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EXTENDED TO AUGUST 17, 2015 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 separate instructions is at www.irs gov/form990pf

OMB No 1545-0052

For	calen	dar year 2014 or tax year beginning DEC	23, 2014	, and ending	DEC 31, 2014		
Nai	me of	foundation			A Employer identification	number	
Т	ΉE	CPMG FOUNDATION			47-2603523	.	
Nun	nber a	nd street (or P O box number if mail is not delivered to street a	Room/suite	B Telephone number			
3	40	1 8TH STREET NE			202-733-54	55	
City	y or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here	
		HINGTON, DC 20017					
G (Check	all that apply: X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization:	s, check here	
		Final return	Amended return	•			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation	
H (Check	type of organization: X Section 501(c)(3) ex	xempt private foundation		E If private foundation sta	itus was terminated	
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1		
I Fa	air ma	rket value of all assets at end of year J Account	ing method: Cash	X Accrual	F If the foundation is in a	60-month termination	
(fr	rom F	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1		
	-\$	346,767. (Part I, colu	ımn (d) must be on cash i	basis.)			
Pã	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
		necessarily equal the amounts in column (a))	expenses per books	` income	income	for charitable purposes (cash basis only)	
>	1	Contributions, gifts, grants, etc., received	346,767.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	2	Check In the foundation is not required to attach Sch. B	" 25 / 3 (\$ 1.11)		等 ジ	*	
	3	Interest on savings and temporary cash investments					
2	4	Dividends and interest from securities					
-	5a	Gross rents				'X.	
=	ь	Net rental income or (loss)	` ,	######################################		4 4	
= 0	6a	Net gain or (loss) from sale of assets not on line 10			2 x 2 x 3		
, inde	b	Gross sales price for all assets on line 6a	, sign	[4]	<u> </u>	1988	
E Š	7	Capital gain net income (from Part IV, line 2)	W	0	• '	*	
<u>u</u>	8	Net short-term capital gain			<u> </u>		
<u> </u>	9	Income modifications Gross sales less returns		5	3 L		
	Ι.	and allowances				352-127-28	
		Less Cost of goods sold		73 17			
		Gross profit or (loss)				· · · · · · · · · · · · · · · · · · ·	
		Other income	346,767.	0			
	12	Total. Add lines 1 through 11	0.	0		0.	
	13	Compensation of officers, directors trustees, etc	<u> </u>		•	0.	
	14	Other employee salaries and wages Pension plans, employee benefits	<u>-</u> .				
v.		Legal fees				-	
es d	l loa	Accounting fees		-		 	
Expense		Other professional fees		RECEIVED		-	
ıΩ σ	17			TALOLIVED	- 0		
ativ	18	Taxes	180				
Stra	19	Depreciation and depletion	187	AUG 0 3 2015	80-8		
5	20	Occupancy	1 1		<u> </u>	-	
A d	:I	Travel, conferences, and meetings		OGDEN UT		·-	
2	1	Printing and publications					
ī	4	Other expenses				"- "-	
ŧ	24	Total operating and administrative					
e.	4	expenses. Add lines 13 through 23	0.	0	•	0	
Č	25	Contributions, gifts, grants paid	0.			0 .	
	26	Total expenses and disbursements					
		Add lines 24 and 25	0.	0		0	
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	346,767.				
	b	Net investment income (if negative enter -0-)		0	•		
	C	Adjusted net income (if negative, enter -0-)			N/A		

<u> </u>		Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End o	f year
LP	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments			
		Accounts receivable		E Company	, , , , ,
		Less: allowance for doubtful accounts		instein afficialists the market and assessment as an	Accounts population to the same and the contraction of the contraction
	4	Pledges receivable			J. T
		Less: allowance for doubtful accounts		BANKAN JAMES AND	**************************************
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	-		
		disqualified persons			
	7	Other notes and loans receivable	AND STREET, STREET, ST	P. AND LAND	1944 1944 1944 1944 1944 1944 1944 1944
	Ì	Less: allowance for doubtful accounts			
ű	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	_	Investments - U.S. and state government obligations			
		Investments - corporate stock		_	
	l l	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			\$57865 day 2 2 2 day 2 5 1
	' '	Less accumulated depreciation		aton entakkalokaini e sin memerakainokin kulinkainen. 1988ilik	22 TANGERINA AND AND AND AND AND AND AND AND AND A
	12	Investments - mortgage loans		=	
	13	Investments - other			
		Land, buildings, and equipment: basis		64.1883.72646	
	• •	Less accumulated depreciation		Andrews and the second	Magillan von a holimania . Madilla halletta an halimania ann ai
	15	Other assets (describe ► DEPOSITS IN TRANSIT)	0.	346,767.	346,767.
		Total assets (to be completed by all filers - see the		•	
		instructions. Also, see page 1, item I)	0.	346,767.	346,767.
	17	Accounts payable and accrued expenses			W. S. W. J.
	18	Grants payable			
"	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ipi	21	Mortgages and other notes payable			
Ξ,		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	l	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bal	26	Permanently restricted			_
or Fund Balances		Foundations that do not follow SFAS 117, check here			\$,
Ē		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	1
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	346,767.	
Net	30	Total net assets or fund balances	0.	346,767.	
	31	Total liabilities and net assets/fund balances	0.	346,767.	
ГР	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_					
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	346,767.
		r amount from Part I, line 27a	2	346,/6/.	
		r increases not included in line 2 (itemize)			346,767.
		lines 1, 2, and 3 reases not included in line 2 (itemize)		4	346,767.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nlumn (h) line 20	5 6	346,767.
<u>6</u>	i Ula	The assets of turio balances at end of year time 4 fillings line 3) - Falt II, b	oranni (o), iine oo	1_0	Form 990-PF (2014)

Page

2-story brick wa	ribe the kind(s) arehouse; or co	of property sold (e.g mmon stock, 200 sh	g., real estate, s. MLC Co.)		(b) F	low ac - Purc - Dona	quired hase ation	(c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NO:	NE									
c										
<u>d</u>					1					
e			1	 -	<u> </u>					
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
3		- -	 							
<u> </u>			-							
<u>c</u>			 		\dashv					
<u>d</u>	<u> </u>		 		-+					
Complete only for assets showing	l sa asin in saliin	no (b) and owned by	the foundation	2 22 12/21/60						
Complete only for assets shown	τ -	·	T .				C	(I) Gains (C ol. (k). but r	ol. (h) gain ot less thai	minus 1 -0-) or
(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		xcess of col. (I) col. (J), if any				Losses	(from col. (h))
a			-							- <u></u>
<u>b</u>	ļ		-							
<u>C</u>	<u> </u>		<u> </u>							
<u>d</u>	<u> </u>									···
e	<u> </u>		<u> </u>						_	
Papital gain net income or (net ca	apıtal loss)	If gain, also enter -	er in Part I, line 0- in Part I, line	: 7 e 7	}[2				
Net short-term capital gain or (lo	ss) as defined i	•								
If gain, also enter in Part I, line 8,		11 300110113 1222(0) a	na (<i>0)</i> .		7					
If (loss), enter -0- in Part I, line 8					r I					
					-41	_ 3				
Part V Qualification U	nder Sect	ion 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome		
	Inder Sect		· · · · · · ·				ent Inc	ome		N/A
(For optional use by domestic private	Inder Secti e foundations s		· · · · · · ·				ent Inc	ome		N/A
For optional use by domestic private	Inder Secti e foundations s		· · · · · · ·				ent Inc	ome		N/A
For optional use by domestic private f section 4940(d)(2) applies, leave to	Inder Secti e foundations s his part blank.	ubject to the section	4940(a) tax or	ı net investment ir	icome.		ent Inc	ome		
For optional use by domestic private f section 4940(d)(2) applies, leave to Was the foundation liable for the sec f "Yes," the foundation does not qual	Inder Sective foundations such is part blank. Stion 4942 tax of lify under section.	ubject to the section on the distributable ar on 4940(e). Do not c	4940(a) tax or mount of any yomplete this pa	n net investment in ear in the base pe art,	riod?	.)	ent Inc	ome		
For optional use by domestic private f section 4940(d)(2) applies, leave to Nas the foundation liable for the sect "Yes," the foundation does not quait. Enter the appropriate amount in	Inder Sective foundations such is part blank. Stion 4942 tax of lify under section.	ubject to the section on the distributable ar on 4940(e). Do not c	4940(a) tax or mount of any yomplete this pa	n net investment in ear in the base pe art,	riod?	.)	ent Inc	come		Yes N
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			<u> 2603</u>			age 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 -	see in	struc	tions	3)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		, i	3		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		L.			ز ز
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b		* ; -	^		, 1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1 2 1 1 1 1 1	***			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments;	5.0	1.877	N.A.		1
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a					
b	Exempt foreign organizations - tax withheld at source	77	13			
C	Tax paid with application for extension of time to file (Form 8868)		4			
d	Backup withholding erroneously withheld 6d		7.00			
7	Total credits and payments. Add lines 6a through 6d	7				0.
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	9		-		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11				
[*] Pa	rrt 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 participate or intervene	ın		; 8 °°	Yes	No
	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 publishe	d or		* ***		<u> </u>
	distributed by the foundation in connection with the activities.					
C	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:			200	*	1,0
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-			s* .	*
	managers. ► \$0.			7	1	`ì
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			^ ,	17.3%	* \$. \$.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	Г				\$ 47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/ A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_ 5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				٠.	
	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	X	<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	,		7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	DC			1	1	
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)				1	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				_
	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 names and addresses	STM!	r 1	10	X	L

Form **990-PF** (2014)

orm	1990-PF (2014) THE CPMG FOUNDATION 47-260	<u>3523</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► 202-7		455	
	Located at ► 3401 8TH STREET NE , WASHINGTON, DC ZIP+4 ►2			
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	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	. 30.18		4
_	foreign country			
Ŋε	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	· · · · · ·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	17.1	Yes	No
1a	During the year did the foundation (either directly or indirectly):	\$4.00		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	271		1.23
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		2. 严禁 徐公德	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	363		
	(6) Agree to pay money or property to a government official? (Exception, Check "No"	T F		
	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 No		٠. با	
b	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	*å£	M	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	.»:	X
-	Organizations relying on a current notice regarding disaster assistance check here	;	3	, i
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		Ligies	i i
9	before the first day of the tax year beginning in 2014? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation.	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			<i>'</i> '
,	defined in section 4942(j)(3) or 4942(j)(5)): • 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	(·		
a	before 2014? Let the end of tax year 2014, did the foundation have any undistributed income (lines of and be, Part XIII) for tax year(s) beginning Yes X No	, ;		*
			*	
Ь	If "Yes," list the years >			ļ <i>i</i>
	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.) N/A	2b		
r	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
•	The provisions of section 4-3-2(a/(2)) are being applied to any of the years listed in za, list the years here.			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
b	of "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.) N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
	had not been compared from separate before the first day of the toy year because a 20142			٦,

Form 990-PF (2014) THE CPMG FOUNDATION			47-26035	23 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	ectly,		1 1 1	
any voter registration drive?		Ye	s X No	j
(3) Provide a grant to an individual for travel, study, or other similar purposes?	7	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	- ^ ,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check his	ere		▶ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	I/A 🗀 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	-5 <i>(d)</i> .		İ	, , , ,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		[~	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	. ,
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Truste	es, Foundation Ma	nagers, Highly		
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their officers.				
List all officers, directors, trustees, foundation managers and their c		(c) Compensation	(d) Contributions to	(a) Eypopoo
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
SEE STATEMENT 2		0.	0.	0.
DEE STATEMENT Z			0.	· ·
	<u> </u>	<u> </u>		
				·
				ł
				-
		ĺ		
2 Compensation of five highest-paid employees (other than those incl	luded on line 1). If none.	I enter "NONE."	L	<u> </u>
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovoted to position	 	compensation	unovarious
		<u> </u>		
		 		
			1	
		 		
				
	1			
Total number of other employees paid over \$50,000			>	0

Form 990-PF (2014) THE CPMG FOUNDATION	47-2	603523 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "!	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) 50 0 100	
	1	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services Parting Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers product	al information such as the	Expenses
37/3	ed, etc.	
1N/A		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	346,767.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	346,767.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	346,767.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,202.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	341,565.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	421.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	421.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)	. ,	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	421.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	421.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	421.
₽	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	~ 0	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Ž.A.	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				421.
2	Undistributed income, if any, as of the end of 2014		-	· · · · · · · · · · · · · · · · · · ·	
a	Enter amount for 2013 only			0.	
t	Total for prior years:		0.	2000	.
3	Excess distributions carryover, if any, to 2014:			\$	** ; ; ;
ä	a From 2009				
t	From 2010	, \$			
(From 2011	(بن			s **
(i From 2012				
	From 2013				
1	Total of lines 3a through e	0.			*
	Qualifying distributions for 2014 from	, , , , , , , , , , , , , , , , , , ,	11-4 (* 694 4 4 17 17 17	6 C. 341	* * **
	Part XII, line 4: ►\$ 0.	* ,			
	Applied to 2013, but not more than line 2a	*}`		0.	
	Applied to undistributed income of prior) ^< \$t * x		4 6 2 2	
	years (Election required - see instructions)	3" * 1	0.		
	: Treated as distributions out of corpus		2 · · · · · · · · · · · · · · · · · · ·	n (4);	
	(Election required - see instructions)	0.			
	Applied to 2014 distributable amount	y v '83488 x	104.72.71	alia i dista	0.
	Remaining amount distributed out of corpus	0.	7 . · · · · · · · · · · · · · · · · · ·	4 4 v	
	Excess distributions carryover applied to 2014	0.	1 ,5 4 4 4 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
	(If an amount appears in column (d), the same amount must be shown in column (a))	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			₹ # }/*
6	Enter the net total of each column as indicated below:	· • • » •			mayså syst
i	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			*
ı	Prior years' undistributed income. Subtract	; *		'A**** : **	
	line 4b from line 2b	, , ,	0.		8,8,2,
(Enter the amount of prior years'	*,		> < # 2	: / (
	undistributed income for which a notice of deficiency has been issued, or on which			***	* *
	the section 4942(a) tax has been previously assessed		0.	* "3	· · ·
	d Subtract line 6c from line 6b. Taxable	3		* , ,	, ,
	amount - see instructions		0.	* * /	*
(e Undistributed income for 2013. Subtract line	· /	*		,
	4a from line 2a. Taxable amount - see instr.	`	*	0.	
1	Undistributed income for 2014. Subtract		; ×	*	
	lines 4d and 5 from line 1. This amount must	,			
	be distributed in 2015		,		421.
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)	0.			
8	Excess distributions carryover from 2009				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2015.		**		
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
ä	Excess from 2010				
t	Excess from 2011				
(Excess from 2012				
(Excess from 2013				
	Excess from 2014				
423: 11-2	581 4-14				Form 990-PF (2014)

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Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2014, enter the date of t	the ruling	▶		
b Check box to indicate whether the foun-	dation is a private operatir	ng foundation described in	section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed	_	L			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		<u> </u>			
exempt activities]			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		. <u> </u>			
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from	:				
an exempt organization					_
(4) Gross investment income	<u> </u>				
Part XV Supplementary Info			the foundation	had \$5,000 or mor	e in assets
at any time during t	he year-see instr	uctions.)			
Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed in NONE	no have contributed more more than \$5,000). (See s	ection 507(d)(2).)			
b List any managers of the foundation whother entity) of which the foundation had	no own 10% or more of that is a 10% or greater interes	e stock of a corporation (st.	or an equally large portio	n of the ownership of a pai	tnership or
NONE				·	
2 Information Regarding Contribut Check here ☐ if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable of	organizations and does n	ot accept unsolicited reque	sts for funds. If d.
a The name, address, and telephone num					
SEE STATEMENT 3	or or or man abortood or c	no porcon to mioni applic	actions officially address.	sou.	
b The form in which applications should	pe submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines	<u> </u>				
	<u> </u>				
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kınds of ınstitutions, or c	other factors:	

THE CPMG FOUNDATION 47-2603523 Form 990-PF (2014) Page 11 Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) a Paid during the year NONE Total ▶ 3a 0. b Approved for future payment NONE

▶ 3b

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGS	741100111	
a			 		
b					
C					
d	h	·			
e					
f					
g Fees and contracts from government agencies			1.		
2 Membership dues and assessments					
3 Interest on savings and temporary cash				-	
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		*	,,,	, , , , , , , , , , , , , , , , , , , ,	· •
a Debt-financed property					
b Not debt-financed property					·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	·				
than inventory				<u> </u>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	4,522	0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than b	ne is reported	ın column (e) of Part XVI-A			nplishment of
				<u></u>	
					
				· · · · · · · · · · · · · · · · · · ·	
				·	
				<u> </u>	
	. -				
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11.01.11					Form 990-PF (2014)

orm 990	-PF (20	114) THE C	PMG FOUND.	ATION				47-2	503523	Page 13
Part >			egarding Trans	fers To a	nd Transa	ctions ar	nd Relationsh	nips With Nonch	naritable	
		Exempt Organ						•		
1 Did	the org	janization directly or indi	rectly engage in any	of the followin	g with any othe	r organizatio	n described in sect	ion 501(c) of		Yes No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations							• •		
		rom the reporting founda								
	Cash	, ,							1a(1)	X
•	Other	assets							1a(2)	X
٠.		sactions:							10,2/	
		of assets to a noncharita	hle evernnt organizat	ıon					1b(1)	- X
		ases of assets from a no							1b(2)	$\frac{x}{x}$
٠.		ases of assets from a no I of facilities, equipment,	•	gamzation						$\frac{x}{x}$
٠.		oursement arrangements							1b(3)	$\frac{x}{x}$
٠,,		-							1b(4)	$\frac{X}{X}$
• •		or loan guarantees		uma aaliaitatia					1b(5)	$\frac{X}{X}$
, ,		mance of services or me	•	_					1b(6)	$\frac{\lambda}{x}$
	-	facilities, equipment, ma	-						1c_	
		ver to any of the above is								eis,
		given by the reporting for			ed tess than tair	market value	e in any transaction	or sharing arrangeme	nt, show in	
) the value of the goods,					1 (1) -			
(a) Line no	<u>`</u>	(b) Amount involved	(c) Name of		e exempt organi	zation	(0) Descriptio	n of transfers, transactions,	and sharing arra	ngements
	+-		<u></u>	N/A						
	+						-			
	+									
										
										
	┦—									
										
			L.,							
		- 								
										<u> </u>
2a Ist	he four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-ex	empt organiz	rations described			·
		501(c) of the Code (other	•	-		p.: 0. g			Yes	X No
		omplete the following sch		(0), 0, 11, 0000						۰۰۰ ریی
	10, 0	(a) Name of org			(b) Type of o	rganization		(c) Description of rela	tionship	
		N/A			(4,),	3		(0) = 000 - 000		
					-					
	-							-		
							 .			
	Under	penalties of perjury, I declare	that I have shamined the	return, including	accompanying sc	hedules and sta	atements, and to the b	est of my knowledge		
Sign		lief, it is true, correct, and co	natiete Declaration of pre	par (other than	taxpayer) is based	on all informat	ion of which preparer l	nas any knowledge	May the IRS d	
Here		51	to Mun	7	12/2	2/15	TREAS	מים מים	shown below	(see instr.)?
	Signature of officer or trustee			 				UKEK	X Yes	No
	Sign			 	Date		Title	Check If F	TIN	
		Print/Type preparer's na	ame		a Patur	2015.	Dም:"16		TIN	
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Use C		Firm's name ► CHE	KKY BEKAE	кт. ггь				Firm's EIN ► 56	-05/44	44
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Firm's address > 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

T	HE CPMG FOUNDATION	47-2603523				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1 any one contribu	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.					
year, total contri	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 for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" of certify that it does not me	that is not covered by the General Rule and/or the Special Rules does not file Schedule Bon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990-PF, Part I, line 2, to				
LHA For Paperwork Red	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule l	3 (Form 990, 990-EZ, or 990-PF) (2014)				

Name of organization

Employer identification number

THE	CPMG	FOUND	ИОТТА
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47-2603523

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY PROPERTIES, LLC 3401 8TH ST NE WASHINGTON, MD 20017	\$\$. \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY PROPERTIES 2, LLC 10300 EATON PLACE, SUITE 120 FAIRFAX, VA 22030	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY PROPERTIES 3, LLC 7801 WOODMONT AVE., SUITE B BETHESDA, MD 20814	s96,919.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	CITY PROPERTIES 4, LLC 15901 FREDERICK ROAD ROCKVILLE, MD 20855	\$11,600.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05	-14	Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE CPMG FOUNDATION

47-2603523

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
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(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) Name of organization Employer identification number THE CPMG FOUNDATION 47-2603523 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	FANTIAL CONTRIBUTORS STATEMENT 1 II-A, LINE 10
NAME OF CONTRIBUTOR	ADDRESS
CITY PROPERTIES, LLC	3401 8TH ST NE WASHINGTON, DC 20017
CITY PROPERTIES 2, LLC	10300 EATON PLACE, SUITE 120 FAIRFAX, VA 22030
CITY PROPERTIES 3, LLC	7801 WOODMONT AVE., SUITE B BETHESDA, MD 20814
CITY PROPERTIES 4, LLC	15901 FREDERICK ROAD ROCKVILLE, MD 20855

	LIST OF OFFICERS, DAND FOUNDATION MANA	STATEMENT 2		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KYMBER LOVETT MENKITI 1673 MYRTLE STREET NW WASHINGTON, DC 20012	DIRECTOR & PRE	SIDENT 0.	0.	0.
BRANDON GREEN 4221 MATHEWSON DRIVE NW WASHINGTON, DC 20011	DIRECTOR & SEC	RETARY 0.	0.	0.
SCOTT WHITAKER 640 ACKER PLACE NE WASHINGTON, DC 20002	DIRECTOR & TRE	EASURER 0.	0.	0.
OBIORA MENKITI 1673 MYRTLE STREET NW WASHINGTON, DC 20012	DIRECTOR 1.00	0.	0.	0.
MARTIN WELDON 2009 KEARNEY STREET NE WASHINGTON, DC 20018	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

THE CPMG FOUNDATION

47-2603523

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KYMBER MENKITI 3401 8TH STREET NE WASHINGTON, DC 20017

TELEPHONE NUMBER

202-733-5461

EMAIL ADDRESS

KYMBER@MENKITIGROUP.COM

FORM AND CONTENT OF APPLICATIONS

APPLICATION IN PROCESS TO INCLUDE SOLICITOR, PARTY OF BENEFIT, BACKGROUND, OR NATURE OF PURPOSE

ANY SUBMISSION DEADLINES

FOUNDATION GRANTS CYCLE, UNDER 12 MONTHS

RESTRICTIONS AND LIMITATIONS ON AWARDS

WASHINGTON DC METRO AREA

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

**P you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form), Do not complete part II unless you have already been granted an automatic 3-month settersion on a previously fleaf Form 8888. Electronic filing \$\rho_{eff_0}\$ / you can electronically file Form 8888 to required to the Form 990-TD, or an additional five automatic) 3-month settersion of time to filing any of the forms 1888 in the received to the Form 990-TD and additional five automatic) 3-month settersion of form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit views in a conviction and clock on a flat for Charities a Notice of the IRS for Charities and Notice of the IRS for Charities a d Notice of the IRS for Charities of the IRS for	If you	are filing for an Automatic 3-Month Extension, complete	e only Pai	rt I and check this box		. ▶	X
Electronic filing (a-ldg). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 9901) or an additional find automatic) 3-month extension of time Voice an electronically file Form 8868 to request an extension of time to file any of the forms lated in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Contract Services and Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Contract Services and excellent and part of the Form 990 Tand requesting in page format (see instructions). For more details on the electronic filing of this form. **Part I I only** **Lattomatic 3-Month Extension of Time.** Only submit original (no copies needed). **Acopporation regional file Return for Part I only submit original (no copies needed). **Acopporation regional file Return for Part I only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.** Only submit original (no copies needed). **Automatic 3-Month Extension of Time.*	If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	hıs form).		
required to file Form 990T), or an additional final automatic 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the form site of in Part to Prair II with the exception of Form 8870, florid marketing in Form 7004 to request an extension of time. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990 T and requesting an automatic 5-month extension - check this box and complete Part I control of the form 990 T and requesting an automatic 5-month extension - check this box and complete Part I control of the recome lax returns. Part I control of the recome lax returns and recome lax returns and recome lax returns and recome lax returns. Part I control of the return of the recome return of the return of the return of the return that this application is far for location. Part I control of the return that this application is for (file a separate application for each return). Part I control of the return that this application is for (file a separate application for each return). Part I control of the return that this application is for (file a separate application for each return). Part I control of the return that this application is for (file a separate application for each return). Part I control of the return that this application is for (file a separate application for each return). Part I con	Do not	complete Part II unless you have already been granted a	n automat	tic 3-month extension on a previously	y filed Forr	n 8868.	
of time to file any of the forms listed in Part I or Part III with the exception of Form 8870, Information Return for Transfers Associated With Cortane Personal Benefit Contracts, which must be sent to the IRIS in paper format (see instructions). For more details on the electronic filling of this form, with subsupport to the IRIS in paper format (see instructions). For more details on the electronic filling of this form, with subsupport to the form 990 T and requesting an automatic 6-month extension - check this box and complete. Part I lonly A other corporations (including 1120-C filius), partnerships, REMICa, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filler's identifying number of the income tax returns. Enter filler's identifying number (EIN) or THE CPMG POUNDATION	Electro	nic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (6	months for a corpor	ration
of time to file any of the forms listed in Part I or Part III with the exception of Form 8870, Information Return for Transfers Associated With Cortane Personal Benefit Contracts, which must be sent to the IRIS in paper format (see instructions). For more details on the electronic filling of this form, with subsupport to the IRIS in paper format (see instructions). For more details on the electronic filling of this form, with subsupport to the form 990 T and requesting an automatic 6-month extension - check this box and complete. Part I lonly A other corporations (including 1120-C filius), partnerships, REMICa, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filler's identifying number of the income tax returns. Enter filler's identifying number (EIN) or THE CPMG POUNDATION	require	d to file Form 990-T), or an additional (not automatic) 3-mon	th extens	on of time. You can electronically file	Form 88	68 to request an ext	ension
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fulling of this form, with your journal and office. Changes A Mosprotific with your journal and the provides and click on - elife for Changes A Mosprotific and IRS of the provides and click on - elife for Changes A Mosprotific Part I only All other corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations finduding 1120-C filers), partineships, REMICs, and trusts must use Form 7004 to request an entension of time to file in file more than 2 refurns. Enter filer's identifying number Employer identification number (EIN) or print THE CPMG FOUNDATION Number, street, and room or suite no IF a P.O. box, see instructions. THE CPMG FOUNDATION Number, street, and room or suite no IF a P.O. box, see instructions. WASHINGTON, DC 20017 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is for Code Is For Code Form 990 or Form 990 EZ O1 Form 990 Form 990 EZ O1 Form 990 FOR							
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A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only		Automatic 3-Month Extension of Time.	Only s	ubmit original (no copies nee	ded).		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time corner tax returns. Type or print THE CPMG FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. 3401 8TH STREET NE City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20017 Enter the Return code for the return that this application is for (file a separate application for each return) Befor Code Form 990-08L O2 Form 990-10 or form 990-10	A corpo						
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S For	Applica	ation	Return	Application			Return
Form 990 or Form 990-EZ O1 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE FOUNDATION THE FOUNDATION THE FOUNDATION THE FOUNDATION THE FOUNDATION The books are in the care of 3401 8TH STREET NE WASHINGTON DC 20017 Telephone No. 202-733-5455 Fax No.							
Form 990-BL Form 990-PF O4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 THE FOUNDATION The books are in the care of 34 01 8 TH STREET NE WASHINGTON, DC 20017 Telephone No. 202 -7 33 - 54 55 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the group, check this box If the organization of the organization of the whole group, check this box If the organization of the organization of the whole group, check this box If the organization of the organization of the whole group, check this box If the organization of the organization of the whole group, check this box If the organization of the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group, check this box If the organization of the whole group of the whole group good of the whole group		90 or Form 990-EZ					
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