>0</u>

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12				
DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION	RELATED OR EXEMPT
	CODE		CODE	FUNCTION INCOME
MADOFF RECOVERY DISTRIBUTIONS				64,793.
TOTALS				64,793.

SCHEDULE D
(Form 1041)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

2014

Name of estate or trust

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Employer identification number

20-1933917

Note: Form 5227 filers need to complete **only** Parts I and II.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	217,936.	220,213.		-2,277.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶				7 -2,277.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	48,712.	49,188.		-476.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				12
13 Capital gain distributions				13 82.
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶				16 -394.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Part III Summary of Parts I and II**Caution: Read the instructions before completing this part.**

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		-2,277.
18	Net long-term gain or (loss):			
a	Total for year	18a		-394.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		-2,671.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	20	(2,671.)
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Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . .	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). . .	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,500	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26.	32		
33	Enter the smaller of line 21 or \$12,150.	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15%. ▶	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% ▶	41		
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . .	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041). . . .	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36). ▶	45		

Schedule D (Form 1041) 2014

Sales and Other Dispositions of Capital Assets► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

Social security number or taxpayer identification number
20-1933917

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CHEVY CHASE #1328 ST COVERED			179,201.	179,297.			-96.
	CHEVY CHASE #1328 LT COVERED			38,735.	40,916.			-2,181.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)►				217,936.	220,213.			-2,277.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

JEROME A & DEENA L KAPLAN FAMILY FOUNDATION

20-1933917

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CHEVY CHASE #1328 LT NONCOVERED			48,712.	49,188.			-476.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				48,712.	49,188.			-476.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.