



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A through M containing organization details: THE SHASHAMANE FOUNDATION INC, EIN 52-2158855, address P O BOX 5845 Takoma Park, MD 20913, and principal officer KARL C PHILLPOTTS.

Part I Summary

Summary table with 22 rows. Rows 1-12: Activities & Governance (mission: CHARITABLE FOUNDATION, 3 voting members, 4 independent members, 5 employees, 6 volunteers, 7a revenue, 7b net income). Rows 13-19: Revenue and Expenses (Total revenue 27,309; Total expenses 26,696; Net assets less expenses 875). Rows 20-22: Net Assets or Fund Balances (Beginning 22,831; End 21,892; Net 939).

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Signature block for Karl C. Phillpotts, Officer, dated 6/26/15.

Preparer information for J Williams, ACCON SERVICES, 7600 GEORGIA AVE NW 303, Washington DC 20012, dated 06-23-2015, PTIN P00200545.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUL 20 2015

614 14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission:

CHARITABLE FOUNDATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 26,696 including grants of \$ 16,760 ) (Revenue \$ 27,571 )

CHARITABLE FOUNDATION

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 26,696

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements for various schedules (A through H).

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (29) organizations.

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|    |   | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |     |    |
| 1a | 2   |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| 1b | 2   |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .  |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| 6  | Did the organization have members or stockholders? . . . . .  |     | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |     | X  |
| 7b |   |     |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| a  | The governing body? . . . . .   | X   |    |
| 8a |   |     |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .   |     | X  |
| 8b |   |     |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .  |     | X  |
| 9  |   |     |    |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| 10a |  |     |    |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| 10b |  |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| 11a |  |     |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  |     | X  |
| 12a |  |     |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| 12b |  |     |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   |     |    |
| 12c |  |     |    |
| 13  | Did the organization have a written whistleblower policy? . . . . .  |     | X  |
| 13  |  |     |    |
| 14  | Did the organization have a written document retention and destruction policy? . . . . .   |     | X  |
| 14  |  |     |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| a   | The organization's CEO, Executive Director, or top management official . . . . .   |     | X  |
| 15a |  |     |    |
| b   | Other officers or key employees of the organization . . . . .<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |     | X  |
| 15b |  |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| 16a |  |     |    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     | X  |
| 16b |  |     |    |

**Section C. Disclosure**

|    |   |
|----|---|
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ <u>MD</u>  |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.   |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: ▶<br><u>KARL C PHILLPOTTS (301)213-2828, P O BOX 5845, Takoma Park, MD 20913</u>  |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) KARL C PHILLPOTTS<br>OFFICER | 25.00  |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) RYLAND G. McPHERSON          | 25.0   |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) ZANABS HENRY                 | 4.0  |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) VALERIE PHILLPOTTS           | 10.4   |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5)                              |  |  |                       |         |              |                              |        |  |   |   |
| (6)                              |  |  |                       |         |              |                              |        |  |   |   |
| (7)                              |  |  |                       |         |              |                              |        |  |   |   |
| (8)                              |  |  |                       |         |              |                              |        |  |   |   |
| (9)                              |  |  |                       |         |              |                              |        |  |   |   |
| (10)                             |  |  |                       |         |              |                              |        |  |   |   |
| (11)                             |  |  |                       |         |              |                              |        |  |   |   |
| (12)                             |  |  |                       |         |              |                              |        |  |   |   |
| (13)                             |  |  |                       |         |              |                              |        |  |   |   |
| (14)                             |  |  |                       |         |              |                              |        |  |   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 0      | 0  | 0   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| N/A                              |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                      | <b>1a</b> Federated campaigns . . . . .  |  |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   |  |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  |  |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   |  |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .   |  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b> 27,571   |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |  |   |  |  |
|  | <b>h</b> Total. Add lines 1a-1f . . . . . ▶  | 27,571   |  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b> _____ Business Code  |  |  |   |  |  |
|  | <b>b</b> _____   |  |  |   |  |  |
|  | <b>c</b> _____   |  |  |   |  |  |
|  | <b>d</b> _____   |  |  |   |  |  |
|  | <b>e</b> _____   |  |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .   |  |  |   |  |  |
|  | <b>g</b> Total. Add lines 2a-2f . . . . . ▶  |  |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶   |  |  |   |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶  |  |  |   |  |  |
|  | <b>5</b> Royalties . . . . . ▶   |  |  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal                                      |   |  |  |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |  |   |  |  |
|  |  | <b>c</b> Rental income or (loss) . . . . .                         |  |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) . . . . . ▶                   |  |   |  |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |  |   |  |  |
|  |  | <b>c</b> Gain or (loss) . . . . .                                  |  |   |  |  |
|  |  | <b>d</b> Net gain or (loss) . . . . . ▶                            |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . . <b>b</b>  |  |  |   |  |  |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |  |  |   |  |  |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |  |  |   |  |  |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                       |  |  |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                       |  |  |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |  |  |   |  |  |
| <b>b</b> Less cost of goods sold . . . . . <b>b</b>                                    |  |  |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                      |  |  |  |   |  |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>   |  |   |  |  |
| <b>11a</b> _____   |  |  |  |   |  |  |
| <b>b</b> _____   |  |  |  |   |  |  |
| <b>c</b> _____   |  |  |  |   |  |  |
| <b>d</b> All other revenue . . . . .   |  |  |  |   |  |  |
| <b>e</b> Total. Add lines 11a-11d . . . . . ▶  |  |  |  |   |  |  |
| <b>12</b> Total revenue. See instructions . . . . . ▶                                  |  | 27,571   | 0  | 0                                       | 0  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 16,760                | 16,760                          |  |                             |
| 4 Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| 7 Other salaries and wages . . . . .   |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .   |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .  |                       |                                 |  |                             |
| 10 Payroll taxes . . . . .   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   |                       |                                 |  |                             |
| b Legal . . . . .  |                       |                                 |  |                             |
| c Accounting . . . . .   |                       |                                 |  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .  |                       |                                 |  |                             |
| f Investment management fees . . . . .   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .   | 9,936                 | 9,936                           |  |                             |
| 12 Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13 Office expenses . . . . .   |                       |                                 |  |                             |
| 14 Information technology . . . . .  |                       |                                 |  |                             |
| 15 Royalties . . . . .   |                       |                                 |  |                             |
| 16 Occupancy . . . . .   |                       |                                 |  |                             |
| 17 Travel . . . . .  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20 Interest . . . . .  |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23 Insurance . . . . .   |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )   |                       |                                 |  |                             |
| a _____  |                       |                                 |  |                             |
| b _____  |                       |                                 |  |                             |
| c _____  |                       |                                 |  |                             |
| d _____  |                       |                                 |  |                             |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses. Add lines 1 through 24e .</b>   | <b>26,696</b>         | <b>26,696</b>                   | <b>0</b>                               | <b>0</b>                    |
| <b>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .</b> |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year | (B)<br>End of year |
|---|--|--------------------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   |                          | <b>1</b>           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>           |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b> 22,831    |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L . . . . .  |                          | <b>5</b>           |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section<br>4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and<br>sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary<br>organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>           |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>           |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>           |
|   | <b>10a</b> Land, buildings, and equipment: cost or<br>other basis Complete Part VI of Schedule D . . . . .   | <b>10a</b>               | <b>10c</b>         |
|   | <b>b</b> Less accumulated depreciation . . . . .   | <b>10b</b>               |                    |
|   | <b>11</b> Investments - publicly traded securities . . . . .   |                          | <b>11</b>          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>          |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>          |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .  |                          | <b>15</b>          |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | <b>0</b>   | <b>16</b> 22,831         |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b>          |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> 17,152   |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>          |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>          |
|   | <b>22</b> Loans and other payables to current and former officers, directors,<br>trustees, key employees, highest compensated employees, and<br>disqualified persons Complete Part II of Schedule L . . . . .  |                          | <b>22</b>          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b> 4,740    |
| <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D . . . . . |  | <b>25</b>                |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | <b>0</b>   | <b>26</b> 21,892         |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and<br/>complete lines 27 through 29, and lines 33 and 34.</b>  |                          |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  |                          | <b>27</b>          |
|   | <b>28</b> Temporarily restricted net assets . . . . .  |                          | <b>28</b>          |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          | <b>29</b>          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and<br/>complete lines 30 through 34.</b>   |                          |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>          |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>          |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b> 939      |
| <b>33</b> <b>Total net assets or fund balances</b> . . . . .  | <b>0</b>   | <b>33</b> 939            |                    |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .   | <b>0</b>   | <b>34</b> 22,831         |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |        |
|----|--|----|--------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 27,571 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 26,696 |
| 3  | Revenue less expenses Subtract line 2 from line 1  | 3  | 875    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  |        |
| 5  | Net unrealized gains (losses) on investments   | 5  | 939    |
| 6  | Donated services and use of facilities   | 6  |        |
| 7  | Investment expenses  | 7  |        |
| 8  | Prior period adjustments   | 8  |        |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0      |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,814  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>DONATION</u><br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X   |    |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **THE SHASHAMANE FOUNDATION INC** Employer Identification number: **52-2158855**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          | 21,230   |          |          | 12,901   | 34,131    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          | 100      | 100       |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus under sec 513 . . . . .  |          | 8,719    |          |          | 9,830    | 18,549    |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          | 29,949   |          |          | 22,831   | 52,780    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          | 52,780    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          | 29,949   |          |          | 22,831   | 52,780    |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .   | 0        | 29,949   | 0        |          | 22,831   | 52,780    |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

**Section C. Computation of Public Support Percentage**

|  |    |        |   |
|--|----|--------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 100.00 | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .                      | 16 |        | % |

**Section D. Computation of Investment Income Percentage**

|   |    |      |   |
|---|----|------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0.00 | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .                        | 18 |      | % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Sch. C (Form 990 or 990-EZ) and its inst. is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>THE SHASHAMANE FOUNDATION INC</b> | Employer identification number<br><b>52-2158855</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| (1)      | -----       |         |   |  |
| (2)      | -----       |         |   |  |
| (3)      | -----       |         |   |  |
| (4)      | -----       |         |   |  |
| (5)      | -----       |         |   |  |
| (6)      | -----       |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 columns: Question (1-10), (a) Yes/No, (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question (1-3), Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question (1-5), Yes/No, Amount. Rows include questions about dues, nondeductible lobbying, aggregate amount, carryover, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events               |
|-----------------|--|---|--------------|------------------|--------------------------------|
|                 |  | (event type)  | (event type) | (total number)   | (add col (a) through col. (c)) |
| Revenue         | 1  | Gross receipts . . . . .  |              |                  |                                |
|                 | 2  | Less: Contributions . . . . .   |              |                  |                                |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            |              |                  |                                |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |                  |                                |
|                 | 5  | Noncash prizes . . . . .  |              |                  |                                |
|                 | 6  | Rent/facility costs . . . . .   |              |                  |                                |
|                 | 7  | Food and beverages . . . . .  |              |                  |                                |
|                 | 8  | Entertainment . . . . .   |              |                  |                                |
|                 | 9  | Other direct expenses . . . . .   |              |                  |                                |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                                |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |              |                  |                                |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   |   |  |
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2014**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

**THE SHASHAMANE FOUNDATION INC**

**52-2158855**

**01. Committee meeting documentation (Part VI, line 8b)**

**COMMITTEE BODY MEETING DOCUMENTATION**

**02. Form 990 governing body review (Part VI, line 11)**

**THE TREASURER PREPARES THE ANNUAL INCOME STATEMENT DATA AND SUBMITS THIS TO THE SECRETARY**

**AND PRESIDENT FOR REVIEW. IT IS THEN SUBMITTED TO THE TAX PREPARER, WHO COMPLETES THE FORM**

**990 AND RETURNS IT TO THE PRESIDENT AND SECRETARY FOR REVIEW, SIGNATURE AND SUBMISSION TO**

**THE IRS.**

**03. Governing documents, etc, available to public (Part VI, line 19)**

**THE GOVERNING DOCUMENTS ETC OF THE FOUNDATION IS MADE AVAILABLE TO THE PUBLIC.**

**04. Estimate of average hours per week devoted to related organizations (Part**

**Ryland G. Mcpherson-Secretary....25 Hours per week**

**Zanabe Henry-Treasurer...2 hours per week**

**Valerie Phillpotts-Director....5 hours per week**

**05. List of other fees for services expenses (Part IX, line 11g)**

**THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE**

**PUBLIC AND ADVERTISES THIS IN VARIOUS WAYS, INCLUDING BY WAY OF A POST TO THIS EFFECT ON**

**OUR WEBSITE.**

Name(s) as shown on return

FEIN

THE SHASHAMANE FOUNDATION INC

52-2158855

| Description       | Amount          |
|-------------------|-----------------|
| VENUE RENTAL      | \$ 1,000        |
| TOLLS             | 75              |
| FOOD SUPPLIES     | 670             |
| WORKERS           | 280             |
| PRINTING          | 404             |
| TELEPHONE         | 584             |
| GASOLENE          | 966             |
| TRAVEL            | 104             |
| BANK CHARGES      | 195             |
| ARTIST PAY        | 670             |
| WEBSITE UPGRADE   | 75              |
| SOUND SYSTEM      | 100             |
| HOTEL FOR ARTIST  | 87              |
| POSTAGE           | 59              |
| OFFICE SUPPLIES   | 64              |
| WESTERN UNION FEE | 394             |
| LOAN REPAYMENT    | 3,778           |
| DJ FEES           | 100             |
| GRAPHICA          | 100             |
| WEBSITE UPGRADE   | 105             |
| P O BOX FEE       | 126             |
| <b>Total:</b>     | <b>\$ 9,936</b> |

Shashamane Foundation  
Income Statement  
For Fiscal Year 2014

|                                | Jan-14       | Feb-14       | Mar-14       | Apr-14       | May-14       | Jun-14       | Jul-14       | Aug-14        | Sep-14        | Oct-14        | Nov-14        | Dec-14        | Total Dollars | Total % of Income |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------------|
| <b>Income</b>                  |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| Donation Received              | 675          | 1,034        | 872          | 1,676        | 681          | 1,345        | 436          | 1,119         | 1,051         | 1,840         | 811           | 1,361         | 12,901        | 46.79%            |
| New Sponsorships               | 100          |              |              |              |              |              |              |               |               |               |               |               | 100           | 0.36%             |
| Renewal Sponsorship            |              |              |              |              |              |              |              |               |               |               | 5,348         |               | 9,830         | 35.65%            |
| Fundraising Event              |              |              |              | 1,000        | 370          | 3,112        |              |               |               |               |               |               |               |                   |
| Product Sales                  |              |              |              |              |              |              |              |               | 300           | 500           |               |               |               |                   |
| Grants Received                | 500          | 300          |              | 640          | 1,300        | 1,200        |              |               |               |               |               |               | 4,740         | 17.19%            |
| Loans Received                 |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| Employee Benefits              |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| Other Income                   |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| <b>Total Income</b>            | <b>1,275</b> | <b>1,334</b> | <b>872</b>   | <b>3,316</b> | <b>2,351</b> | <b>5,657</b> | <b>436</b>   | <b>1,119</b>  | <b>1,351</b>  | <b>2,340</b>  | <b>6,159</b>  | <b>1,361</b>  | <b>27,571</b> | <b>100.00%</b>    |
| <b>Expenses</b>                |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| Venue Rental                   |              |              |              |              |              |              |              |               |               |               | 1000          |               | 1,000         | 3.63%             |
| Table & Chair Rental           |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Vehicle Rental                 |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Food Supplies                  |              |              |              |              |              |              |              |               |               |               | 670           |               | 670           | 2.43%             |
| Workers (food/bar)             |              |              |              |              |              |              |              |               |               |               | 280           |               | 280           | 1.02%             |
| Graphics                       |              |              |              |              |              |              |              |               |               |               | 100           |               | 100           | 0.36%             |
| Printing                       | 137          |              |              |              |              |              | 46           |               |               | 146           | 75            |               | 404           | 1.47%             |
| Videograph                     |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Photography                    |              |              |              |              |              |              |              |               |               |               |               | 100           | 100           | 0.36%             |
| Telephone                      | 20           |              | 100          |              | 38           | 139          | 87           |               |               | 100           |               |               | 584           | 2.12%             |
| Gasoline                       |              | 90           | 101          | 70           | 120          | 127          | 85           | 25            | 80            | 75            | 115           | 78            | 966           | 3.50%             |
| Travel                         |              |              | 35           |              |              |              | 69           |               |               |               |               |               | 104           | 0.38%             |
| Bank Charges                   | 15           |              | 15           | 15           | 85           |              | 35           | 15            | 15            |               |               |               | 195           | 0.71%             |
| DI Fee                         |              |              |              |              |              | 100          |              |               |               |               |               |               | 100           | 0.36%             |
| Artist Pay                     |              |              |              |              |              | 220          |              |               |               |               | 450           |               | 670           | 2.43%             |
| Website Upgrade                |              |              |              |              |              |              |              |               |               |               | 105           |               | 105           | 0.38%             |
| Computer Repair                |              |              |              |              |              |              |              |               |               |               |               | 75            | 75            | 0.27%             |
| Utilities                      |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Legal Fees                     |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Tax Filing                     |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Office Supplies                | 25           |              |              |              | 17           |              |              |               |               |               | 22            |               | 64            | 0.23%             |
| Advertising                    |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| DVD Production                 |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Postage                        | 62           |              | 13           |              |              |              | 18           |               |               | 28            |               |               | 59            | 0.21%             |
| P O Box Fee                    |              |              |              |              |              |              | 64           |               |               |               |               |               | 126           | 0.46%             |
| VA State Corp Comm             |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| DC Treasurer                   |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Catering Ins                   |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Hospitality                    |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Tolls                          |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| U-Hall Rental                  |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Wester Union Fee               | 19           |              | 29           | 56           | 40           | 37           | 11           | 56            | 21            | 37            | 44            | 46            | 394           | 1.43%             |
| Loan Repayment                 | 78           |              |              | 350          | 100          | 1100         | 650          |               |               | 1500          | 87            |               | 3,778         | 13.70%            |
| Hotel for Artist               |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Sound System                   |              |              |              |              |              | 100          |              |               |               |               |               |               | 100           | 0.36%             |
| Printing Equipment Purchase    |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Equipment Rental (Fundraisers) |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| Souvenir T-Shirts              |              |              |              |              |              |              |              |               |               |               |               |               |               | 0.00%             |
| <b>Total Expense</b>           | <b>356</b>   | <b>103</b>   | <b>280</b>   | <b>491</b>   | <b>383</b>   | <b>1,915</b> | <b>961</b>   | <b>185</b>    | <b>116</b>    | <b>401</b>    | <b>4,448</b>  | <b>299</b>    | <b>9,936</b>  | <b>36.04%</b>     |
| <b>Net Profit / (Loss)</b>     | <b>920</b>   | <b>1,231</b> | <b>592</b>   | <b>2,826</b> | <b>1,969</b> | <b>3,742</b> | <b>(525)</b> | <b>935</b>    | <b>1,235</b>  | <b>1,939</b>  | <b>1,711</b>  | <b>1,062</b>  | <b>17,636</b> | <b>63.96%</b>     |
| <b>Funds Sent to ET</b>        |              |              |              |              |              |              |              |               |               |               |               |               |               |                   |
| Actual amount sent             | 1,000        |              | 1,400        | 2,600        | 1,510        | 2,000        | 190          | 1,970         | 590           | 2,000         | 1,700         | 1,800         | 16,760        | 60.79%            |
| Wester Union Fee               | 19           |              | 29           | 56           | 39           | 37           | 11           | 56            | 21            | 37            | 44            | 46            | 393           | 1.43%             |
| <b>Total Amount Sent</b>       | <b>1,019</b> |              | <b>1,429</b> | <b>2,656</b> | <b>1,549</b> | <b>2,037</b> | <b>201</b>   | <b>2,026</b>  | <b>611</b>    | <b>2,037</b>  | <b>1,744</b>  | <b>1,846</b>  | <b>17,152</b> | <b>62.21%</b>     |
| <b>Cummulative</b>             | <b>1,019</b> | <b>1,019</b> | <b>2,448</b> | <b>5,103</b> | <b>6,652</b> | <b>8,689</b> | <b>8,890</b> | <b>10,915</b> | <b>11,526</b> | <b>13,563</b> | <b>15,306</b> | <b>17,152</b> |               |                   |

# 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](http://www.irs.gov/form8868).**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If 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 extension on a previously filed Form 8868.**

**Electronic filing (e-file).** 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 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception 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 [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A 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 (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|  |   |  |
|--|---|--|
| Type or print<br><br>File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions<br><b>THE SHASHAMANE FOUNDATION INC</b>                    | Employer identification number (EIN) or<br><b>52-2158855</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>P O BOX 5845</b>                            | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>Takoma Park, MD 20913</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | 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 books are in the care of ▶ **KARL C PHILLPOTTS, P O BOX 5845, MD 20913**

Telephone No ▶ **301-213-2828** 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 the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-17, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 14 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                  | 3a | \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions       | 3c | \$ |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.