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Form 990-PF

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

| | | nent of the Treasury Revenue Service Do not enter so Information about Forr | cial security numbers o n 990-PF and its separa | | • | • | Open to Public Inspection |
|---------|---|---|--|---------------|------------|---|----------------------------------|
| _ | | lendar year 2014 or tax year beginning | • | | , and endi | | , 20 |
| | | of foundation CAROL SCHWARTZ GREE | NWALD FAMILY | | | A Employer ider | ntification number |
| | FOU | NDATION, INC. | | | | 46-3184 | 534 |
| | Numb | er and street (or P O box number if mail is not delivered | d to street address) | | Room/suite | B Telephone nu | mber (see instructions) |
| | C/0 | CAROL GREENWALD | | | | (|) – |
| _ | 560 | 0 WISCONSIN AVENUE | | | 108 | | |
| | City o | r town, state or province, country, and ZIP or foreign po | stal code | | | | |
| | CHE | VY CHASE, MD 20815 | | | | C If exemption appropriate pending, check h | olication is here |
| _ | | eck all that apply. Initial return | Initial return | of a former r | ublic char | tv | |
| _ | | Final return | Amended re | | | D 1. 1 Oreigin organ | nizations, check here |
| | | Address change | Name chang | е | | 85% test, che | ck here and attach |
| Н | Che | | c)(3) exempt private f | foundation | | | |
| | s | Section 4947(a)(1) nonexempt charitable trust | Other taxable pr | ivate founda | tion | | ation status was terminated |
| ī | Fair | market value of all assets at J Acco | unting method X C | ash Acc | rual | | n is in a 60-month termination |
| | | of year (from Part II, col (c), line | ther (specify) | | | | 7(b)(1)(B), check here . ► |
| | 16) | ▶\$ 198,802. (Part I, c | column (d) must be on cas | sh basıs) | | | |
| | art | Analysis of Revenue and Expenses (The | (a) Revenue and | (h) Not mus | | (a) Advisted not | (d) Disbursements for charitable |
| | | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in | expenses per | (b) Net inve | II | (c) Adjusted net income | purposes |
| _ | | column (a) (see instructions)) | books | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) . | 98,937. | | | | |
| | 2 | Check Lift the foundation is not required to attach Sch B | _ | | | | |
| | 3 | Interest on savings and temporary cash investments. | 2 5 5 | | 2 552 | 2 55 | 3. ATCH 1 |
| | 4 | Dividends and interest from securities | 2,553. | | 2,553. | 2,55 | 3. Alch 1 |
| | 5a | Gross rents | | | | | |
| ٠. | | Net rental income or (loss) | 233. | | | | |
| Revenue | 6a b | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 14,692. | 255. | | | · · · · · · · · · · · · · · · · · · · | |
| Ve | | assets on line 6a | | | 233. | · · · · · · · · · · · · · · · · · · · | |
| æ | 7 | Capital gain net income (from Part IV, line 2) . | * | | | | |
| | 8 9 | Net short-term capital gain, | | | | | |
| | - | Gross sales less returns | | | | | |
| | b | Less Cost of goods sold . | | | | | |
| | | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 101,723. | | 2,786. | 2 , 55 | 3. |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | |
| ses | 14 | Other employee salaries and wages | | | | | |
| ë | 15 | Pension plans, employee benefits | | | | | |
| Š | 14 15 16a b c 17 18 19 20 21 22 23 24 | Legal fees (exect checket D | 500 | | - E 0 0 | 50 | 0 |
| eE | b | Accounting fees (attach schedule)ATCH 2 | 500. | | 500. | 30 | |
| ĭŧ | C | Other professional fees (attach schedule).[3] | 30. | | 30. | | V . |
| š | 17 | Intel St SEP .0.4 .2015 | 26. | | 26. | 2 | 6 |
| Ĕ | 18 | Taxes (attach schedule) (see instructions)[4]. | 20. | | 20. | | - |
| Ξ | 19 | Depleciation (attro) priedule) and depletion. | | | | | |
| ĕ | 20 | Occupancy | | | | | |
| ind | 22 | Travel, conferences, and meetings Printing and publications | | | - | | |
| 9 | 23 | Other expenses (attach schedule) ATCH . 5 | 24. | | 24. | 2 | 4. |
| 뻎 | 24 | Total operating and administrative expenses. | | | | | |
| era | | Add lines 13 through 23 | 580. | | 580. | 58 | |
| ဝီ | 25 | Contributions, gifts, grants paid | 10,000. | | | | 10,000 |
| | 26 | Total expenses and disbursements Add lines 24 and 25 | 10,580. | | 580. | 58 | 0. 10,000 |
| _ | 27 | Subtract line 26 from line 12 | | | | | |
| | | Excess of revenue over expenses and disbursements | 91,143. | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 2,206. | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | 1,97 | 3. |

Page 2

| Part II | Ralance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End of | | |
|--------------|---|--|-------------------------------|----------------|-----------------------|--|
| | - Datation Officets | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| 1 | Cash - non-interest-beari | ng | 850. | 1,300. | 1,300. | |
| | | cash investments | | | | |
| | | | | | | |
| | | btful accounts ▶ | | | | |
| | | | | | | |
| | Less: allowance for dou | btful accounts ▶ | | | | |
| | | | | | | |
| | | officers, directors, trustees, and other | | | ·· | |
| | | tach schedule) (see instructions) | | | | |
| | | eceivable (attach schedule) | | | | |
| | | | | | | |
| | | btful accounts ▶ | | | | |
| | | e | | | | |
| ASS 40 | | eferred charges | | · | | |
| iva | Investments - U.S. and state | e government obligations (attach schedule) | 94,747. | 105 440 | 107 502 | |
| | | stock (attach schedule) ATCH 6 | 94, 141. | 185,440. | 197,502. | |
| 11 ° | Investments - land, buildings | | | | | |
| | Less accumulated deprecia | ation | | | | |
| 12 | Investments - mortgage | loans | | | | |
| 4.2 | Investments other (atte | sala a ala adula) | | | | |
| 14 | Land, buildings, and | | | | | |
| | Less accumulated deprecia | tion | | | | |
| 15 | (attach schedule) Other assets (describe 1 | >) | | | | |
| 16 | Total assets (to be | completed by all filers - see the | | | | |
| | | age 1, item I) | 95,597. | 186,740. | 198,802. | |
| | | | 30,0 | | | |
| , | | ccrued expenses | | | | |
| 18 | | | | | | |
| | | | | | | |
| 20 | | rs, trustees, and other disqualified persons | | | | |
| [일 21 | | ites payable (attach schedule) | | | | |
| 22 | Other liabilities (describe | ; ▶) | | | | |
| | | | | | | |
| | | s 17 through 22) | 0 | <u>_</u> | | |
| | | low SFAS 117, check here . ▶ | | | | |
| S | and complete lines | 24 through 26 and lines 30 and 31. | | | | |
| 24 | Unrestricted | | | | | |
| 25 | | | | | | |
| <u> </u> | | | | | | |
| or Fund Bala | Foundations that do | not follow SFAS 117, ▶ X | | | | |
| <u>L</u> | check here and com | plete lines 27 through 31. | | | | |
| o 27 | Capital stock, trust princ | cipal, or current funds | | | | |
| انت | | land, bidg , and equipment fund | | | | |
| 8 29 | | ulated income, endowment, or other funds | 95,597. | 186,740. | | |
| a 30 | - | I balances (see instructions) | 95,597. | 186,740. | | |
| Ž 31 | | net assets/fund balances (see | | | | |
| | | | 95,597. | 186,740. | | |
| | | nges in Net Assets or Fund Balar | | | | |
| | | palances at beginning of year - Part II | | ist agree with | | |
| | | | | | 95,597. | |
| 2 Eate | r amount from Dort ! | ed on prior year's return) | | | 91,143. | |
| | er amount from Part I, | | | 2 | 91,143. | |
| J Othe | er increases not includ | ded in line 2 (itemize) ▶ | | 3 | 186,740. | |
| 4 Add | imes 1, 2, and 3 | , , , | | 4 | 186,/40. | |
| 5 Dec | reases not included in | ı line 2 (itemize) ► | _ | 5 | 100 540 | |
| 6 Tota | al net assets or fund b | alances at end of year (line 4 minus l | ine 5) - Part II, column (b), | line 30 6 | 186,740. | |

| Page | 3 |
|------|---|
| | |

| Part IV Capital Gains | s and Losses for Tax on Inv | estment Income | | | | | | |
|--|--|---|-------------------|--|---------------|--|--|--|
| | nd describe the kind(s) of property sold | (e g , real estate, | (b) How acquired | (c) Date acquired | (d) Date sold | | | |
| | 2-story brick warehouse, or common stock, 200 shs MLC Co) | | | | | | | |
| 1a SEE PART IV SCHI | SEE PART IV SCHEDULE | | | | | | | |
| _b | | | | | | | | |
| | | | | | | | | |
| _d | | | | | | | | |
| _ u | | | | | | | | |
| | (f) Depreciation allowed | (g) Cost or other basis | <u> </u> | (h) Gain or (lo | J | | | |
| (e) Gross sales price | plus expense of sale | | (e) plus (f) mini | | | | | |
| - | | | | | | | | |
| _a | | | | | | | | |
| _b | | | | | | | | |
| _ <u>C</u> | | | <u> </u> | | | | | |
| _d | | | <u> </u> | | | | | |
| Complete only for consta | a bayyana a sayana a sayana (b) and ayan | ad by the foundation on 12/21/60 | | | | | | |
| Complete only for assets | s showing gain in column (h) and owne | T | | 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 | COI | (k), but not less t Losses (from co | | | | |
| _a | | | | | | | | |
| _b | | | | | | | | |
| С | | | | | | | | |
| _d | | | | | | | | |
| _e | | | | | | | | |
| 7 Constal commet masses | on (not contal loca) [If | gain, also enter in Part I, line 7 | | | | | | |
| 2 Capital gain net income | or (net capital loss) | (loss), enter -0- in Part I, line 7 | 2 | | 233. | | | |
| 3 Net short-term capital g | ain or (loss) as defined in sections | 1222(5) and (6) | | | | | | |
| If gain, also enter in P | Part I, line 8, column (c) (see ins | structions) If (loss), enter -0- in | 1 1 | | | | | |
| Part I, line 8 | <u></u> | | 3 | | 0 | | | |
| | | duced Tax on Net Investment I | ncome | | | | | |
| If "Yes," the foundation does | not qualify under section 4940(e) | butable amount of any year in the b Do not complete this part ar; see the instructions before makin | | ries | Yes X No | | | |
| (a) Base period years | (b) | (c) | | (d) Distribution ra | atio | | | |
| Calendar year (or tax year beginning in) | | Net value of noncharitable-use assets | | (col (b) divided by | | | | |
| 2013 | 5,650. | | | | · | | | |
| 2012 | | | | | | | | |
| 2011 | | | | | | | | |
| 2010 | | | | | | | | |
| 2009 | | | | | | | | |
| | | | | | | | | |
| 2 Total of line 1, column (| d) | | 2 | | | | | |
| 3 Average distribution rati | o for the 5-year base period - divid | de the total on line 2 by 5, or by the | | | | | | |
| | | ss than 5 years | 3 | | | | | |
| ŕ | | • | | | | | | |
| 4 Enter the net value of no | oncharitable-use assets for 2014 fr | rom Part X, line 5 | 4 | | | | | |
| | | , | | | | | | |
| 5 Multiply line 4 by line 3 | 5 Multiply line 4 by line 3 | | | | | | | |
| 6 Enter 1% of net investm | ent income (1% of Part I, line 27b) | | 6 | | | | | |
| 7 Add lines 5 and 6 | | | 7 | | | | | |
| 8 Enter qualifying distribut | tions from Part XII, line 4 | | 8 | · | | | | |
| If line 8 is equal to or g Part VI instructions | greater than line 7, check the box | in Part VI, line 1b, and complete | that part | | | | | |
| JSA 4E1430 1 000 5761HL B70G | V | 14-6F | | Form | 990-PF (2014) | | | |
| | • | | | | | | | |

| Form | 990-PF (2014) . CAROL SCHWARTZ GREENWALD FAMILY 46-318 | 4534 | . F | age 4 |
|------|---|--|----------|----------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | nstru | ction | s) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here | | | |
| | 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 | | | 44. |
| | 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 | | | 44. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | | 0 |
| 5 | Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 44. |
| 6 | Credits/Payments | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | |
| С | Tax paid with application for extension of time to file (Form 8868) | | | |
| d | Backup withholding erroneously withheld | | | _ |
| 7 | Total credits and payments Add lines 6a through 6d | | | 0 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 44. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11 | | | |
| | 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 it | | _Yes_ | No |
| | participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | . | | |
| | Instructions for the definition)? | 1b | | X |
| | 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 | i . | | |
| | Did the foundation file Form 1120-POL for this year? | 1c_ | | X |
| 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 ▶ \$ | . | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | . | | |
| | foundation managers. ► \$ | | | x |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | |
| | If "Yes," attach a detailed description of the activities | i | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | x |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | x |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | - | | <u> </u> |
| • | 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 | . (| | ĺ |
| | By language in the governing instrument, or By state language that officetively expende the reversion instrument so that no mandatory directions that | ıİ | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state levi some run the government meet? | 6 | | Х |
| - | conflict with the state law remain in the governing instrument? | 7 | <u> </u> | |
| 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 | | | |
| | Enter the states to which the foundation reports or with which it is registered (see instructions) ► MD, | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | _X | |
| 9 | ls 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 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | . 1 | | |
| | names and addresses | 10 | | X |

| Form | 990-PF(2014) , CAROL SCHWARTZ GREENWALD FAMILY 46-3 | 184534 | Pa | age 5 |
|----------|--|----------|------|-------|
| Pai | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within t | he | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | _X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualif | I | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | . 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | | Х | |
| | Website address N/A | | | |
| 14 | The books are in care of ▶ CAROL GREENWALD Located at ▶ 5600 WISCONSIN AVE., SUITE 108 CHEVY CHASE, MD ZIP+4 ▶ 20815 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 57-207 | 2 | |
| | Located at ▶5600 WISCONSIN AVE., SUITE 108 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 | . , | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other author | rity | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | . 16 | | _X_ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) | | | |
| | "Yes," enter the name of the foreign country > | <u> </u> | | |
| Par | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly). | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X N | , | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | 1 | | |
| | disqualified person? Yes X N | , | | |
| | (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? Yes X N | , | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | Ì | | |
| | the benefit or use of a disqualified person)? Yes X N |) | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days), Yes X N | | | |
| b | olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation | | | |
| | 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, the | | | х |
| _ | were not corrected before the first day of the tax year beginning in 2014? | 1 | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priva | te | | |
| | 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? | | | |
| | Total Political Journal of Control of Contro | ' | | |
| L | If "Yes," list the years 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) | , | | |
| | all years listed, answer "No" and attach statement - see instructions) | i | | |
| _ | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | • • | | |
| · | | | | |
| 3.a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| 0.0 | at any time during the year? | , | | |
| h | of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation | · | | |
| | 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 | 1 | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if to | | | |
| | foundation had excess business holdings in 2014) | | | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose | | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201- | i | | X |
| | | | DE A | |

| Pa | 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 | ount to | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | | | | | | |
| | directly or indirectly, any voter registration drive? | | | | · | | |
| | (3) Provide a grant to an individual for travel, study, or | other similar purposes | ? | . Yes X No |) | | |
| | (4) Provide a grant to an organization other than a | charitable, etc., org | ganization described i | | | | |
| | section 4945(d)(4)(A)? (see instructions) | | | | • | | |
| | (5) Provide for any purpose other than religious, c | | | | | | |
| | purposes, or for the prevention of cruelty to children | | | | 1 1 | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | ן ו | | |
| | Regulations section 53 4945 or in a current notice regard | rding disaster assistar | nce (see instructions)? | | 5b | | |
| | Organizations relying on a current notice regarding disa | ster assistance check | here | | | | |
| C | If the answer is "Yes" to question 5a(4), does the | foundation claim e | exemption from the t | | | | |
| | because it maintained expenditure responsibility for the | grant? | | Yes No |) | | |
| | If "Yes," attach the statement required by Regulations se | ction 53 4945-5(d) | | | | | |
| 6a | Did the foundation, during the year, receive any ful | • | | ms ┌ | | | |
| | on a personal benefit contract? | | | Yes X No | | x | |
| b | Did the foundation, during the year, pay premiums, dire | ectly or indirectly, on a | i personal benefit contra | act? | 6b | — - ^ | |
| _ | If "Yes" to 6b, file Form 8870. | | | Yes X No | | | |
| 7a | At any time during the tax year, was the foundation a p | | | | | - | |
| b Par | If "Yes," did the foundation receive any proceeds or hat VIII Information About Officers, Directo | | | | | | |
| | and Contractors | | | | | | |
| 1_ | List all officers, directors, trustees, foundation i | nanagers and thei | r compensation (see | instructions). (d) Contributions to | | | |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | (e) Expense other allo | e account, owances | |
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| | | | <u></u> | | | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | se included on lin | e 1 - see instructi | ons). If no | ne, enter | |
| | NONE. | (b) Title, and average | | (d) Contributions to | | | |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | (e) Expense other allo | | |
| | | devoted to position | | compensation | | | |
| | NONE | | | | | | |
| | NONE | | | | | | |
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| Total | number of other employees paid over \$50,000 | | | l | | | |
| Utal | number of other employees paid over \$30,000. | | <u> </u> | <u> </u> | | | |

Form 990-PF (2014) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2014)

Total. Add lines 1 through 3

| P | 20 | 0 | Ì |
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| | aч | C | ď |

| Par | Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.) | reign foundation | ons, |
|-----|---|------------------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc | ; , | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 149,662. |
| b | | 1b | 1,075. |
| C | Fair market value of all other assets (see instructions). | . 1c | |
| d | | . 1d | 150,737. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | 1 1 | |
| | 1c (attach detailed explanation) | _ | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, se | 3 | 150,737. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, se | ee | |
| | instructions) | . 4 | 2,261. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line | 4 5 | 148,476. |
| 6 | Minimum investment return. Enter 5% of line 5 | | 7,424. |
| Par | TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ▶ and do not complete this part) | oundations | |
| 1 | Minimum investment return from Part X, line 6 | . 1 | 7,424. |
| 2 a | Tax on investment income for 2014 from Part VI, line 5 | 4. | |
| b | Income tax for 2014 (This does not include the tax from Part VI). | | |
| c | · · · · · · · · · · · · · · · · · · · | 2c | 44. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 7,380. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | | 7,380. |
| 6 | Deduction from distributable amount (see instructions) | | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XII | | |
| | line 1 | | 7,380. |
| Par | t XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | | 1a | 10,000. |
| b | | | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc | | |
| | purposes | | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | • | |
| a | | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line | 4 4 | 10,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom | | |
| | Enter 1% of Part I, line 27b (see instructions) | | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 10,000. |
| _ | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years wher | | |
| | qualifies for the section 4940(e) reduction of tax in those years. | . 52,52,2, | |

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (d) (a) (c) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI, 7,380. Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only . . . **b** Total for prior years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014: a From 2009 **b** From 2010 c From 2011 d From 2012 From 2013 675. f Total of lines 3a through e Qualifying distributions for 2014 from Part XII, 10,000. line 4 ▶ \$ a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) 7,380. d Applied to 2014 distributable amount 2,620. Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 3,295. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b 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 4a from line 2a Taxable amount - see f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2015. 3,295. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2010 . . . b Excess from 2011 . . . c Excess from 2012 . . . 675. d Excess from 2013 . . . 2,620. e Excess from 2014 . . .

| | n 990-PF (2014) | ' | WARTZ GREENWAL | | | 16-318453 | 34 Page 10 APPLICABLE |
|-----|---|--------------------------|--------------------------|---------------------------------------|---------------------------------------|---------------|---------------------------------|
| _ | | | s (see instructions ar | | | NOT A | APPLICABLE |
| 1 a | If the foundation has | | | | rating | | |
| | foundation, and the ruling | | | | ▶∟ | | |
| b | Check box to indicate v | whether the foundation | is a private operating f | oundation described it | n section 49 | 42(j)(3) or | 4942(J)(5) |
| 2 a | Enter the lesser of the ad- | Tax year | | Prior 3 years | | (| e) Total |
| | justed net income from Part | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | | |
| | for the minimum investment return from Part X for each | | | | | ĺ | |
| | year listed | | | | | | |
| b | 85% of line 2a | | | | | | |
| | | | | | | | |
| C | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | |
| d | Amounts included in line 2c not | | | | | | |
| - | used directly for active conduct | | | | } | ł | |
| | of exempt activities , | | | | | | |
| е | Qualifying distributions made directly for active conduct of | | | | | | |
| | exempt activities Subtract line | j | | | | J | |
| | 2d from line 2c | | | | · · · · · · · · · · · · · · · · · · · | | _ |
| 3 | 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 4942(j)(3)(B)(i) | | | | | | |
| b | 'Endowment" alternative test- | | | | | | |
| | enter 2/3 of minimum invest- | | | | | | |
| | ment return shown in Part X, | | | | | | |
| c | line 6 for each year listed "Support" alternative test - enter | | | | 1 | | |
| Ī | (1) Total support other than | | | | | | |
| | gross investment income | | | | | | |
| | (interest dividends, rents payments on securities | | | | | ļ | |
| | loans (section 512(a)(5)), | | | | | | |
| | or royalties) | | | ·- <u></u> | | | |
| | public and 5 or more | | | | | | |
| | exempt organizations as provided in section 4942 | | | | | | |
| | (j)(3)(B)(III) | · | <u> </u> | · | ļ | | |
| | (3) Largest amount of sup- port from an exempt | | | | | | |
| | organization | | | | | | |
| | (4) Gross investment income. | | | | | | |
| Pa | rt XV Supplemer | ntary Information (| Complete this part | only if the found | dation had \$5,00 | 00 or mor | e in assets |
| | | during the year -s | | | | | |
| | Information Regarding | | | | | | |
| а | List any managers of | the foundation who h | nave contributed more | than 2% of the tot | al contributions re | ceived by th | e foundation |
| | before the close of any | tax year (but only if th | ley have contributed m | ore than \$5,000) (S | see section 507 (d)(2 | 2)) | |
| | N/A | | | | | | |
| b | List any managers of | | | | | ıally large p | ortion of the |
| | ownership of a partner | snip or other entity) of | which the foundation | nas a 10% or greater | rinterest | | |
| | | | | | | | |
| | N/A | | | | | | |
| 2 | Information Regarding | - | | · · · · · · · · · · · · · · · · · · · | | | |
| | Check here ► X if the | he foundation only r | makes contributions t | to preselected char | ritable organization | s and does | not accept |
| | unsolicited requests for | | | nts, etc (see instruc | tions) to individual | s or organiz | ations under |
| | other conditions, comp | | | | | | |
| а | The name, address, ar | nd telephone number | or e-mail address of th | ne person to whom ap | plications should be | addressed | - |
| | | | | | | | |
| b | The form in which appl | ications should be sub | mitted and information | n and materials they | should include | | |
| | | | | | | | |
| | Anu aubmus stere de 10 | | | | - | | |
| C | Any submission deadling | nes | | | | | |

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

Page **11**

| Part XV Supplementary Information (continued) | | | | | | | | |
|--|--|----------------------|----------------------------------|---|--|--|--|--|
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount Amount Amount Purpose of grant or contribution Purpose of grant or contribution | | | | | | | | |
| Recipient | If recipient is an individual show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | | | | |
| Name and address (home or business) | or substantial contributor | recipient | contribution | | | | | |
| a Paid during the year | | | | | | | | |
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| Total | | | | 10,000. | | | | |
| b Approved for future payment | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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Form 990-PF (2014) Page **12** Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by | y section 512, 513, or 514 | (e) | |
|---|---------------------------|---------------------------------------|-----------------------|--|--|--|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) | |
| - | | | | | (dee instructions) | |
| a b | | | | | | |
| | | <u> </u> | | | | |
| c | · | | | | | |
| d | | <u> </u> | | | | |
| е | | | | | | |
| f | ļ | | | | | |
| g Fees and contracts from government agencies | | | - | | | |
| 2 Membership dues and assessments | - | | | | | |
| 3 Interest on savings and temporary cash investments | ļ | | 14 | 2,553. | | |
| 4 Dividends and interest from securities | <u> </u> | | T.4 | 2,333. | ······ | |
| 5 Net rental income or (loss) from real estate | } | | | | | |
| a Debt-financed property | <u> </u> | | | | | |
| b Not debt-financed property | <u> </u> | | | | | |
| 6 Net rental income or (loss) from personal property | - | <u> </u> | | | | |
| 7 Other investment income | | | 18 | 222 | | |
| 8 Gain or (loss) from sales of assets other than inventory | ļ | | 18 | 233. | | |
| 9 Net income or (loss) from special events | | | ļ | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue a | | | ļ | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | <u> </u> | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 2,786. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 2,786. | |
| (See worksheet in line 13 instructions to verify calc | | | D | | | |
| Part XVI-B Relationship of Activities Line No. Explain below how each activities | | | | | ited importantly to the | |
| ▼ accomplishment of the foundation | • | · | • | | • | |
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| 1 | | | | engage in any of the section 501(c)(3) org | | | | | Yes | No |
|--------|-------------|--|-----------------------------|--|----------------------------|---------------------|-----------------------------|--------------------|-------------|----------------|
| | organiz | zations? | | | | | | ļ | | |
| а | Transfe | ers from the repo | orting foundation to | o a noncharitable exem | npt organization of. | • | | | ľ | |
| | (1) Cas | sh | | | | | | 1a(1) | | X |
| | (2) Oth | ner assets | | | | | | 1a(2) | | X |
| | | transactions | | | | | | | | |
| | | | | empt organization | | | | | | X |
| | | | | able exempt organizatio | | | | | | X |
| | | | | rassets | | | | | | <u>X</u> |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | hip or fundraising solici | | | | l i | | X |
| | | | | sts, other assets, or pa | | | | 1c | | X |
| | | | | es," complete the follo | | | | | | |
| | | | | rices given by the repo | | | | | | |
| | | | | gement, show in colu | | | | | | |
| (a) Li | ne no | (b) Amount involved | (c) Name of | noncharitable exempt organiz | zation (d) Des | cription of transf | ers, transactions, and shar | ing arra | ngemer | nts |
| | | N/A | | | N/A | ····- | | | | |
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| | la tha | foundation direct | the or endirectly of | ffiliated with, or relate | d to one or mor | o tay ayamat | organizations | | | |
| | | | • | other than section 501(| | • | | | s X | l No |
| | | | ollowing schedule | iller than section 50 it | c)(3)) or in section | 113277 | | ' | ,3 <u>[</u> |] 110 |
| | 11 163 | (a) Name of organiz | | (b) Type of orga | inization | | c) Description of relations | hip | | |
| | | (4) (14.00 | | (2) 1) 10 21 31 31 | | <u></u> | <u></u> | | | |
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| | Under | | | nned this return, including acco | | | the best of my knowledge | e and b | elief, it | is true |
| C: | correc | t and complete Declarati | ion of preparer (other than | taxpayer) is based on all informati | on of which preparer has a | any knowledge /1 | 1 | | | |
| Sign | | dalla | neann | 10101 8/20 | 115 102 | esile | May the IRS with the pre | discuss parer s | | retum below |
| Here | Sign | nature of officer or trus | ee | Date / | Title | | (see instructions | | Yes | No |
| | | (|) | 1 | / | | <u> </u> | | | |
| | | Print/Type preparer | name | Preparer's signature | | Date | Check If P | TIN | - | |
| Paid | | STEVEN D BU | LL | Mellen Q | Beell | 8/21/ | | 2001 | 0503 | 8 |
| Prep | arer | Firm's name | BULL, SHAMS- | -AZAR, LARKIN & | COHEN PA | | Firm's EIN ▶ 27-14 | 0829 | 97 | |
| Use | Only | | 10411 MOTOR | CITY DRIVE, SU | ITE 360 | | | - | | |
| | | | | 4D | | 817 | Phone no 301-61 | 0-63 | 363 | |
| | | | | | | | | m 990 | -PF | (2014) |

Schedule B (Form 990, 990-EZ. or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Department of the Treasury
Information about Schedule B (Form 990, 990-PF) and its instructions is at www.irs.gov/form990, Employer identification number Name of the organization CAROL SCHWARTZ GREENWALD FAMILY FOUNDATION, INC. 46-3184534 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received

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

during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CAROL SCHWARTZ GREENWALD FAMILY FOUNDATION, INC.

Employer Identification number 46-3184534

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

| (a) | (b) | (c) | (d) |
|-----|--|---------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 - | CAROL GREENWALD 5600 WISCONSIN AVENUE, SUITE 108 CHEVY CHASE, MD 20815 | \$56,523. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 - | CAROL GREENWALD 5600 WISCONSIN AVENUE, SUITE 108 CHEVY CHASE, MD 20815 | \$42,414. | Person X Payroll X Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization CAROL SCHWARTZ GREENWALD FAMILY FOUNDATION, INC

Employer identification number 46-3184534

| Part II | Noncash Property (see instructions). Use duplicate copies of | Part II if additional space is nee | ded |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 2 | 220 SHARES VANGUARD 500 INDEX FUND | \$\$42,414. | 12/30/2014 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2014) | Page 4 |
|--|--|
| Name of organization CAROL SCHWARTZ GREENWALD FAMILY | Employer identification number |
| FOUNDATION, INC. | 46-3184534 |
| Part III Exclusively religious, charitable, etc., contributions to organizations | described in section 501(c)(7), (8), or (10) |
| that total more than \$1,000 for the year from any one contributor. C | Complete columns (a) through (e) and the |
| following line entry For organizations completing Part III, enter the total | al of exclusively religious, charitable, etc., |

| contr | wing line entry For organizations co ributions of \$1,000 or less for the year duplicate copies of Part III if additiona | ear. (Enter this information | e total of exclusively religious, charitable, etc., n once. See instructions) ► \$ | | | |
|--------------------------|--|------------------------------|--|--|--|--|
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, and Z | | Relationship of transferor to transferee | | | |
| | | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and Zi | P+4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZI | P+4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | | | | | | |
| | Transference manner address and 70 | (e) Transfer of gift | Deletionship of transferor to transferor | | | |
| | Transferee's name, address, and Zi | P + 4 | Relationship of transferor to transferee | | | |

SCHEDULE D (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

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

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

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

Employer Identification number

FOUNDATION, INC.

46-3184534

| | e: Form 5227 filers need to complete only Parts I and II. | | · | | | |
|-------------|--|----------------------------------|---------------------------------|---|-----------------|---|
| Pa | tll Short-Term Capital Gains and Losses - Ass | ets Held One Year | r or Less | | | |
| the This | Instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, column | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 14,692. | 14,459. | | | 233. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term capital gain or (loss) from Forms 4684, 62 | 252, 6781, and 8824 | | | 4 | |
| 5 6 | Net short-term gain or (loss) from partnerships, S corp Short-term capital loss carryover Enter the amour Carryover Worksheet | nt, if any, from line | e 9 of the 2013 | Capital Loss | 5 6 | () |
| 7 | Net short-term capital gain or (loss). Combine line line 17, column (3) on the back | <u> </u> | | | 7 | 233. |
| Pa | t II Long-Term Capital Gains and Losses - Ass | ets Held More Tha | n One Year | | | · · · · · · · · · · · · · · · · · · · |
| the I | Instructions for how to figure the amounts to enter on ines below | (d) Proceeds | (e) Cost | (g) Adjustment to gain or loss | from | (h) Gain or (loss) Subtract column (e) from column (d) and |
| | form may be easier to complete if you round off cents hole dollars | (sales price) | (or other basis) | Form(s) 8949, F line 2, column | | combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | | |
| 11 | Long-term capital gain or (loss) from Forms 2439, 46 | 84, 6252, 6781, and | i 8824 | | 11 | |
| 12 | Net long-term gain or (loss) from partnerships, S corp | orations, and other e | states or trusts | | 12 | |
| 13 | Capital gain distributions | | • • • • • • • • • • • | | 13 | |
| 14 | Gain from Form 4797, Part I | | | | 14 | |
| 15 | Long-term capital loss carryover Enter the amount Carryover Worksheet | t, if any, from line | 14 of the 2013 | Capital Loss | 15 | () |
| 16 | Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back | | | | 16 | |
| For F | Panerwork Reduction Act Notice see the Instructions for For | | | | hedul | e D (Form 1041) 2014 |

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

| ADJUSTED NET INCOME | 2,553. | 2,553. |
|---|-----------------|--------|
| NET INVESTMENT INCOME | 2,553. | 2,553. |
| REVENUE AND EXPENSES PER BOOKS | 2,553. | 2,553. |
| | | TOTAL |
| DESCRIPTION | DIVIDEND INCOME | |

| FEES | |
|------------|---|
| ACCOUNTING | |
| ı | H |
| Н | |
| PART | |
| 990PF, | |
| FORM | |

| CHARITABLE | | |
|---|-----------------|--------|
| ADJUSTED NET INCOME | .005 | 500. |
| NET INVESTMENT INCOME | .005 | 500. |
| REVENUE AND EXPENSES PER BOOKS | .005 | 500. |
| | | TOTALS |
| DESCRIPTION | ACCOUNTING FEES | |

1

V 14-6F

| PROFESSIONAL FEES |
|-------------------|
| OTHER |
| 1 |
| H |
| PART |
| 990PF, |
| FORM |

| ADJUSTED NET INCOME | 30. | 30. |
|---|-----------------|--------|
| NET INVESTMENT INCOME | 30. | 30. |
| REVENUE AND EXPENSES PER BOOKS | 30. | 30. |
| | | TOTALS |
| DESCRIPTION | INVESTMENT FEES | |

| TAXES | |
|--------|--|
| 1 | |
| H | |
| PART | |
| 990PF, | |
| FORM | |

| ADJUSTED NET INCOME | 26. | 26. |
|---|---------------|--------|
| NET INVESTMENT INCOME | 26. | 26. |
| REVENUE AND EXPENSES PER BOOKS | 26. | 26. |
| | | TOTALS |
| DESCRIPTION | FEDERAL TAXES | |

ATTACHMENT 5

| EXPENSES | |
|----------|---|
| OTHER | |
| -1 | Ï |
| Н | |
| PART | |
| 990PF, | |
| FORM | ı |

CAROL SCHWARTZ GREENWALD FAMILY

| ADJUSTED NET | INCOME 24. | 24. |
|----------------------------|----------------------------------|--------|
| NET TNVFSTMENT | INCOME 24. | 24. |
| REVENUE AND FYDENSES | PER BOOKS 24. | 24. |
| | | TOTALS |
| | DESCRIPTION BANK SERVICE CHARGES | |

| STOCK | |
|-----------|--|
| CORPORATE | |
| ı | |
| ΙΙ | |
| PART | |
| 990PF, | |
| FORM | |

| ENDING FMV | 197,502. | 197,502. |
|-------------------------|---------------------------|----------|
| ENDING BOOK VALUE | 185,440. | 185,440. |
| BEGINNING BOOK VALUE | 94,747. | 94,747. |
| DESCRIPTION | INVESTMENT-BERNARD HEROLD | TOTALS |

| FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | ICERS, DIRECTORS, AND TRUSTEES | | ATTACH | ATTACHMENT 7 |
|--|---|--------------|---|-----------------------------------|
| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| CAROL GREENWALD 5600 WISCONSIN AVENUE, SUITE 108 CHEVY CHASE, MD 20815 | TRUSTEE | 0 | 0 | 0 |
| | GRAND TOTALS | 0 | 0 | 0 |

| YEAR | |
|--|---|
| THE | |
| DURING | |
| PAID | |
| GRANTS AND CONTRIBUTIONS PAID DURING THE | |
| AND | |
| GRANTS | |
| - 1 | |
| ž | l |
| PART | |
| 990PF, | |
| FORM | |

CAROL SCHWARTZ GREENWALD FAMILY

VARIOUS ORGANIZED CHARITIES \$1,000 OR LESS

| ATTACHMENT 8 | | | AMOUNT |
|--------------|---|-----|----------------------------------|
| | | | PURPOSE OF GRANT OR CONTRIBUTION |
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | AND | FOUNDATION STATUS OF RECIPIENT |
| | | | RECIPIENT NAME AND ADDRESS |

CHARITABLE CONTRIBUTION

10,000.

10,000.

TOTAL CONTRIBUTIONS PAID

46-3184534

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

| Kind of P | roperty | | Desc | ription | | ఠ | Date acquired | Date sold |
|---|-----------------------|---------------------|--------------|--------------------|-----------------------|--------|---------------|-----------|
| Gross sale price less xpenses of sale | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | | Gain or | <u> </u> |
| xpenses of sale | allowable | basis | 12/31/69 | as of 12/31/69 | adı basıs | H | (loss) | · |
| | | VANGUARD 50 | | | | D | VARIOUS | VARIOUS |
| 14,692. | | PROPERTY TY 14,459. | PE: SECURIT | TIES | | | 233. | |
| , , , , , | | | | | | | | |
| | | | | | | | | |
| TAL GAIN(I | oss) | ••••• | | | | | 233. | |
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Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate Instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

Attachment Sequence No 12A

CAROL SCHWARTZ GREENWALD FAMILY

Social security number or taxpayer identification number 46-3184534

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

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 Adjustment, if any, to gain or loss. If you enter an amount in column (g), (e)

| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | Cost or other basis See the | enter a code in column (f) See the separate instructions. | | (h) Gain or (loss). Subtract column (e) |
|---|-------------------|-----------------------------|-------------------------------------|---|---|--------------------------------|--|
| (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed (Mo , day, yr) | (sales price) (see instructions) | Note below and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| VANGUARD 500 INDEX FU | | | | | | | |
| (75 SHS) | VARIOUS | VARIOUS | 14,692. | 14,459. | | | 233. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A | total here and | d include on | | | | | |
| Box B above is checked), or line 3 | (if Box C above | e is checked) | 14,692. | 14,459. | | | 233. |

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