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Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

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2014

Open to Public  
Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation ROBERT N ALFANDRE FOUNDATION		A Employer identification number 52-1107949
% NICOLE A HALBREINER		B Telephone number (see instructions) (703) 471-6366
Number and street (or P O box number if mail is not delivered to street address) P O BOX 2069 Suite	Room/suite	C If exemption application is pending, check here ► <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 201950069		
G Check all that apply Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change <input type="checkbox"/>		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation <input type="checkbox"/>		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 4,979,401	J Accounting method Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc , received (attach schedule)	1,452,662			
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	8,839	8,839		
4	Dividends and interest from securities.	157,915	157,915		
5a	Gross rents				
b	Net rental income or (loss) _____				
6a	Net gain or (loss) from sale of assets not on line 10	-79,225			
b	Gross sales price for all assets on line 6a 735,759				
7	Capital gain net income (from Part IV, line 2)		0		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	9,925	9,925		
12	<b>Total.</b> Add lines 1 through 11	1,550,116	176,679		
13	Compensation of officers, directors, trustees, etc	0			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	2,500	0	0	0
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)	224			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	566			
24	<b>Total operating and administrative expenses.</b>	3,290	0	0	0
	Add lines 13 through 23				
25	Contributions, gifts, grants paid	169,670			169,670
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	172,960	0	0	169,670
27	Subtract line 26 from line 12				
a	<b>Excess of revenue over expenses and disbursements</b>	1,377,156			
b	<b>Net investment income</b> (if negative, enter -0-)		176,679		
c	<b>Adjusted net income</b> (if negative, enter -0-)				

	Part III Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .		418,157	379,045	379,045
	2 Savings and temporary cash investments . . . . .		100,000	100,000	100,000
	3 Accounts receivable ► 2,901				
	Less allowance for doubtful accounts ►			2,901	2,901
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable . . . . .				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use . . . . .				
	9 Prepaid expenses and deferred charges . . . . .				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule) . . . . .		2,990,022	4,303,389	4,397,455
	c Investments—corporate bonds (attach schedule) . . . . .				
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans . . . . .				
	13 Investments—other (attach schedule) . . . . .				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► )			100,000	100,000
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		3,508,179	4,885,335	4,979,401
Liabilities	17 Accounts payable and accrued expenses . . . . .				
	18 Grants payable . . . . .				
	19 Deferred revenue . . . . .				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule) . . . . .				
	22 Other liabilities (describe ► )		3,508,179	4,885,335	
	23 Total liabilities (add lines 17 through 22) . . . . .		3,508,179	4,885,335	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted . . . . .		3,508,179	4,885,335	
	25 Temporarily restricted . . . . .				
	26 Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds . . . . .				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see instructions) . . . . .		3,508,179	4,885,335	
	31 Total liabilities and net assets/fund balances (see instructions) . . . . .		3,508,179	4,885,335	

## Part III. Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	3,508,179
2	Enter amount from Part I, line 27a . . . . .	2	1,377,156
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3 . . . . .	4	4,885,335
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,885,335

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>		
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	$\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right.$		<b>2</b>	-79,225
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	$\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 8, column (c) (see instructions)} \\ \text{If (loss), enter -0- in Part I, line 8} \end{array} \right.$		<b>3</b>	-15,280

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

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

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

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

 Yes  No

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

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2013	132,985	3,425,661	0 03882
2012	150,704	3,217,531	0 046838
2011	165,404	3,011,010	0 054933
2010	115,262	2,913,039	0 039568
2009	75,065	2,773,993	0 02706
<b>2</b> Total of line 1, column (d).			0 207219
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 041444
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.			4,803,352
<b>5</b> Multiply line 4 by line 3.			199,070
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).			1,767
<b>7</b> Add lines 5 and 6.			200,837
<b>8</b> Enter qualifying distributions from Part XII, line 4.			169,670

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>	1	3,534
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	
3	Add lines 1 and 2. . . . .	3	3,534
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	3,534
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,676
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	1,676
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	1,858
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part 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 in any political campaign? <input checked="" type="checkbox"/>		<b>Yes</b>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .		<b>Yes</b>	<b>No</b>
	<i>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>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		<b>Yes</b>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		<b>Yes</b>	<b>No</b>
	<i>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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes <input checked="" type="checkbox"/>		<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>Yes</b>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<b>Yes</b>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach the statement required by General Instruction T. <input checked="" type="checkbox"/></i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		<b>Yes</b>	
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. . . . .		<b>Yes</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<input type="checkbox"/> DC			
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 .		<b>Yes</b>	<b>No</b>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		<b>Yes</b>	<b>No</b>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .		<b>Yes</b>	<b>No</b>

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	13	Yes	
14	The books are in care of ►NICOLE A HALBREINER Located at ►P O BOX 2069 RESTON VA	Telephone no ►(703) 471-6366 ZIP +4 ►20195		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year. . . . . ►	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►	16	Yes	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a	During the year did the foundation (either directly or indirectly) <ul style="list-style-type: none"> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ► Yes <input checked="" type="checkbox"/> No</li> <li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No</li> <li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No</li> <li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► Yes <input checked="" type="checkbox"/> No</li> <li>(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)? ► Yes <input checked="" type="checkbox"/> No</li> <li>(6) Agree to pay money or property to a government official? (<b>Exception.</b> 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 <input checked="" type="checkbox"/> No</li> </ul>		
1b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►		
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? . . . . .		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) <ul style="list-style-type: none"> <li>a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? . . . . . ► Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____</li> <li>b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .</li> <li>c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____</li> </ul>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ► Yes <input checked="" type="checkbox"/> No		
3b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014). . . . .		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		
4b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? . . . . .		No

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>5b</b></p>
<p><b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .</p> <p>Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/></p>	
<p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i></p>	
<p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>6b</b></p>
<p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p> <p><i>If "Yes" to 6b, file Form 8870.</i></p>	<p><b>No</b></p>
<p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>7b</b></p>
<p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .</p>	<p><b>No</b></p>

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors**

1. List all officers, directors, trustees, foundation managers and their compensation (see instructions)

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account other allowances</b>
NICOLE HALBREINER P O BOX 2069 RESTON, VA 201950069	PRESIDENT 1 0	0		
DOMINIQUE PALMER P O BOX 2069 RESTON, VA 201950069	VICE PRESIDENT 1 0	0		

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

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

## **Part IX-A Summary of Direct Charitable Activities**

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
<b>1</b>		
<b>2</b>		
All other program-related investments See instructions		
<b>3</b>		
<b>Total.</b> Add lines 1 through 3	.....	►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes	
a	Average monthly fair market value of securities. . . . .	1a 4,397,455
b	Average of monthly cash balances. . . . .	1b 479,045
c	Fair market value of all other assets (see instructions). . . . .	1c 0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d 4,876,500
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2 0
3	Subtract line 2 from line 1d. . . . .	3 4,876,500
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4 73,148
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5 4,803,352
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6 240,168

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

1	Minimum investment return from Part X, line 6. . . . .	1 240,168
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a 3,534
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b
c	Add lines 2a and 2b. . . . .	2c 3,534
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3 236,634
4	Recoveries of amounts treated as qualifying distributions. . . . .	4
5	Add lines 3 and 4. . . . .	5 236,634
6	Deduction from distributable amount (see instructions). . . . .	6
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7 236,634

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a 169,670
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 0
3	Amounts set aside for specific charitable projects that satisfy the	
a	Suitability test (prior IRS approval required). . . . .	3a 0
b	Cash distribution test (attach the required schedule). . . . .	3b 0
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 169,670
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6 169,670

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

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				236,634
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only. . . . .			169,608	
<b>b</b> Total for prior years 2012, 2011, 2010		137,000		
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .				
<b>b</b> From 2010. . . . .				
<b>c</b> From 2011. . . . .				
<b>d</b> From 2012. . . . .				
<b>e</b> From 2013. . . . .	0			
<b>f Total of lines 3a through e. . . . .</b>	0			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ► \$ 169,670				
<b>a</b> Applied to 2013, but not more than line 2a			169,608	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		134,660		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2014 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		2,340		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		2,340		
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				236,634
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .				
<b>b</b> Excess from 2011. . . . .				
<b>c</b> Excess from 2012. . . . .				
<b>d</b> Excess from 2013. . . . .				
<b>e</b> Excess from 2014. . . . .	0			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each 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 of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	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			
(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			

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

**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	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHARITIES-SEE ATTACHED 2401 TRACY PLACE NW WASHINGTON, DC 20008			ALL GRANTS ARE FOR CHARITABLE PURPOSES	169,670
<b>Total. . . . .</b>			► 3a	169,670
<b>b Approved for future payment</b>				
<b>Total. . . . .</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

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

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

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of	1a(1)	No
(1) Cash. . . . .	1a(2)	No
(2) Other assets. . . . .		
b Other transactions	1b(1)	No
(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(2)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(3)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(4)	No
(4) Reimbursement arrangements. . . . .	1b(5)	No
(5) Loans or loan guarantees. . . . .	1b(6)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1c	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2015-05-12

\* \* \* \* \*

Signature of officer or trustee

Date

## Title

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ARLEEN TRUNDY CPA	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00734145
	Firm's name <input checked="" type="checkbox"/> Arleen Trundy CPA LLC			Firm's EIN <input checked="" type="checkbox"/>	
	Firm's address <input checked="" type="checkbox"/> 540 Utterback Store Rd Great Falls, VA 22066				
				Phone no	(703) 471-6366

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1000 SHS ONEOK INC		2014-08-18	2014-12-01
500 SHS ALIGN TECHNOLOGY		2014-06-12	2014-09-04
14 684 SHS JP MORGAN CHASE		2014-06-12	2014-08-22
2000 SEADRILL LTD		2012-02-24	2014-12-01
4000 SHS ENERGY TRANS EQTY		2014-06-12	2014-12-01
4000 SHS ENTERPRISE PROD PRTNRS		2014-06-12	2014-12-01
1000 SHS MARKWEST ENGY PTNRS		2014-06-12	2014-12-01
2179 134 SHS WESTERN GAS PARTNERS		2014-06-12	2014-12-01
1012 387 SHS WILLIAMS PARTNERS LTD		2014-06-12	2014-12-02

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
52,054		67,334	-15,280
27,505		25,633	1,872
854		839	15
26,753		81,925	-55,172
222,985		211,780	11,205
143,001		148,433	-5,432
67,570		65,360	2,210
145,035		160,297	-15,262
50,002		53,383	-3,381

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-15,280
			1,872
			15
			-55,172
			11,205
			-5,432
			2,210
			-15,262
			-3,381

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

NICOLE ALFANDRE HALBREINER

DOMINIQUE ALFANDRE PALMER

## Schedule of Contributors

OMB No 1545-0047

2014

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

---

**Name of the organization**

## ROBERT N ALFANDRE FOUNDATION

**Employer identification number**

52-1107949

**Organization type (check one)**

**Filers of:**

## Section:

Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation <input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 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

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 other 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 $\frac{1}{3}$ % 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 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 . . . . . ► \$

**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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> ROBERT N ALFANDRE FOUNDATION	<b>Employer identification number</b> 52-1107949
---	---

<b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
1	SCIMAR MANAGEMENT LLC P O BOX 2069  RESTON, VA 20195	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
2	ARC DEVELOPERS INC P O BOX 2069  RESTON, VA 20195	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
3	ESTATE OF ROBERT N ALFANDRE P O BOX 2069  RESTON, VA 20195	\$ 1,252,662	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

Name of organization ROBERT N ALFANDRE FOUNDATION			Employer identification number 52-1107949
<b>Part II</b> Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization ROBERT N ALFANDRE FOUNDATION		Employer identification number 52-1107949	
<b>Part III</b> <b>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.</b> 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 <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► Use duplicate copies of Part III if additional space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
(e) Transfer of gift Transferee's name, address, and ZIP 4      Relationship of transferor to transferee _____			
(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 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 _____			

Form **8949**

## **Sales and Other Dispositions of Capital Assets**

2014

Attachment  
Sequence No **12A**

Department of the Treasury  
Internal Revenue Service

- **Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949)**
  - **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

**Social security number or taxpayer identification number**

52-1107949

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

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

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

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

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

**2 Totals** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) 

52-054 (67-224) 15-280

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

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side  
**ROBERT N. ALEXANDRE FOUNDATION**

**Social security number or taxpayer identification number**

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

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

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

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

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

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

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

**2 Totals** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)

55,112 (108,397) -53,285

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

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

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

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

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

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

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

**2 Totals** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . . . . .

628,593 (639,253) -10,660

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

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

## TY 2014 Depreciation Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION

**EIN:** 52-1107949

## TY 2014 Investments Corporate Bonds Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION

**EIN:** 52-1107949

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE NOTES		

## TY 2014 Investments Corporate Stock Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION

**EIN:** 52-1107949

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PREFERRED STOCKS		
COMMON STOCK	2,042,460	2,194,213
CLOSED END FUNDS	1,059,563	1,001,876
MONEY FUNDS	891,297	891,297
MUTUAL FUNDS	310,069	310,069

## TY 2014 Other Assets Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION**EIN:** 52-1107949

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SANTORINI INVESTMENT		100,000	100,000

## TY 2014 Other Expenses Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION

**EIN:** 52-1107949

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC ADMINISTRATIVE EXPENSES	566			

## TY 2014 Other Income Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION**EIN:** 52-1107949

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INVESTMENT PARTNERSHIP DISTRIBUTIONS	9,925	9,925	

## TY 2014 Taxes Schedule

**Name:** ROBERT N ALFANDRE FOUNDATION**EIN:** 52-1107949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXTENSION PAYMENT	224			
ESTIMATE				

**RNA Foundation Donations 2014**

<b>CHECK #</b>	<b>DATE</b>	<b>TO WHOM PAID</b>	<b>AMOUNT</b>	<b>DONATION</b>
1548	3/6/2014	Sheridan-Kalorama Historical Association 2401 Tracy Place, NW Washington, DC 20008	\$50.00	y
1549	3/11/2014	Pines Care Center PO Box 5333 Fire Island Pines 11782	\$1,000.00	y
1486	3/11/2014	Pines Care Center VOID CK PO Box 5333 Fire Island Pines 11782	-\$1,000.00	y
1550	3/21/2014	Kennedy Center Washington, DC 20566	\$3,300.00	y
1551	4/24/2014	Friends of the Key West Library 1025 Fleming Street Key West, FL 33040	\$500.00	y
1552	4/24/2014	Doctors Without Borders 333 Seventh Avenue, 2nd Floor New York, NY 10001	\$1,000.00	y
1553	4/24/2014	So Others Might Eat PO Box 96325 Washington, DC 20090-6325	\$250.00	y
1554	4/24/2014	Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, NY 10017	\$1,000.00	y
1555	4/24/2014	Signature Theatre 4200 Campbell Avenue Arlington, VA 22206	\$250.00	y
1557	4/24/2014	Eryc Taylor Dance, Inc. 450 West 42nd Street, #9L New York, NY 10036	\$125.00	y
1558	4/24/2014	Maryland Public Television PO Box 13183 Baltimore, MD 21203-3183	\$100.00	y

**RNA Foundation Donations 2014**

1559	4/24/2014	SAGE 305 7th Avenue, Floor 15 New York, NY 10001-6152	\$1,000.00	y
1560	4/24/2014	Lambda Legal 120 Wall Street, 19th Floor New York, NY 10005	\$500.00	y
1561	4/24/2014	Washington English Center 2200 California Street, NW Washington, DC 20008	\$200.00	y
1563	4/24/2014	St. Michael's Country Day School 180 Rhode Island Avenue Newport, RI 02840	\$100.00	y
1564	4/24/2014	Food & Friends 219 Riggs Road, NE Washington, DC	\$500.00	y
1565	4/24/2014	Dancers Responding to AIDS 165 W. 46th Street, Suite 1300 New York, NY 10036	\$300.00	y
1566	4/24/2014	Woodrow Wilson House/NTHP 2340 S Street, NW Washington, DC 20008	\$1,000.00	y
1567	4/24/2014	Oak Hill Cemetery Preservation Foundation 3001 R Street, NW Washington, DC 20007-2923	\$500.00	y
1568	4/24/2014	FIPAP c/o Laura Hartstein 135 West 70th Street, #8B New York, NY 10023	\$1,125.00	y
1569	4/28/2014	Island Moving Company PO Box 746 Newport, RI 02840	\$10,000.00	y
1570	4/28/2014	All Souls Episcopal Church 2300 Cathedral Avenue, NW Washington, DC 20008-1505	\$10,000.00	y

**RNA Foundation Donations 2014**

1572	5/29/2014	Echo Hill Campership Fund PO Box 5923 Bethesda, MD 20824	\$5,000.00	y
1574	6/20/2014	All Souls Memorial Epsicopal Church 2300 Cathedral Avenue, NW Washington, DC 20008-1505	\$1,500.00	y
1575	7/10/2014	Arts for The Aging, Inc. 12320 Parklawn Drive Rockville, MD 20852	\$500.00	y
1576	7/10/2014	The Founders Board of Saint John's Community Services 2201 Wisconsin Avenue, NW, Suite C-150 Washington, DC 20007	\$250.00	y
1577	7/10/2014	amFAR PO Box 96635 Washington, DC 20090-6635	\$1,250.00	y
1578	7/10/2014	Key West Players, Inc. PO Box 724 Key West, FL 33041	\$1,250.00	y
1579	7/10/2014	FIPPOA Charitable Foundation c/o Ken Pollard 7 E. 14th Street, #17O New York, NY 10003	\$1,000.00	y
1580	7/10/2014	Capital Caring 2900 Telestar Court Falls Church, VA 22042	\$1,000.00	y
1581	7/10/2014	Pines Care Center, Inc. PO Box 5333 Fire Island Pines, NY 11782-959	\$2,000.00	y
1582	7/10/2014	Johns Hopkins University SAIS Annual Fund 3400 North Charles Street Baltimore, MD 21218-2696	\$1,000.00	y
1583	7/10/2014	House of Mercy 2000 Rosemount Ave, NW Washington, DC 20010	\$50.00	y

**RNA Foundation Donations 2014**

1584	7/10/2014	The Order of St. John 1875 K Street, NW, Suite 603 Washington, DC 20006	\$1,000.00	y
1585	7/10/2014	Whitman-Walker Health 1701 14th Street, NW Washington, DC 20009	\$10,000.00	y
1587	10/13/2014	Key West Botanical Society 5210 College Road Key West, FL 33040	\$300.00	y
1588	10/13/2014	The Studios of Key West 533 Eaton Street Key West, FL 33040	\$5,000.00	y
1589	10/13/2014	The Highwood Theatre 1434 Highwood Drive McLean, VA 22101	\$1,500.00	y
1590	10/13/2014	Take Stock in Children 241 Trumbo Road Key West, FL 33040	\$500.00	y
1591	10/13/2014	The Museum of Modern Art 11 West 53rd Street New York, NY 10019	\$70.00	y
1592	10/13/2014	The Royal Oak Foundation 35 West 35th Street, Suite 1200 New York, NY 10001	\$150.00	y
1593	10/13/2014	Reef Relief PO Box 430 Key West, FL 33041	\$250.00	y
1594	10/13/2014	Cosmos Club Foundation 2121 Massachusetts Avenue, NW Washington, DC 20008	\$500.00	y
1595	10/13/2014	Lahey Hospital and Medical Center 41 Mall Raod Burlington, MA 01805	\$500.00	y

**RNA Foundation Donations 2014**

1596	10/13/2014	Seabury Resources for the Aging 4201 Butterworth Place, NW Washington, DC 20016	\$100.00	y
1597	10/13/2014	G.M.H.C. 446 West 33rd Street New York, NY 10001	\$1,000.00	y
1598	10/13/2014	The English-Speaking Union 144 East 39th Street New York, NY 10016	\$500.00	y
1599	10/13/2014	French Heritage Society 14 East 60th Street New York, NY 10022	\$1,000.00	y
1601	10/13/2014	AIDS Help 1434 Kennedy Street Key West, FL 33040	\$1,000.00	y
1603	10/13/2014	Kennedy Center Washington, DC 20566	\$3,000.00	y
1604	10/13/2014	AIDS Project Los Angeles 611 S. Kingsley Drive Los Angeles, CA 90005	\$5,000.00	y
1606	10/13/2014	Historical Society of Washington DC 801 K Street, NW Washington, DC 20001	\$100.00	y
1607	10/13/2014	Echo Hill Campership Fund PO Box 5923 Bethesda, MD 20824-5923	\$5,000.00	y
1608	10/17/2014	Alliance Francaise de Washington, DC 2142 Wyoming Avenue, NW Washington, DC 20008	\$1,000.00	y
1609	10/17/2014	Island Moving Company PO Box 746 Newport, RI 02840	\$10,000.00	y
1610	11/7/2014	Tennessee Williams Theatre 5901 College Road Key West, FL 33040	\$2,000.00	y

**RNA Foundation Donations 2014**

1611	11/7/2014	Restore Mass Ave 2500 Mass Ave, NW, #6 Washington, DC 20008	\$250.00	y
1612	11/7/2014	Tropic Cinema PO Box 1283 Key West, FL 33041	\$1,000.00	y
1613	11/7/2014	WPBT2 14901 NE 20th Avenue Miami, FL 33181	\$100.00	y
1614	11/7/2014	George Washington University Luther W. Brady Art Gallery 805 21st Street, NW 2nd Floor Washington, DC 20052	\$1,500.00	y
1615	11/7/2014	Red Barn Theatre PO Box 707 Key West, FL 33041	\$1,500.00	y
1616	12/11/2014	LIFT-DC Perry School Community Service Center 128 M Street, NW, Suite 335 Washington, DC 20001	\$1,500.00	y
1617	12/11/2014	Old Island Restoration Foundation, Inc. PO Box 689 Key West, FL 33041	\$500.00	y
1618	12/11/2014	Woodrow Wilson House/NTHP 2340 S Street, NW Washington, DC 2---8	\$10,000.00	y
1619	12/11/2014	Echo Hill Outdoor School 13655 Bloomingneck Road Worton, MD 21678	\$1,000.00	y
1620	12/11/2014	WETA 3939 Campbell Avenue Arlington, VA 22206	\$1,500.00	y
1621	12/11/2014	Halcyon Foundation 555 Fifth Avenue, Suite 1700 New York, NY 10017	\$250.00	y

**RNA Foundation Donations 2014**

1622	12/11/2014	Avalon Theatre Project 5612 Connecticut Avenue, NW Washington, DC 20015	\$250.00	y
1623	12/11/2014	Brookhaven Memorial Hospital Foundation/Hospice 101 Hospital Road Patchogue, NY 11772	\$1,000.00	y
1624	12/11/2014	Sidwell Friends School 3825 Wisconsin Avenue, NW Washington, DC 20016	\$15,000.00	y
1625	12/11/2014	Swarthmore College 500 College Road Swarthmore, PA 19081	\$10,000.00	y
1626	12/11/2014	New York-Presbyterian Fund, Inc. PO Box 6412 New York, NY 10277-2852	\$500.00	y
1627	12/23/2014	National Gallery of Art The Circle 2000B South Club Drive Landover, MD 20785	\$2,500.00	y
1628	12/23/2014	Visiting Nurse Assn.& Hospice of the Florida Keys 1319 William Street Key West, FL 33040-4736	\$1,000.00	y
1629	12/23/2014	FIPPOA Charitable Foundation, Inc. c/o Ken Pollard 7 E. 14th Street, #17O New York, NY 10003	\$12,500.00	y
1630	12/23/2014	Shakespears Theatre Company 516 Eighth Street, SE Washington, DC 20077-0932	\$2,500.00	y
1631	12/23/2014	People For the American Way Foundation 1101 15th Street, NW, Suite 600 Washington, DC 20005	\$1,000.00	y
1632	12/23/2014	The Washington Home & Community Hospices 3720 Upton Street, NW Washington, DC 20016	\$1,000.00	y

**RNA Foundation Donations 2014**

1633	12/23/2014	Washington National Cathedral Massachusetts & Wisconsin Avenues, NW Washington , DC 20016-5038	\$500.00	y
1634	12/23/2014	Metropolitan Museum of Art 1000 Fifth Avenue New York, NY 10028	\$500.00	y
1635	12/23/2014	The Phillips Collection 1600 21st Street, NW Washington, DC 20009	\$2,000.00	y
1636	12/23/2014	GLAA, Inc. P.O. Box 75265 Washington, DC 20013-5265	\$500.00	y
1637	12/23/2014	Key West Art & Historical Society 281 Front Street Key West, FL 33040	\$500.00	y
1638	12/23/2014	Trophia Butterfly Foundation P.O. Box 6623 Key West, FL 33041	\$500.00	y
1639	12/24/2014	Miracle House 630 Ninth Avenue, Suite 603 New York, NY 10036	\$250.00	y
1640	12/24/2014	Lambda Legal 120 Wall Street, 19th Floor New York, NY 10005	\$1,500.00	y
1641	12/28/2014	National Trust for Northern Ireland Mount StewartGarden Fund PO Box 39 Warrington WA5 7WD NORTHERN IRELAND	\$1,000.00	y
<b>TOTAL DONATIONS</b>			<b>\$169,670.00</b>	