

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



Department of the Treasury

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

Internal Revenue Service For calendar year 2014 or tax year beginning , 2014, and ending ARNOLD BORTMAN FAMILY FOUNDATION, INC. A Employer identification number Name of foundation C/O REGARDIE BROOKS AND LEWIS 20-3901496 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (301) 493-9311 7101 WISCONSIN AVE. 1012 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here BETHESDA, MD 20814-4805 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X Cash | Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B) check here . > (Part I, column (d) must be on cash basis) 16) ▶ \$ 1,111,811. (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment (c) Adjusted net for charitable expenses per income purposes income books column (a) (see instructions)) (cash basis only) Contributions, gifts, grants etc., received (attach schedule) if the foundation is not required to Check ▶ attach Sch B 3 Interest on savings and temporary cash investments. 3,434 3,434. 3,434. ATCH 1 Dividends and interest from securities **5a** Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain, RECEIVED Income modifications . Gross sales less returns and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) . . . OGDEN. 3,434. 3,434. Total. Add lines 1 through 11 12 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 2,486. 2,486 Accounting fees (attach schedule)ATCH 2 Administrative Other professional fees (attach schedule). . . 400. 400 18 Taxes (attach schedule) (see instructions)[3]. 19 Depreciation (attach schedule) and depletion. 20 and Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 2,886. 2,886 Add lines 13 through 23. 27,600 27,600. 25 Contributions, gifts, grants paid 30,486 2,886 27,600. 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 -27,052 a Excess of revenue over expenses and disbursements . . 3,434 b Net investment income (if negative, enter -0-) 548. c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

| Part II | | Dalamas Chasta | Attached schedules and amounts in the | Beginning of year | End o | of year |
|-------------|----------|--|---|--------------------------------|--------------------------------|-----------------------|
| Li | art II | Balance Sneets | description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-beari | ng | | | <u> </u> |
| | 1 | | cash investments | 955,293. | 929,060. | 929,060. |
| | | • | | | | |
| | | Less allowance for dou | btful accounts ▶ | | | |
| | | | | | | |
| | · · | less allowance for dou | btful accounts ▶ | | | |
| | | | | | | |
| | | | officers, directors, trustees, and other | | | |
| | | | tach schedule) (see instructions) | | | |
| | 1 | | eceivable (attach schedule) | - | | |
| | | | btful accounts ▶ | | | |
| s | | | | | | |
| Assets | | | e | | | |
| Asi | i | | eferred charges | | | |
| - | 1 | | e government obligations (attach schedule). stock (attach schedule) ATCH 4 | 41,294. | 41,295. | 69,000 |
| | | | bonds (attach schedule) ATCH 5 | 118,269. | 117,449. | |
| | 11 C | Investments - corporate Investments - land, building: | | 110/2031 | 11//11/ | 113,701 |
| | | and equipment basis Less accumulated deprecia | ation b | | | |
| | | (attach schedule) | | | | |
| | | | loans | | | |
| | 13 14 | Investments - other (atta Land, buildings, and | ach schedule) | | | |
| | | equipment basis Less accumulated deprecia | | | | |
| | | Less accumulated deprecia (attach schedule) | | | | |
| | | | >) | | | |
| | ı | , | completed by all filers - see the | | 4 000 004 | |
| _ | | instructions Also, see p | age 1, item I) | 1,114,856. | 1,087,804. | 1,111,811. |
| | 17 | Accounts payable and a | ccrued expenses | | | |
| | 18 | Grants payable | | | | |
| es | 19 | Deferred revenue | | | | |
| Ξ | 20 | Loans from officers, directo | ors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other no | etes payable (attach schedule) L | | | |
| | 22 | Other liabilities (describe | e ▶) _ | | | |
| | | | | | | |
| | 23 | Total liabilities (add line | s 17 through 22) | 0 | O | |
| | | Foundations that fol | low SFAS 117, check here . ▶ | | | |
| es | ļ | and complete lines | 24 through 26 and lines 30 and 31. | | | |
| | | Unrestricted | | | | |
| 퍨 | 25 | | | | | |
| ă | 26 | | | | | |
| ᆵ | | | not follow SFAS 117, ▶ X | | | |
| ヹ | | check here and com | plete lines 27 through 31. | | | |
| 0 | 27 | Capital stock, trust princ | · | | | |
| ets | 28 | | land, bldg , and equipment fund | | | |
| SS | 20 | | ulated income, endowment, or other funds | 1,114,856. | 1,087,804. | |
| ž | 30 | | balances (see instructions) | 1,114,856. | 1,087,804. | |
| ž | 31 | | net assets/fund balances (see | | | |
| | l | | assets/falla balances (see | 1,114,856. | 1,087,804. | |
| E | | | nges in Net Assets or Fund Balar | | | |
| _ | | | palances at beginning of year - Part I | | ust agree with | |
| ٠ | | | | | | 1,114,856. |
| 2 | | r amount from Part I, | | | | -27,052 |
| | | | | | · · · · · · · · _ | 2.,002 |
| | | | ======= | | | 1,087,804 |
| _ | | lines 1, 2, and 3 | lino 2 (itamiza) | | · · · · · · · · · | 1,007,004 |
| 5 | | reases not included in | | line E) Dort II action - (b) | 5 | 1,087,804. |
| <u>'0</u> | 1018 | i net assets of fund b | alances at end of year (line 4 minus | iirie 5) - Part II, column (D) | , line 30 6 | 1,007,004. |

Form **990-PF** (2014)

Page 3

| Pa | art IV Capital Gains | and Losses for Tax on Inve | estment Income | | | 1 -9- 0 |
|------------|---|--|---|------------------------------|--|-----------------|
| | . 1 | d describe the kind(s) of property sold (| = | (b) How acquired | (c) Date acquired | (d) Date sold |
| | 2-story br | rick warehouse, or common stock, 200 | shs MLC Co) | P - Purchase D - Donation | (mo , day, yr) | (mo , day, yr) |
| <u>1a</u> | | | | | | |
| <u>b</u> | | | | | | |
| _ <u>c</u> | | · · · · · · · · · · · · · · · · · · · | · | | | |
| <u>_d</u> | | | | | | |
| <u>e</u> | | (6 D | (g) Cost or other basis | | (h) O=== (l= | > |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | |
| | | | | | | |
| b | | | | | | |
| С | | | | | - | |
| <u>d</u> | | | | | | |
| <u>e</u> | | | | | | |
| | Complete only for assets | showing gain in column (h) and owne | d by the foundation on 12/31/69 | | Gains (Col (h) g | |
| | (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 | col | (k), but not less t Losses (from co | |
| | | as 01 12/3/109 | over cor (j), if any | | | |
| _ <u>a</u> | | | | | | |
| _ <u>b</u> | | | | | | |
| d | | | | | | |
| e | | | | | | |
| _ | | (If | gain, also enter in Part I, line 7 | | | |
| 2 | Capital gain net income of | or (net capital loss) | (loss), enter -0- in Part I, line 7 | 2 | | |
| 3 | | in or (loss) as defined in sections | | | | |
| | = | art I, line 8, column (c) (see inst | | | | |
| | | | | 3 | | |
| | | · ' | duced Tax on Net Investment I | | | |
| (۲0 | or optional use by domestic | private foundations subject to the | e section 4940(a) tax on net investr | ment incor | ne) | |
| ır a | action 4040(d)(2) applies | leave the part blank | | | | |
| II S | ection 4940(d)(2) applies, | leave this part blank | | | | |
| Wa | is the foundation liable for | the section 4942 tax on the distrib | utable amount of any year in the ba | ase period | J? | Yes X No |
| | | not qualify under section 4940(e) | | | | |
| 1 | Enter the appropriate am | ount in each column for each yea | r, see the instructions before makin | g any enti | ries | |
| | (a) Base penod years | (b) | (c) | | (d) Distribution ra | itio |
| _Ca | alendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of nonchantable-use assets | | (col (b) divided by | col (c)) |
| | 2013 | 80,381. | 1,156,620. | | | 0.069496 |
| | 2012 | 59,000. | 1,210,088. | | | 0.048757 |
| | 2011 | 69,257. | 1,251,342. | - | | 0.055346 |
| | 2010 | 71,133. | 1,318,988. 1,361,894. | | | 0.053930 |
| | 2009 | 69,900. | 1,361,894. | | | 0.051326 |
| • | Tatal of bas 4 - allower 44 | 、 | | , | | 0.278855 |
| 2 | |) | | 2 | | 0.270033 |
| 3 | _ | for the 5-year base period - divid | | 3 | | 0.055771 |
| | number of years the foun | idation has been in existence it les | s than 5 years | | | |
| 4 | Enter the net value of no | ncharitable-use assets for 2014 fro | om Part X line 5 | 4 | 1, | 106,756. |
| 7 | Litter the net value of not | nonaritable-use assets for 2014 in | Sin Fatty, inte 5 , . , | | · | · |
| 5 | Multiply line 4 by line 3 | | | 5 | | 61,725. |
| J | manuply line 4 by line 3, | | | | | |
| 6 | Enter 1% of net investme | ent income (1% of Part I. line 27b) | | 6 | | 34. |
| - | | () The second s | | | | |
| 7 | Add lines 5 and 6 | | | 7 | | 61,759. |
| | | | | | | |
| 8 | Enter qualifying distribution | ons from Part XII, line 4 | <u>.</u> | 8 | | 27,600. |
| | If line 8 is equal to or gr Part VI instructions | reater than line 7, check the box | in Part VI, line 1b, and complete | tnat part | using a 1% ta: | x rate. See the |
| | i art vi matructions | | | | | |

| Pai | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | nstru | iction | s) |
|----------|--|-------|--------|---------|
| 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) | e | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 69. |
| | here ▶ and enter 1% of Part I, line 27b | | | |
| С | 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 | | | 69. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | C |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 69. |
| 6 | Credits/Payments | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 281. | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld | | , | 281. |
| 7 | Total credits and payments Add lines 6a through 6d | | | 201. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 212. |
| 10 11 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2015 estimated tax 212. Refunded 11 | | | |
| | t VII-A Statements Regarding Activities | | _ | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| ıa | participate or intervene in any political campaign? | 1a | 163 | X |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | |
| | Instructions for the definition)? | 1b | | х |
| | 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 | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers > \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | _5 | | Х |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | v | |
| _ | conflict with the state law remain in the governing instrument? | 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 | 7 | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) MD, | | | |
| L | | | | |
| D | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 8ь | х | |
| 9 | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 50 | | |
| 3 | 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 | 9 | | х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | | X |
| | | | n DE | |

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 4b | X
Form 990-PF (2014)

Х

3b

4a

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

| Form 9 | 990-PF (2014) | ARNOLD BORTMA | N FAMILY FOUN | DATION, INC. | 20 | -3901496 | Page 6 |
|--------|---------------|---|---------------------------------------|-----------------------------------|---|----------------|---------------|
| Pai | t VII-B | Statements Regarding Activities | for Which Form | 4720 May Be Rec | uired (continued) |) | |
| 5a | During the | year did the foundation pay or incur any amo | unt to | | | | |
| | • | on propaganda, or otherwise attempt to influe | | n 4945(e))? | Yes X | No r | , , |
| | | nce the outcome of any specific public ele | • | , ,, | | | |
| | • • | y or indirectly, any voter registration drive? | • | · · · · · | [] V]. | No | |
| | | e a grant to an individual for travel, study, or o | | | 1 1, 1 7 1, | No l | |
| | | e a grant to an individual for travel, study, or c | | | | | |
| | | $a = 4945(d)(4)(A)^2$ (see instructions) | - | | 1 1 1 1 1 1 1 1 1 | No | |
| | | | | | | " | |
| | ` ' | e for any purpose other than religious, ch | | • | | No. | |
| | | ses, or for the prevention of cruelty to children | | | • — — | + 1 | |
| Ь | , | swer is "Yes" to 5a(1)-(5), did any of the | | • | • | 1 1 | |
| | _ | s section 53 4945 or in a current notice regar | _ | | | 5b | |
| | • | ons relying on a current notice regarding disa | | | | * [| |
| C | If the ans | swer is "Yes" to question 5a(4), does the | foundation claim e | xemption from the t | | | |
| | because it | maintained expenditure responsibility for the | grant? | | . Yes I | No | |
| | If "Yes," at | ttach the statement required by Regulations se | ction 53 4945-5(d) | | | | |
| 6a | Did the fo | bundation, during the year, receive any fur | nds, directly or indire | ectly, to pay premiui | ms | | |
| | | nal benefit contract? | | | . Yes X | 10 | |
| b | Did the fol | undation, during the year, pay premiums, dire | ectly or indirectly, on a | personal benefit contra | act ^o | . <u>6b</u> | X |
| | If "Yes" to | 6b, file Form 8870 | | | | | |
| 7 a | At any time | e during the tax year, was the foundation a p | arty to a prohibited tax | shelter transaction?. | . Yes X | 10 | |
| b | | d the foundation receive any proceeds or ha | | | | | |
| Pai | | Information About Officers, Directo and Contractors | rs, Trustees, Fou | ındation Manager | s, Highly Paid En | nployees, | |
| 1 | | ficers, directors, trustees, foundation r | nanagers and their | r compensation (see | instructions). | | |
| | | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expense | account, |
| | | (a) Name and address | devoted to position | enter -0-) | and deferred compensation | other allow | vances |
| | | | | | | - | _ |
| ATC | H 6 | | | (| <u></u> | 0 | 0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | | ation of five highest-paid employees | (other than thos | e included on lin | e 1 - see instruc | tions). If nor | ne, enter |
| | "NONE." | | T | | (d) Contributions to | | |
| (a) | Name and a | ddress of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | employee benefit | (e) Expense | |
| (4) | Nume and a | saless of each employee pala more than \$60,000 | devoted to position | (o) componidation | plans and deferred compensation | other allov | vances |
| | | | | | | | |
| | NONE | | | | | | |
| | _ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | *,,** | | |
| | | | | | | | |
| | | | | | | + | |
| | | | | | | | |
| Total | l number e | f other employees paid over \$50,000 | | | | | |
| i Otal | mumber 0 | f other employees paid over \$50,000 | · · · · · · · · · · · · | <u> </u> | <u> </u> | | |

Form **990-PF** (2014)

| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued) | yees, |
|-------------|--|------------------|
| 3 Five h | ighest-paid independent contractors for professional services (see instructions). If none, enter "NONI | Ξ." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | | |
| NONE | | İ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| Total numb | er of others receiving over \$50,000 for professional services | |
| Part IX-A | Summary of Direct Charitable Activities | |
| | Cummary of Oncot Official Control of Control | 1 |
| | ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of | Expenses |
| | s and other beneficianes served, conferences convened, research papers produced, etc | |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| - | | |
| | | |
| Part IX-B | Summary of Program-Related Investments (see instructions) | ı |
| | e two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 NONE | e two largest program-related investments made by the loandation during the tax year on lines i and 2 | |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| • | ogram-related investments. See instructions | |
| 3 NONE | | |
| | | |
| | | |
| Total. Add | ines 1 through 3 | |

Form 990-PF(2014)

Form 990-PF (2014)

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2014)

Page 9

| Pa | rt XIII Undistributed Income (see instru | ictions) | | | |
|----------|---|--|----------------------------|-------------|-------------|
| 4 | Distributable amount for 2014 from Dort VI | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
| 1 | Distributable amount for 2014 from Part XI, | <u>-</u> | | | 55,269. |
| • | Undistributed income, if any, as of the end of 2014 | | | | |
| 2 | Enter amount for 2013 only | | | | |
| | Total for pnor years 20 12 20 11 20 10 | | - | | |
| | Excess distributions carryover, if any, to 2014 | | | | |
| | From 2009 | | | | |
| b | From 2010 5,918. | | | | |
| c | From 2011 7,176. | | | | |
| ч | 5 0040 | | | | |
| | From 2012 | | | | |
| | Total of lines 3a through e | 37,851. | | | |
| | Qualifying distributions for 2014 from Part XII, | | | | |
| | line 4 ▶ \$ 27,600. | | | | |
| а | Applied to 2013, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d | Applied to 2014 distributable amount | | | - | 27,600. |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2014 | 27,669. | | | 27,669. |
| | (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: | 10 100 | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 10,182. | | | |
| b | Prior years' undistributed income Subtract | | | | |
| _ | line 4b from line 2b Enter the amount of prior years' undistributed | ······································ | <u> </u> | | |
| · | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | |
| ď | Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| е | 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) | | | , | |
| 9 | Excess distributions carryover to 2015. | 10 100 | | | |
| | Subtract lines 7 and 8 from line 6a | 10,182. | | | |
| | Analysis of line 9 | | | | |
| | Excess from 2010 | | | | |
| | Excess from 2011 | | | | |
| | Excess from 2012 | | | | |
| | Excess non 2015 | | | | |
| <u>e</u> | Excess from 2014 | | | | l |

| Pa | rt XIV Private Op | erating Foundations | s (see instructions a | nd Part VII-A, quest | ion 9) | NOT APPLICABI |
|-----|---|--|------------------------------|--|--------------------------|--|
| 1 a | If the foundation has | | | | | • |
| | foundation, and the rulin | g is effective for 2014, e | enter the date of the ruling | | _ | , |
| b | Check box to indicate v | | | | n section 4942(|)(3) or 4942(J)(5) |
| 2 2 | Cates the leases of the od | Tax year | | Prior 3 years | | (a) Total |
| 2 8 | Enter the lesser of the ad- justed net income from Part | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| | I or the minimum investment | | | | | |
| | return from Part X for each year listed | | | | | |
| h | 85% of line 2a | 1.11 | | | · | |
| | | | | | - | |
| · | Qualifying distributions from Part XII line 4 for each year listed | 1 | | | | } |
| d | Amounts included in line 2c not | | - | | | |
| | used directly for active conduct | | | | | |
| 6 | of exempt activities | | | | | |
| · | directly for active conduct of | | | | | |
| | exempt activities. Subtract line | | | | | |
| 3 | 2d from line 2c Complete 3a b, or c for the | | | | | |
| | alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets (2) Value of assets qualifying | | | | | |
| | under section | | | | | |
| h | 4942(j)(3)(B)(i) | | | | | |
| Ü | 'Endowment' afternative test- enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, | | | | | |
| _ | line 6 for each year listed | **** | | | | - |
| С | "Support' alternative test - enter (1) Total support other than | | | | | |
| | gross investment income | | | | | |
| | (interest dividends, rents, payments on securities | | | } | | |
| | loans (section 512(a)(5)), | | | | | |
| | or royalties) | | | | - | |
| | public and 5 or more | | | | | |
| | exempt organizations as provided in section 4942 | | | | | |
| | (j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | |
| | organization | | | | | |
| | (4) Gross investment income | 4 1 5 6 | 0 11 11: | | 1 1 1 1 2 5 0 0 0 | |
| Рa | | ntary Information (e during the year - s | | t only if the found | dation had \$5,000 | or more in assets |
| 4 | Information Regarding | | | | | |
| ' ` | List any managers of | | | to then 20% of the tot | al contributions roccu | and by the foundation |
| а | before the close of any | | | | | ved by the loundation |
| | N/A | • • • | • | , , , | (// // | |
| h | List any managers of | the foundation who | own 10% or more o | f the stock of a corr | voration (or an equal) | y large portion of the |
| Ü | ownership of a partner | ship or other entity) o | f which the foundation | has a 10% or greater | rinterest | y large portion or the |
| | o morompi or a partition | op o. oo. o,, o | | indo a rozo or grouto. | | |
| | N/A | | | | | |
| 2 | Information Regarding | a Contribution Grant | Gift Loan Scholarsh | un etc Programs | | |
| - | | = | | · · · · · · · | | |
| | Check here ► X if t unsolicited requests for | ne foundation only or funds. If the found | makes contributions | to preselected char | tions) to individuals of | and does not accep |
| | other conditions, comp | | | ants, etc. (see instituc | dons) to individuals t | n organizations unde |
| | The name, address, a | | | the person to whom an | mications should be ad | dressed |
| a | The hame, address, a | na telephone namber | or e-mail address or i | the person to whom ap | plications should be ad | diessed |
| h | The form in which app | lications should be su | hmitted and information | on and materials they | should include | - |
| | will in willon app | | onnice and information | on and materials they | Should molude | |
| | | | | | | |
| c | Any submission deadli | nes | | | | |
| | - | | | | | |
| | | | | | | |
| d | Any restrictions or li | mitations on awards | , such as by geogra | aphical areas, charita | ble fields, kinds of | institutions, or other |
| | factors | | | | | |

| Form 990-PF (2014) | | | | Page 11 |
|--|--|----------------------|----------------------------------|-----------------|
| Part XV Supplementary Information (| continued) | | | |
| 3 Grants and Contributions Paid Duri | ng the Year or Appl | oved for h | | |
| 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 | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | recipient | | |
| a Talo during the year | | | | |
| ATCH 7 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3a | 27,600. |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | i | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | |
| | | | | 5 000 DE (0044) |

JSA 4E1491 1 000

| Form 990-PF (2014) | | .:4: | | | Page 12 |
|---|---------------|----------------------------|----------------|---------------------------------------|---------------------------------------|
| Part XVI-A Analysis of Income-Produ | 1 | Attes ated business income | Evaluded b | y section 512, 513, or 514 | (e) |
| Enter gross amounts unless otherwise indicated | (a) | (b) | (c) | (d) | Related or exempt function income |
| 1 Program service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| a b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | - | | |
| g Fees and contracts from government agencies2 Membership dues and assessments | | | | | · · · · · · · · · · · · · · · · · · · |
| 3 Interest on savings and temporary cash investments | | | 1 | | |
| 4 Dividends and interest from securities | | | 14 | 3,434. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | · · · · · · · · · · · · · · · · · · · | |
| b Not debt-financed property6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | <u> </u> | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b | | | + | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 3,434. | ····· |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc | | | | 13 | 3,434. |
| Part XVI-B Relationship of Activities | | complishment of Ex | empt Purp | ooses | · |
| Explain below how each activit accomplishment of the foundation | - | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| | | ion 501(c) of the C | | | | y other organization describe ection 527, relating to politic | | Yes | No |
|---|----------|---------------------------------------|---------------------------|---|--------------------|---|-------------|-------------|---------|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | | | | | | | |
| | | · '' | ~ | | | | 1a(1) | | Х |
| | | | | | | | | 1 | Х |
| h | | ransactions | | | | | | | |
| | | | oncharitable exer | mot organization | | | 15(1) | | Х |
| | | | | | | | | 1 1 | Х |
| | | | | | | | | 1 | Х |
| | | | | | | | ľ | | X |
| | | | | | | | | | Х |
| | | | | | | | | 1 | х |
| ^ | | | | | | | | ' | х |
| | | | | | | Column (b) should always sh | | fair m | arkat |
| | | | | | | If the foundation received le | | | |
| | | | | | | of the goods, other assets, o | | | |
| (a) Li | | (b) Amount involved | T | noncharitable exempt organization | | cription of transfers, transactions, and | | | |
| (4/ 2/ | | N/A | (0) //4/// 01 / | | N/A | | | <u>-</u> | |
| | | | | | | | | | |
| | <u> </u> | | | | | | | | |
| | <u> </u> | | | | | | | | |
| | | | | | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | <u> </u> | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | <i>y</i> | | |
| 2a | Is the | foundation directly | or indirectly af | filiated with, or related to, | one or more | tax-exempt organizations | | | |
| | | | | | | 527? | ΠY | es X | No |
| b | | " complete the follo | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | _ |
| | | (a) Name of organization | | (b) Type of organization | | (c) Description of relati | ionship | | |
| | | , | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | statements, and to the best of my know | ledge and | belief, it | is true |
| Sigr | 1 | a, and complete Deparation | or proparer (other than t | axpayer) is based on all information of whi | on preparer has at | i j | IRS discus | ee this | coture |
| _ | | Made I | | 18/12/15 | DUI | a for with the | | | below |
| Her | Sign | nature of officer or trustee | | Date | Title | (see instru | ctions)? X | Yes | No |
| | | | | | | | | | |
| De: d | ! | Print/Type preparer's n | ame | Prepare's signature | | Date Check | PTIN | | |
| Paid | | PHILIP R BAKE | ΣR | your Bar | | 6/4/65 self-employed | | | 2 |
| Prep | oarer | Firm's name R | EGARDIE, BR | OOKS & LEWIS, CHTD | | Firm's EIN ▶ 52 | -10387 | 01 | |
| Use | Only | Firm's address ▶ 7 | 101 WISCONS | IN AVE | | | | | |
| | - | | ETHESDA, M | ID | 208 | 314-4805 Phone no 301 | -654-9 | 000 | |
| • | • | | | | | | Form 99 | 0-PF | (2014) |

| 1 SECURITIES | |
|-----------------------|--|
| FRON | |
| IVIDENDS AND INTEREST | |
| AND | |
| DIVIDENDS | |
| 1 | |
| Н | |
| PART | |
| 990PF, | |
| FORM | |

| ADJUSTED NET INCOME | 3,434. | 3,434. |
|---|----------------|--------|
| NET INVESTMENT INCOME | 3,434. | 3,434. |
| REVENUE AND EXPENSES PER BOOKS | 3,434. | 3,434. |
| | | TOTAL |
| _1 | LEY | |
| DESCRIPTION | MORGAN STANLEY | |

02432

| l | |
|---|---------------|
| l | 2 |
| l | H |
| l | ~ |
| l | 딘 |
| l | Σ |
| l | Ξ |
| l | \mathcal{L} |
| l | ŹΙ |
| l | H |
| ļ | Ø |
| | |
| | |
| | |
| | |

FORM 990PF, PART I - ACCOUNTING FEES

| | | REVENUE | | | |
|-----------------|--------|-----------|------------|----------|------------|
| | | AND | NET | ADJUSTED | |
| | | EXPENSES | INVESTMENT | NET | CHARITABLE |
| DESCRIPTION | | PER BOOKS | INCOME | INCOME | PURPOSES |
| ACCOUNTING FEES | | 2.486. | | 2.486 | |
| | | | | | |
| | TOTALS | 2,486. | | 2,486. | |

05E2LC F854 5/26/2015 10:28:42 AM V 14-4.6F

ATTACHMENT

- TAXES FORM 990PF, PART I REVENUE

EXPENSES PER BOOKS AND

ADJUSTED NET INCOME

400.

400.

FEDERAL INCOME TAX

DESCRIPTION

TOTALS

400.

400.

02432

ATTACHMENT

- CORPORATE STOCK PART II FORM 990PF,

DESCRIPTION

CLEARBRIDGE ENERGY MLP FD INC

TOTALS

ENDING BOOK VALUE

ENDING FMV .000,69

41,295.

41,295.

69,000.

ATTACHMENT 5

- CORPORATE BONDS PART II FORM 990PF,

DESCRIPTION

ENDING BOOK VALUE

ENDING

113,751.

BLACKROCK INFLAT PROT BOND C

TOTALS

117,449.

117,449.

| FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | CERS, DIRECTORS, AND TRUSTEES | | ATTACH | ATTACHMENT 6 |
|--|---|--------------|---|-----------------------------------|
| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| NADINE LEVIN 7101 WISCONSIN AVE. SUITE 1012 BETHESDA, MD 20814-4805 | DIRECTOR | 0 | 0 | 0 |
| EILEEN G LEHRER 7101 WISCONSIN AVE. SUITE 1012 BETHESDA, MD 20814-4805 | DIRECTOR | 0 | 0 | 0 |
| | GRAND TOTALS | 0 | 0 | 0 |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS WASHINGTON, DC 20008 QUEBEC STREET, N W. ADAS ISRAEL

CASCO, ME 04015 CAMP SUNSHINE 35 ACADIA RD

NONE

20

BRAIN ANEURYSM FOUNDATION 269 HANOVER STREET

NONE

HANOVER, MA 02339 BUILDING 3

NATIONAL COWGIRL MUSEUM FORTH WORTH, TX 76107 1720 GENDY STREET

THE CHILDRENS INN AT NIH

NONE

NONE

BETHESDA, MD 20814

7 WEST DR

NATIONAL MULTIPLE SCLEROSIS SOCIETY 1100 NEW YORK AVE, N.W , SUITE 660 WASHINGTON, DC 20005

NONE

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT

NONE

PC

GENERAL SUPPORT

11,600

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 7

GENERAL SUPPORT

1,000.

GENERAL SUPPORT

1,000.

GENERAL SUPPORT

1,000

GENERAL SUPPORT

1,000

GENERAL SUPPORT

2,000

ATTACHMENT 7

V 14-4 6F

10.28.42 AM

02432

10:28:42 AM 5/26/2015

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ARNOLD BORTMAN FAMILY FOUNDATION, INC.

| • | AMOUNT | 1,000 | 500. | 2,000. | 2,000. | 2,000. | 1,000. |
|------------------|---|---|--|---|---|--|---|
| | | | | | | | |
| | IBUTION | | | | | | |
| | GRANT OR CONTR | PPORT | PPORT | PPORT | PPORT | PPORT | PPORT |
| | PURPOSE OF | GENERAL SU | GENERAL SU | GENERAL SU | GENERAL SU | GENERAL SUI | GENERAL SUPPORT |
| FOR | | | | | | | |
| ANTIAL CONTRIBUT | OF RECIPIENT | | | | | | |
| | UNDATION STATUS | | | | | | |
| RELATI | 2 | NONE | NONE PC | NONE PC | NONE | NONE | NONE |
| | ı | | | | RVICES | ĄĮ. | |
| | IND ADDRESS | FUND EET 21 | RSE RESCUE AD 65 | s Foundation Uite 510 17 | SH COMMUNITY SE 2 10603 | OF ALYN HOSPIT REET, #1519 68 | ICA EET, SUITE 400 6 |
| | RECIPIENT NAME | JEWISH NATIONAL 42 EAST 69TH STR NEW YORK, NY 100 | DAYS END FARM HC 1372 WOODBINE RC WOODBINE, MD 217 | CROHN'S & COLITI 733 THIRD AVE, S NEW YORK, NY 100 | WESTCHESTER JEWI 845 N BROADWAY # WHITE PLAINS, NY | AMERICAN FRIENDS 122 EAST 42ND ST NEW YORK, NY 101 | MAKE A WISH AMERICA 4742 N. 24TH STREET, SUITE 400 PHOENIX, AZ 85016 |
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | TO SUBSTANTIAL CONTRIBUTOR AND ON STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION | FOUNDATION STATUS OF RECIPIENT NONE PURPOSE OF GRANT OR CONTRIBUTION GENERAL SUPPORT PURPOSE OF GRANT OR CONTRIBUTION AMC | ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUND NONE GENERAL SUPPORT GENERAL SUPPORT PC PC GENERAL SUPPORT PC PC GENERAL SUPPORT PC PC GENERAL SUPPORT PC | ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOON D NONE CENERAL SUPPORT 1.1 RESCUE NONE GENERAL SUPPORT CENERAL SUPPORT PC PC CENERAL SUPPORT 2.2 DUNDATION PC CENERAL SUPPORT 2.2 | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT RONE PC RENERAL SUPPORT CENERAL SUPPORT PC RONNEAL SUPPORT PC RONNEAL SUPPORT PC RENERAL SUPPORT PC RONNEAL S | NOME NOME |

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 7 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION GENERAL SUPPORT GENERAL SUPPORT RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE RECIPIENT NAME AND ADDRESS NATIONAL YIDDISH THEATER SILVER SPRING, MD 20902 HAR TZEON AGUDAS ACHIN 1840 UNIVERSITY BLVD W NEW YORK, NY 10038 90 JOHN STREET

1,000.

AMOUNT

500.

TOTAL CONTRIBUTIONS PAID

27,600

Form **8868**

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

| mtemai kevenue | S SEIVICE P INTOTALICATION OF COMME | | instructions is at www.no. | 901/10/1/10000 | | | |
|--|--|--|--|--|-----------------------------|---|---|
| | filing for an Automatic 3-Month Extension, | | = | | | | > X |
| | filing for an Additional (Not Automatic) 3-Milete Part II unless you have already been gra | | • | · · · | | • | 8 |
| Electronic fil a corporation 8868 to req Return for 1 | ling (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the | 8868 if yo nal (not au forms liste al Benefit (| u need a 3-month auto tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus | omatic extension of time ision of time. You can earth the exception of Fo t be sent to the IRS | e to elec orm in p | file (6 tronical 8870, paper f | months for lly file Form Information format (see |
| | tomatic 3-Month Extension of Time. Or | | | | | | <u> </u> |
| | n required to file Form 990-T and requesting | | | | nple | te | |
| Part I only . | | | | | | | ▶ 🔲 |
| All other corp | porations (including 1120-C filers), partnersh | ups, REMIC | Cs, and trusts must use I | Form 7004 to request an | ext | ension (| of time |
| to file income | | | | Enter filer's identifyin | | | |
| Type or | Name of exempt organization or other filer, see in | | | Employer identification nu | ımbe | er (EIN) (| or |
| nrint | | | NC. | 22 2224 | _ | | |
| File by the | C/O REGARDIE BROOKS AND LEWI | | | 20-390149 | | | |
| due date for | Number, street, and room or suite no. If a P.O. bo | x, see instruc | cuons | Social security number (SSN) | | | |
| filing your retum See | 7101 WISCONSIN AVE. City, town or post office, state, and ZIP code For | de Cor e ference address and restrictions | | | | | |
| instructions | BETHESDA, MD 20814-4805 | a toreign au | toreign address, see instructions | | | | |
| | —————————————————————————————————————— | | | - | | | |
| Enter the Re | turn code for the return that this application | is for (file a | separate application for | or each return) | | | . 0 4 |
| Application | | Return | Application | | | | Return |
| Application Is For | | | ls For | | | | Code |
| | Form 990-EZ | Code 01 | Form 990-T (corporat | ion) | | | 07 |
| Form 990-BL | | 02 | Form 1041-A | 10117 | | | 08 |
| Form 4720 (| | 03 | Form 4720 (other tha | n individual) | | | 09 |
| Form 990-PF | | | | | | | |
| | | | | | | | 11 |
| | (trust other than above) | 06 | Form 8870 | | | | 12 |
| | | | <u> </u> | ~ ~~ | | | · |
| Telephone If the orga If this is fo | s are in the care of ►ARNOLD BORTMAN is No ► 301 493-9311 Inization does not have an office or place of lar a Group Return, enter the organization's for group, check this box ► | business in ur digit Gro f it is for pa | FAX No ▶the United States, chec | ck this box | | | > |
| | st an automatic 3-month (6 months for a cor | | | | | | |
| until | | exempt org | janization return for the | organization named at |)OVE | e The e | xtension is |
| | organization's return for | | | | | | |
| | calendar year 20 14 or | 20 | and and a | | | | |
| P [] | tax year beginning | ' 20 | , and ending | ' | 20_ | | |
| | x year entered in line 1 is for less than 12 m | onths, chec | k reason Initial re | eturn Final returi | 1 | | |
| | application is for Form 990-BL, 990-PF, 99 | 90-T, 4720 | , or 6069, enter the | tentative tax, less any | | | |
| nonrefu | ndable credits. See instructions | | | • | За | \$ | 69. |
| b If this | application is for Form 990-PF, 990-T, | 4720, or | 6069, enter any re | fundable credits and | | | |
| | ed tax payments made. Include any prior yea | | | | 3b | \$ | 281. |
| | e due. Subtract line 3b from line 3a Include | | ent with this form, if re | quired, by using EFTPS | _ | | |
| | onic Federal Tax Payment System) See instru | | | | 3с | | 0 |
| | are going to make an electronic funds withdrawa | (direct debi | t) with this Form 8868, se | e Form 8453-EO and Form | 1 887 | 79-EO fo | or payment |
| instructions | | | | | | | |
| For Privacy A | ct and Paperwork Reduction Act Notice, see instr | uctions | | | For | n 8868 | (Rev 1-2014) |