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DLN: 93491183009525

OMB No 1545-0052

2014

Open to Public

990-PF

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | cale | ndar year 2014, or tax year beginning 01 | -01-2014 | , aı | nd ending 1 | 2-31-2014 | |
|-----------------|----------|--|--|-------|-----------------------|---|---|
| | | ındatıon | | | A Employer id | entification numb | er |
| | | ındatıon | | | 26-3566999 | | |
| | | J Dean I street (or P O box number if mail is not delivered to street addre | ss) Room/suite | | B Telephone nu | mber (see instructio | ns) |
| 37 | | nd Street | | | (901) 428-0138 | 3 | |
| | | n, state or province, country, and ZIP or foreign postal code | | | C If exemption | annlication is nendir | ng, check here 🕨 🦵 |
| | | e, MD 20815 | | | C il exemption | аррисацоп із репан | ig, check here 📮 j |
| | | | - £ | | | | _ |
| GCI | песк а | Il that apply Initial return Initial return of Amended return | a former public charit | 4 | | ganızatıons, check h | • |
| | | Address change Name change | • | | | rganizations meeting k here and attach co | |
| H C | neck ty | ype of organization | vate foundation | | | undation status was n 507(b)(1)(A), chec | |
| Γ_{S} | ection | 4947(a)(1) nonexempt charitable trust Other tax | | | | | , |
| | | ket value of all assets at end from Part II, col. (c), Other (specify) | Cash Acc | rual | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| | | from Part II, col. (c), | st be on cash basis.) | | diaci sectio | 11 307(B)(1)(B), Che | ck field . , |
| Pa | rt 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 | (a) Revenue and expenses per books | (b) N | Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes |
| | 1 | <i>instructions)</i>) Contributions, gifts, grants, etc , received (attach | 1 | | | | (cash basis only) |
| | * | schedule) | | | | | |
| | 2 | Check F 7 If the foundation is not required to attach | · | | | | |
| | - | Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | 516 | | |
| | 4 | Dividends and interest from securities | 473,349 | | 473,349 | | |
| | 5a | Gross rents | | | · | | |
| | ь | Net rental income or (loss) | | | | | |
| Revenue | 6a | Net gain or (loss) from sale of assets not on line 10 | 462,817 | | | | |
| | b | Gross sales price for all assets on line 6a | | | | | |
| ě | 7 | Capital gain net income (from Part IV, line 2) | | | 462,817 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and | | | | | |
| | ь | allowances Less Cost of goods sold | | | | | |
| | | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | 8,659 | | |
| | 12 | Total. Add lines 1 through 11 | 945,341 | | 945,341 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| φ | 15 | Pension plans, employee benefits | | | | | |
| Expenses | 16a | Legal fees (attach schedule) | - | | | | |
| Ä | | Accounting fees (attach schedule) | | | | | |
| <u>-</u> | | Other professional fees (attach schedule) | | | 108,255 | | |
| ů Ţ | 17 | Interest | | | | | |
| Ξ | 18 | Taxes (attach schedule) (see instructions) | | | | | |
| Admını strative | 19 20 | Depreciation (attach schedule) and depletion | | | | | |
| Ą | 21 | Travel, conferences, and meetings | | | | | |
| | 22 | Printing and publications | | | | | |
| ਲ = | 23 | Other expenses (attach schedule) | | | 180 | | 46,358 |
| Operating and | 24 | Total operating and administrative expenses. | | | | | |
| <u>Ф</u> | | Add lines 13 through 23 | 164,227 | | 108,435 | | 46,358 |
| ô | 25 | Contributions, gifts, grants paid | 590,500 | | | | 590,500 |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | | |
| | | 25 | 754,727 | | 108,435 | | 636,858 |
| | 27 | Subtract line 26 from line 12 | | | | | |
| | a | Excess of revenue over expenses and disbursements | 190,614 | | 926.006 | | |
| | b с | Net investment income (If negative, enter -0-) Adjusted net income (If negative, enter -0-) | | | 836,906 | | |
| | ١ ٠ | majabeed net meonite (il negative, enter -0-) | • 1 | | | | I |

| Da | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | | f year |
|------------------|-------|---|------------------------|---|-----------------------|
| - | | Balance Sheets Attached schedules and amounts in the 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-bearing | | | |
| | 2 | Savings and temporary cash investments | 1,976,842 | 623,827 | 623,827 |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts 🟲 | | | |
| | 4 | Pledges receivable 🟲 | | | |
| | | Less allowance for doubtful accounts 🟲 | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) 🕨 | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| v. | 8 | Inventories for sale or use | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | |
| 45 | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | 8,559,894 | 10,103,700 | 11,893,917 |
| | С | Investments—corporate bonds (attach schedule) | | | _ |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | | Investments—other (attach schedule) | 219,949 | 95 219,772 | 200,000 |
| | | Land, buildings, and equipment basis | , | , <u>, , , , , , , , , , , , , , , , , , </u> | , |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | 10 | instructions Also, see page 1, item I) | 10,756,685 | 10,947,299 | 12,717,744 |
| | 17 | Accounts payable and accrued expenses | 10,730,003 | 10,547,255 | 12,/1/,/44 |
| | | | | | |
| y. | 18 | Grants payable | | | |
| abilities | 19 | Deferred revenue | | | |
| ē | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | | Other liabilities (describe | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | 0 | |
| 'n | | Foundations that follow SFAS 117, check here 🕨 🦵 | | | |
| 9 | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| <u>a</u> | 24 | Unrestricted | | | |
| or Fund Balances | 25 | Temporarily restricted | | | |
| 걸 | 26 | Permanently restricted | | | |
| Ξ | | Foundations that do not follow SFAS 117, check here 🕨 🔽 | | | |
| ŏ | | and complete lines 27 through 31. | | | |
| £ | 27 | Capital stock, trust principal, or current funds | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 10,756,685 | 10,947,299 | |
| Net | 30 | Total net assets or fund balances (see instructions) | 10,756,685 | 10,947,299 | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 10,756,685 | 10,947,299 | |
| Pa | rt II | 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 a | gree | |
| | | with end-of-year figure reported on prior year's return) | | 1 | 10,756,685 |
| 2 | | Enter amount from Part I, line 27a | | 2 | 190,614 |
| 3 | | Other increases not included in line 2 (itemize) | | 3 | |
| 4 | | Add lines 1, 2, and 3 | | | 10,947,299 |
| 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)—F | Part II, column (b), l | ine 30 . 6 | 10,947,299 |

the Part VI instructions

| Form 990-PF (2014) Part IV Capital Gains and | d Losses for Tax on Inve | stment Income | <u> </u> | | Page 3 |
|--|---|--|--|--------------------------------------|--|
| (a) List and describe the | kınd(s) of property sold (e g , ree, or common stock, 200 shs M | al estate, | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1 a Publicly-traded Securities | es | | | | |
| b Passthrough K1 Capital | Gain | | | | |
| С | | | | | |
| d | | | | | |
| <u>е</u> | | | | | |
| | (f) Depreciation allowe | d (a) Cos | t or other basis | (h) Gain | or (loss) |
| (e) Gross sales price | (or allowable) | 1 1-7 | xpense of sale | (e) plus (f) | |
| a 1,458,4 | 437 | | 1,000,556 | 5 | 457,881 |
| b | 0 | | (| | 4,936 |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| | l wing gain in column (h) and owne | d by the foundation | n on 12/31/60 | (I) Caina (Cal | /h \ |
| | (j) Adjusted basis | | cess of col (i) | (I) Gains (Col col (k), but not l | |
| (i) F M V as of 12/31/69 | as of 12/31/69 | | col (j), if any | Losses (fro | |
| a | | | | | 457,88 |
| b | | | | | (|
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Comptel governot vecome | ow (not constal loca) | If gain, also enter | | | |
| 2 Capital gain net income o | or (net capital loss) | If (loss), enter -0 | - In Part I, line / f | 2 | 462,817 |
| 3 Net short-term capital ga | aın or (loss) as defined ın sectio | ns 1222(5) and (6 |) | | |
| If gain, also enter in Part in Part I, line 8 | t I , line 8 , column (c) (see instru | ctions) If (loss), e | enter -0 - | 3 | |
| Part V Qualification Und | ler Section 4940(e) for R | educed Tax or | n Net Investme | <u> </u> | |
| or optional use by domestic priva | | | | | |
| section 4940(d)(2) applies, leav | | | | | |
| /as the foundation liable for the se | | able amount of any | vear in the base pe | eriod? | ┌ Yes ✔ No |
| f "Yes," the foundation does not q | | | | | |
| 1 Enter the appropriate amount | ın each column for each year, se | ee instructions bef | ore making any ent | ries | |
| (a) Base penod years Calendar | (b) | (c |) | (d) | mtio |
| year (or tax year beginning in) | Adjusted qualifying distributions | Net value of noncha | aritable-use assets | Distributior (col (b) divided | |
| 2013 | 372,554 | | 10,868,349 | | 0 034279 |
| 2012 | 351,846 | | 8,674,065 | | 0 040563 |
| 2011 | 352,277 | | 6,431,515 | | 0 054774 |
| 2010 | 217,824 | | 4,196,649 | | 0 051904 |
| 2009 | 202,647 | | 2,091,229 | | 0 096903 |
| | | | r | a 1 | |
| 2 Total of line 1, column (d | 1) | | | 2 | 0 27842 |
| 2 Total of line 1, column (d 3 Average distribution rati | o for the 5-year base period—div | vide the total on lir | | 3 | |
| Total of line 1, column (d A verage distribution ration the number of years the features. | | vide the total on lir e if less than 5 yea | nrs <u> </u> | | 0 05568! |
| Total of line 1, column (d A verage distribution ration the number of years the f Enter the net value of no | o for the 5-year base period—div foundation has been in existence ncharitable-use assets for 2014 | vide the total on lir e if less than 5 yea l from Part X, line | nrs | 3 4 | 0 05568! 12,671,748 |
| Total of line 1, column (d A verage distribution ration the number of years the d Enter the net value of no Multiply line 4 by line 3. | o for the 5-year base period—div foundation has been in existence ncharitable-use assets for 2014 | vide the total on lir e if less than 5 yea l from Part X, line | nrs | 3 4 5 | 0 05568! 12,671,748 705,626 |
| Total of line 1, column (d) A verage distribution ration the number of years the first the net value of no Multiply line 4 by line 3. Enter 1% of net investment | o for the 5-year base period—div foundation has been in existence ncharitable-use assets for 2014 | vide the total on lir e if less than 5 yea f from Part X, line 7b) | nrs | 3 4 5 6 | 0 055685 12,671,748 705,626 8,369 |
| Total of line 1, column (d A verage distribution ration the number of years the feature of the number of years the number of y | o for the 5-year base period—div foundation has been in existence ncharitable-use assets for 2014 | vide the total on lire of less than 5 years of the from Part X, line of | srs | 3 4 5 | 0 278423 0 055685 12,671,748 705,626 8,369 713,995 636,858 |

| | 990-PF (2014) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | ructio | | age 4 |
|-----|--|------------|------|--------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here \ and enter "N/A" | Iuctio | 113) | |
| 14 | 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 | | 1 | 5,738 |
| | here ► and enter 1% of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | |
| 3 | Add lines 1 and 2 | | 1 | 5,738 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 | | 1 | 5,738 |
| 6 | C redits/P ayments | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 7,100 | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 9,638 | | | |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 16 | 5,738 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 🔽 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 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid \rightarrow 10 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11 | | | |
| Par | t VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did | | Yes | No |
| | it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions | | | |
| | for definition)? | 1b | | No |
| | 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? | 1 c | | No |
| d | Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$ | | | |
| e | 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 | | No |
| | 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 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | No |
| 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 | | No |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions |] , | | |
| | that conflict with the state law remain in the governing instrument? | 6 | Yes | |
| 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 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) TN | | | |
| ь | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney | | | |
| U | General (or designate) of each state as required by General Instruction G? If "No," attach explanation. | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(1)(3)$ | 00 | , 43 | |
| 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 | | No |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | |
| | and addresses. | 10 | | No |
| | | | | |

| 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 | | No |
| 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 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ▶ | | | |
| 14 | The books are in care of Patrick J Dean Telephone no (901) | 428- | 0138 | |
| | Located at ▶3701 Leland Street Chevy Chase MD ZIP+4 ▶20815 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | | ► F |
| | and enter the amount of tax-exempt interest received or accrued during the year | • | | , |
| | - · · · · · · · · · · · · · · · · · · · | | | l |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over | ا ء د | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country | | | |
| Б- | | | | |
| 1261 | TE VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1- | During the year did the foundation (either directly or indirectly) | | 165 | NO |
| Ia | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes ▼ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) A gree 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) | | | |
| ь | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here. | | | |
| С | 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 | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2014? | | | |
| | If "Yes," list the years 🕨 20 , 20 , 20 , 20 | | | |
| 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 | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| 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 | \sqcup | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | \sqcup | No |
| 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 | 1 1 | No |

| | 1990-PF (2014) | | | | | | | | | | F | age 6 |
|---|---|----------------------------|---|--------|---|-----------|--|---|--------------|-----------|--------------------|--|
| Par | rt VII-B Statements Reg | ardir | ng Activities for | Wh | ich Form 4720 | May | Be Require | d (con | tinu | ıed) | | |
| 5a | During the year did the foundation | on pay | or incur any amoun | t to | | | | | | | | |
| | (1) Carry on propaganda, or other | erwise | attempt to influence | e leg | ıslatıon (section 49 | 45(e) |)? | │ Yes | Γ N | o | | |
| | (2) Influence the outcome of an | y spec | ific public election (| sees | section 4955), or to | carry | / | | | | | |
| | on, directly or indirectly, any | vote | registration drive?. | | | | | | | | | |
| | (3) Provide a grant to an individ | ual for | travel, study, or oth | nersi | mılar purposes? | | | ☐ Yes | r N | o | | |
| | (4) Provide a grant to an organiz | zatıon | other than a charita | ble, e | etc , organization de | scribe | ed | | | | | |
| | ın section 4945(d)(4)(A)? (s | see ins | structions) | | | | | │ Yes | r N | o | | |
| | (5) Provide for any purpose other | r thar | religious, charitable | e, sc | ientific, literary, or | | | | | | | |
| | educational purposes, or for | the pr | evention of cruelty t | to ch | ıldren or anımals?. | | | | ┌ N | o | | |
| b | If any answer is "Yes" to 5a(1)- | (5), d | ıd any of the transac | tions | s fail to qualify unde | rthe | exceptions de | scribed i | n | | | |
| | Regulations section 53 4945 or | ın a c | urrent notice regard | lıng d | ısaster assıstance | (see ı | nstructions)? | | | . 5b | | |
| | Organizations relying on a curre | nt not | ice regarding disast | eras | sistance check here | e | | | \sqcap | | | |
| c | If the answer is "Yes" to question | n 5a(| 4), does the foundat | ıon c | laım exemptıon fron | n the | | | | | | |
| | tax because it maintained exper | nditure | responsibility for th | ne gra | ant? | | | ┌ Yes | \sqcap_{N} | 。 | | |
| | If "Yes," attach the statement req | | | | | | | | | | | |
| 6a | Did the foundation, during the year | | | | | prem | iums on | | | | | |
| | a personal benefit contract? | | | | | | | ┌ Yes | r N | 。 | | |
| b | Did the foundation, during the ye | | | | | | | • | | 6b | | No |
| _ | If "Yes" to 6b, file Form 8870. | , | , | , | ,, | | | | - | | | |
| 7a | At any time during the tax year, | wac tl | ne foundation a party | v to a | nrohibitad tav chal | ltar tr | ansaction? | ┌ Yes | U N | _ ا | | |
| | If yes, did the foundation receive | | | | | | | • | | о 7b | | |
| | Information Abou | | | | | | | | | | | 05 |
| Par | and Contractors | at On | incers, Directors | >, II | ustees, round | 111011 | Managers | , migini | y Pa | ilu Eili | pioye | es, |
| | | | | | | | | | | | | |
| 1 | List all officers, directors, truste | es, foi | ındation managers a | nd t | heir compensation (| see in | structions). | | | | | |
| 1 | | (b) | Title, and average | (4 | C) Compensation | (| d) Contributio | | \ (e |) Eynei | nse acc | ount |
| 1 | (a) Name and address | (b) | Title, and average hours per week | (4 | c) Compensation f not paid, enter | (em | d) Contribution | t plans | ` | e) Exper | nse acc Ilowanc | |
| | (a) Name and address | (b) | Title, and average hours per week evoted to position | (4 | c) Compensation if not paid, enter -0-) | em and | d) Contributio | t plans | ` | | | |
| Mary | (a) Name and address | (b) de | Title, and average hours per week | (4 | c) Compensation f not paid, enter | em and | d) Contribution | t plans | ` | | | |
| Mary 3701 | (a) Name and address R Dean 1 Leland Street | (b) | Title, and average hours per week evoted to position | (4 | c) Compensation if not paid, enter -0-) | em and | d) Contribution | t plans | ` | | | |
| Mary 3701 Chev | (a) Name and address | (b) de Dir / 1 0 | Title, and average hours per week evoted to position / Sec | (4 | c) Compensation f not paid, enter -0-) | em and | d) Contribution | t plans | ` | | | |
| Mary 3701 Chev | (a) Name and address R Dean 1 Leland Street vy Chase, MD 20815 k J Dean | (b) de Dir / 1 0 | Title, and average hours per week evoted to position | (4 | c) Compensation if not paid, enter -0-) | em and | d) Contribution | t plans | ` | | | |
| Mary 3701 Chev Patricl | (a) Name and address R Dean 1 Leland Street vy Chase, MD 20815 | (b) de Dir, 1 0 | Title, and average hours per week evoted to position / Sec | (4 | c) Compensation f not paid, enter -0-) | em and | d) Contribution | t plans | ` | | | |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street | (b) de Dir, 1 0 | Title, and average hours per week evoted to position Sec | (1) | c) Compensation f not paid, enter -0-) 0 | en and | d) Contribution ployee benefi deferred comp | t plans ensation | | other a | llowanc | |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint Dir | ((| c) Compensation f not paid, enter -0-) 0 | en and | d) Contribution ployee beneficiated comparts of the comparts o | t plans ensation if none, e tions to | enter | other a | Ilowanc | es |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec | those | c) Compensation f not paid, enter -0-) 0 | em and | d) Contribution ployee beneficiated comparts of the comparts o | t plans ensation f none, e tions to benefit | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint Dir Oloyees (other than to b) Title, and aver | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | Ilowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee beneficiated comparts of the comparts o | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
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| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |
| Mary 3701 Chev Patricl 3701 Chev | (a) Name and address R Dean 1 Leland Street yy Chase, MD 20815 k J Dean 1 Leland Street yy Chase, MD 20815 Compensation of five highest-pa Name and address of each emplo | (b) de Dir, 1 0 Pres 1 0 | Title, and average hours per week evoted to position Sec Joint bloyees (other than the hours per week | those | c) Compensation if not paid, enter -0-) 0 c included on line 1- | em and | d) Contribution ployee benefit deferred comparts of the comployee length of the complex of t | t plans ensation f none, entions to benefit eferred | enter | other a | illowanc | ount, |

| Part VIII Information About Officers, Directors, and Contractors (continued) | Trustees, Foundation Managers, Highly | Paid Employees, |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional se | rvices (see instructions). If none, enter "NONE". | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| MML INVESTORS SERVICES | Investment MGMT | 108,255 |
| 1295 STATE STREET W122 SPRINGFIELD,MA 01111 | | |
| | | |
| | | |
| | _ | |
| | _ | |
| Total number of others receiving over \$50,000 for professional ser | rvices | |
| Part IX-A Summary of Direct Charitable Activities | 5 | |
| List the foundation's four largest direct charitable activities during the tax year. Incorganizations and other beneficiaries served, conferences convened, research papers. | | Expenses |
| 1 | | |
| 2 | | |
| 34 | | |
| Part IX-B Summary of Program-Related Investme | ents (see instructions) | |
| Describe the two largest program-related investments made by the foundation | | A mount |
| 1 | | |
| | | 1 |
| | | 1 |
| 2 | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | |

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 12.151.078 1h 513.641 1c 200,000 1d 12.864.719 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 12.864.719 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 192.971 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 12.671.748 5 633,587 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 633.587 1 Tax on investment income for 2014 from Part VI, line 5. 16.738 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 16.738 2c 3 3 616.849 4 4 5 5 616.849 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 616.849 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 636.858 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the O За O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 636,858 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 636,858 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

| | olidistributed fricollie (see liisti | (a) | (b) | (c) | (d) |
|----|--|--------|---------------------|--------|---------|
| | | Corpus | Years prior to 2013 | 2013 | 2014 |
| 1 | Distributable amount for 2014 from Part XI, line 7 | | | | 616,849 |
| | Undistributed income, if any, as of the end of 2014 | | | | |
| | Enter amount for 2013 only | | | 97,517 | |
| | Total for prior years 2012, 2011, 2010 | | | | |
| | Excess distributions carryover, if any, to 2014 | | | | |
| | From 2009 | | | | |
| b | From 2010 | | | | |
| c | From 2011 | | | | |
| d | From 2012 | | | | |
| е | From 2013 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2014 from Part | | | | |
| | XII, line 4 🕨 \$636,858 | | | | |
| а | Applied to 2013, but not more than line 2a | | | 97,517 | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required—see instructions) | | | | 539,341 |
| | Applied to 2014 distributable amount | | 0 | | 337,341 |
| | Remaining amount distributed out of corpus | | | | |
| Э | 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: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | 0 | | |
| 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 | | | | |
| е | Undistributed income for 2013 Subtract line | | | | |
| | 4a from line 2a Taxable amount—see | | | | |
| £ | Instructions | | | | |
| ' | lines 4d and 5 from line 1. This amount must | | | | |
| | be distributed in 2015 | | | | 77,508 |
| 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) | | | | |
| Ω | Excess distributions carryover from 2009 not | | | | |
| 3 | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2015. | | | | |
| | Subtract lines 7 and 8 from line 6a | | 0 | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2010 | | | | |
| | Excess from 2011 | | | | |
| | Excess from 2012 | | | | |
| | Excess from 2013 | | | | |
| е | Excess from 2014 | | | | |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Form **990-PF** (2014)

| Form 990-PF (2014) Part XV Supplementary Inform | nation (continued) | | | Page 11 |
|--|--|-------------------------|----------------------------------|----------------|
| 3 Grants and Contributions Paid | | proved for F | uture Payment | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | A mount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year See Additional Data Table | or substantial contributor | | | |
| T-4-1 | | | | 500 500 |
| Total | | <u></u> | | 590,500 |
| | | | | |
| | | | | |
| | | | h- a- | |

| Form 990-PF (2014) | ina Astivitia | | | | Page 1 2 |
|---|-------------------|--------------------|---------------------|----------------------|---|
| Part XVI-A Analysis of Income-Produc Enter gross amounts unless otherwise indicated | | usiness income | Excluded by section | (e) | |
| 1 Program service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | Related or exempt function income (See instructions) |
| a b | | | | | |
| c d e | | | | | |
| fg Fees and contracts from government agencies 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 516 | ; |
| 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate | | | 14 | 473,349 |) |
| a Debt-financed property. b Not debt-financed property. 6 Net rental income or (loss) from personal property. | | | | | |
| 7 O ther investment income.8 Gain or (loss) from sales of assets other than inventory. | | | 18 | 462,817 | 7 |
| 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory | | | | .02,021 | |
| 11 Other revenue a <u>K-1 Inc/Loss</u> b | | | 14 | 8,659 |) |
| c | | | | | |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify of | | | 1 | 945,341 13 | |
| Part XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) | the Accomp | ported in column (| (e) of Part XVI-A c | ontributed importa | |
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| Form 990-P | F (2014) | | | | | | | | | | Рa | ge 13 |
|------------------------------|--|---|----------------------------|--|--------------------------------------|-------------------------------|---|---|--|---------------------------|--------|--------------|
| Part XVI | Information R Noncharitable | | | | | actio | ns and I | Relationships Y | With | | | |
| | organization directly or i 501(c) of the Code (oth | indirectly 6 | engage | ın any of | the following wit | | | | | | Yes | No |
| organıza | | | | | | | | | | | | |
| | s from the reporting fou | | | | | | | | | | | |
| | h | | | | | | | | | 1a(1) | | No |
| | erassets | | | | | | | | | 1a(2) | | No |
| b Other tra | | | | | | | | | | 41.743 | | |
| | es of assets to a noncha | | | | | | | | | | | No |
| | chases of assets from a | | | | | | | | | | | No |
| | tal of facilities, equipme | | | | | | | | | 1b(3) | | No No |
| | nbursement arrangeme ns or loan guarantees. | | | | | | | | | 1b(5) | | No |
| | ormance of services or r | | | | | | | | | 1b(6) | | No |
| | of facilities, equipment, | | | | | | | | | ⊢ ` ´ | | No |
| d If the an of the go | swer to any of the above ods, other assets, or se ansaction or sharing arr | e is "Yes," ervices giv rangement | compl en by t , show | lete the fol the reporti in column | llowing schedule ing foundation I | Colum f the fou the god | nn (b) sho undation r ods, other | uld always show the celved less than assets, or service | ne fair ma fair marke es receive | rket va et value ed | 1 | |
| (a) Line No | (b) Amount involved | (C) Name | or none | паптаріе ех | empt organization | (a) | Description | of transfers, transaction | ons, and sna | illig alla | ngemer | its |
| | | | | | | | | | | | | |
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| describe | undation directly or indi d in section 501(c) of t complete the following (a) Name of organizatio | he Code (c schedule | | nan sectio | • | ın sectı | - | = | | . TY e | es F | No |
| | | | | | | | | | | | | |
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| the | der penalties of perjury, best of my knowledge a ormation of which prepa ****** | and belief, rer has any | ıt ıs tr | ue, correc | t, and complete | | ***** | | May the return | r) is bas | sed on | all |
| | Signature of officer or t | rustee | | | Date | | Title | | | r)? 🔽 Y | ∕es | Vo |
| | Print/Type preparer's Jeffrey D Haskell | name | Prepa | arer's Sıgn | nature | Date | | Check if self- employed ▶ | PTIN P(| 13457 | 770 | |
| Paid Preparei Use | | | | | | 1 | | Firm's EIN ► | | | | |
| Only | Firm's address • One Hollow Ln Ste 21 | .2 Lake S | ucces | s,NY 110 | 042 | | | Phone no (901) | 428-013 | 38 | | |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

MARY R DEAN

PATRICK J DEAN

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|---|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 640 MAIN ST STE 101 BATON ROUGE,LA 70801 | N/A | PC | General & Unrestricted | 5,000 |
| ARCHDIOCESE FOR THE MILITARY SERVICES USA 1025 MICHIGAN AVE NE WASHINGTON, DC 20017 | N/A | PC | General & Unrestricted | 5,000 |
| ARCHDIOCESE FOR THE MILITARY SERVICES USA 1025 MICHIGAN AVE NE WASHINGTON, DC 20017 | N/A | PC | Seminarian Endowment Challenge | 5,000 |
| ARCHDIOCESE OF WASHINGTON PO BOX 29260 WASHINGTON, DC 20017 | N/A | PC | 2014 Cardinal's Appeal | 40,000 |
| ASSUMPTION CATHOLIC CHURCH 3401 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20032 | N/A | PC | Outreach Program | 12,500 |
| ASSUMPTION CATHOLIC CHURCH 3401 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20032 | N/A | PC | Pope Francis Outreach Center | 90,000 |
| ASSUMPTION CATHOLIC CHURCH 3401 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20032 | N/A | PC | Pope Francis Outreach Center Renovation | 85,000 |
| ASSUMPTION CATHOLIC CHURCH 3401 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20032 | N/A | PC | Outreach Program | 17,500 |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WA 924 G ST NW WASHINGTON, DC 20001 | N/A | PC | 2014 Gala | 3,000 |
| CATHOLIC DIOCESE OF WILMINGTON PO BOX 2030 WILMINGTON, DE 19899 | N/A | PC | Annual Bishop's Appeal | 10,000 |
| CATHOLIC PSYCHOTHERAPY ASSOCIATION INC 7251 W 20TH ST BLDG M-2 GREELEY,CO 80634 | N/A | PC | annual meeting | 10,000 |
| CENTRO TEPEYAC INC 1315 APPLE AVE SILVER SPRING,MD 20910 | N/A | PC | General and Unrestricted & Stork Bus Program | 55,000 |
| DIOCESE OF MEMPHIS ROMAN CATHOLIC CHURCH 5825 SHELBY OAKS DR MEMPHIS,TN 38134 | N/A | PC | Balance of Bishop's Appeal | 4,000 |
| DON BOSCO CRISTO REY HIGHSCHOOL OF THE ARCHDIOCESE HIGH SCHOOL 1010 LARCH AVE TAKOMA PARK,MD 20912 | N/A | PC | General & Unrestricted | 500 |
| FRIENDSHIP PLACE 4713 WISCONSIN AVE NW WASHINGTON,DC 20016 | N/A | PC | General & Unrestricted | 10,000 |
| Total | | | | 590,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to | frecipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution | | A mount |
|---|---|---|---|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| JEWISH BOARD OF FAMILY & CHILDRENS SERVICES INC 135 W 50TH ST 6TH FL NEW YORK,NY 10020 | N/A | PC | Gan Mishkon | 5,000 |
| JEWISH BOARD OF FAMILY & CHILDRENS SERVICES INC 135 W 50TH ST 6TH FL NEW YORK,NY 10020 | N/A | PC | Gan Mishkon | 10,000 |
| LITTLE SISTERS OF THE POOR OF WASHINGTON DC INC 4200 HAREWOOD RD NE WASHINGTON, DC 20017 | N/A | PC | Building Campaign | 20,000 |
| SOCIETY OF ST VINCENT DE PAUL - MEMPHIS DISTRICT 3522 CARNES AVE MEMPHIS,TN 38111 | N/A | PC | Friends of the Poor Walk 2014 | 6,000 |
| ST EDMOND CATHOLIC CHURCH PO BOX 646 REHOBOTH BEACH, DE 19971 | N/A | PC | St Vincent de Paul Society | 2,000 |
| ST EDMOND CATHOLIC CHURCH PO BOX 646 REHOBOTH BEACH,DE 19971 | N/A | PC | Sustaining Hope for the Future Campaign | 10,000 |
| ST JOHN THE EVANGELIST CHURCH 689 RITCHIE HWY SEVERNA PARK,MD 21146 | N/A | PC | Walking with Purpose Women's Bible Study | 5,000 |
| TOGO MISSION INC PO BOX 130 GAITHERSBURG, MD 20884 | N/A | PC | General & Unrestricted | 180,000 |
| Total | | | | 590,500 |

DLN: 93491183009525

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

▶ 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.

Sales and Other Dispositions of Capital Assets

Name(s) shown on return

Social security number or taxpayer identification number

26-3566999

Adjustment if any to gain or loss

Before you check Box A, B, or C below, check 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 <i>Column (e)</i> in the separate instructions | If you enter a | and any, to gain or loss an amount in column (g), code in column (f) aparate instructions (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
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| 2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 1b checked), line 2 (if Box B above is C above is checked) | each total her (if Box A abov | e and e ıs ı e 3 (ıf Box | 0 | (0) | | | 0 |
| Note If you shesked Box A above | but the bacic re | norted to the I | DS was incorrect | enter in column (| a) tha had | us as reported t | o the IDS and |

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

Box F above is checked)

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

Social securitynumber or taxpayer identification number

Before you check Box D, E, or F below, check 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

| | F) Long-term transactions n | | | | (e) | 1 - | ıf any, to gaın or loss | (h) |
|---|-----------------------------|-------------------|---------------------------------|----------------------------------|---|-------------------------------------|--|---|
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or disposed | (d) Proceeds (sales price) | Cost or other basis See the Note below and see <i>Column (e)</i> | enter a | an amount in column (g), code in column (f) eparate instructions | Gain or (loss). Subtract column (e) from column (d) |
| | (Example 100 sh XYZ Co) | (Mo , day, yr) | (Mo , day, yr) | (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | and combine the result with column (g) |
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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

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

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

TY 2014 Depreciation Schedule

Name: AMDG Foundation

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491183009525 |
|--------------------------------------|-----------------|---------------------|
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TY 2014 Investments Corporate Stock Schedule

Name: AMDG Foundation

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------------------------|---------------------------|----------------------------------|
| CHAMBERS STREET PROPERTIES | 119,038 | 96,752 |
| CNL LIFESTYLE PROPERTIES INC. | 126,791 | 90,597 |
| INLAND REIT | 250,000 | 175,367 |
| ISHARES BARCLAYS 1-3 YR CD BD | 695,196 | 696,712 |
| ISHARES IBOXX \$ HIGH YIELD COR | 417,893 | 422,822 |
| ISHARES S&P MIDCAP 400 BARRA V | 536,829 | 850,453 |
| ISHARES S&P SMALLCAP 600 GROWT | 442,615 | 746,701 |
| ISHARES TRUST MSCI EAFE INDEX | 1,459,161 | 1,578,069 |
| ISHARES TRUST RUSSELL 1000 VAL | 594,436 | 1,054,440 |
| KBS REAL ESTATE INVESTMENT TRU | 400,000 | 234,400 |
| SPDR LEHMAN INTERNATIONAL TREA | 691,251 | 644,760 |
| SPDR S&P 500 ETF TRUST | 655,622 | 979,398 |
| VANGUARD FTSE EMERGING MARKETS | 528,222 | 530,825 |
| VANGUARD GROWTH ETF | 683,099 | 1,233,055 |
| VANGUARD TOTAL BOND MARKET ETF | 2,503,547 | 2,559,566 |

TY 2014 Investments - Other Schedule

Name: AMDG Foundation

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------------|-----------------------|------------|----------------------------------|
| AEI INCOME AND GROWTH FUND 27 | | 219,772 | 200,000 |

TY 2014 Other Expenses Schedule

Name: AMDG Foundation

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|-----------------------------------|--------------------------|---------------------|--|
| Administrative Fees | 46,336 | | | 46,336 |
| Bank Charges | 180 | 180 | | |
| State or Local Filing Fees | 22 | | | 22 |

TY 2014 Other Income Schedule

Name: AMDG Foundation

| | Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|----|---|-----------------------------------|--------------------------|---------------------|
| K- | -1 Inc/Loss AEI INCOME AND GROWTH FUND 27 LLC | 8,659 | 8,659 | |

TY 2014 Other Professional Fees Schedule

Name: AMDG Foundation

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------------------|---------|--------------------------|------------------------|---|
| Investment Management Services | 108,255 | 108,255 | | |

TY 2014 Taxes Schedule

Name: AMDG Foundation

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------------|--------|--------------------------|------------------------|---|
| 990-PF Estimated Tax for 2014 | 7,100 | | | |
| 990-PF Excise Tax for 2013 | 2,334 | | | |