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# CANNED SEP 0 9 2015

Form **990-PF** 

# **Return of Private Foundation**

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

OMB No 1545-0052

2014

Departments of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2014 or tax year beginning	<u>, 201</u>	4, and	ending		, 20
		undation	_		A Employe	r identification numbe	r
Cro	well &	Moring Foundation				52-2207644	
Nu	nber and	street (or P O box number if mail is not delivered to street address)	Roor	n/suite	B Telephon	e number (see instructi	ons)
100	1 Penn	sylvania Avenue, NW				202-624-2500	
City	or town	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	ng, check here▶
Wa	shinata	on, DC 20004			·		
		<del></del>	of a former public	charity	D 1. Foreigi	n organizations, check l	nere ► 🗍
-		Final return Amended	•	•	_	-	_
		☐ Address change ☐ Name char	nge			n organizations meeting here and attach compu	
Н	Check	type of organization Section 501(c)(3) exempt p	rivate foundation	-	E If private	foundation status was t	terminated under 📃
		n 4947(a)(1) nonexempt charitable trust		dation	section 5	07(b)(1)(A), check here	▶∐
		arket value of all assets at J Accounting method			F 16 4bo 60	ndation is in a 60-montl	tormination
		Super (from Don't II and (a)			under se	ction 507(b)(1)(B), check	here
	line 16	· · · · · · · · · · · · · · · · · · ·	on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of		T .			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions) )	books	"		income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	270,869.33	3			~ .
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B		1			
	3	Interest on savings and temporary cash investments	152.97	,	152.97	152.97	<u>.                                    </u>
	4	Dividends and interest from securities		1			N. A WHERE A. W W W W W W W W
	5a	Gross rents					- (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10					· " " #9% ·
Revenue	b	Gross sales price for all assets on line 6a			<del></del>		. ', ,,,
Š	7	Capital gain net income (from Part IV, line 2)	*				1.00
æ	8	Net short-term capital gain	,				144
	9	Income modifications	*, ,		,		
	10a	Gross sales less returns and allowances				,	5 1 1 1 2 2 X 3 1
	b	Less: Cost of goods sold	1			,	
	C	Gross profit or (loss) (attach schedule)		<u> </u>			2' ' '
	11	Other income (attach schedule)			·-		
	12	Total. Add lines 1 through 11	271,022.30	)	152.97	152.97	* 4' 1
	13	Compensation of officers, directors, trustees, etc.					
es	14	Other employee salaries and wages			· · · · · · · · · · · · · · · · · · ·		
ű	15	Pension plans, employee benefits	7		<del></del>		·
ğ	16a	Legal fees (attach schedule) RECEIVED					
Û	b	Accounting fees (attach schedule)	اد				·
<u>ĕ</u>	С	Other professional fees (attach-schedule)	RI				
rat	17	Interest	KI				
st	18	Taxes (attach schedule) (see instructions)					
٠Ę	19	Depreciation (attach schedule) and depletion					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ę	20	Occupancy .					
Operating and Administrative Expenses	21	Travel, conferences, and meetings					
ĭ	22	Printing and publications					
<u> </u>	23	Other expenses (attach schedule)	647.4	9			647.49
Ë	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	647.4	9			647.49
ğ	25	Contributions, gifts, grants paid	237,000.0	)			237,000.00
_	26	Total expenses and disbursements. Add lines 24 and 25	237,647.4	9			237,647.49
-	27	Subtract line 26 from line 12					2 11
	a	Excess of revenue over expenses and disbursements	33,374.8	1		<u> </u>	
	b	Net investment income (if negative, enter -0-) .			152.97	` \\$	5444 C
	С	Adjusted net income (if negative, enter -0-) .				152.97	J. 1988. B. S.

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2014)

100	rt II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	of year
FE	icaní.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	381,265.40	414,640.21	414,640.21
	2	Savings and temporary cash investments			
	3			a a so Mindrasa	
		Accounts receivable ►  Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►  Less: allowance for doubtful accounts ►	- m A		
		Less: allowance for doubtful accounts ▶			
ı	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) .			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use	***		
SS	9	Prepaid expenses and deferred charges			
₹	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)		<del>~</del>	T. 8 37 6 38 5.
	11	Investments—land, buildings, and equipment basis ▶	i a diambi.	ii Laciliki k	läifili si
		Less. accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments — other (attach schedule)	3 20 3 7 4		
	14	Land, buildings, and equipment: basis ▶		i niki i 1200 i	<i>X':</i>
		Less. accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ► ) <b>Total assets</b> (to be completed by all filers—see the			
	16				
	4~	ınstructions. Also, see page 1, ıtem l)	381,265.40	414,640.21	414,640.21
	17	Accounts payable and accrued expenses			
es	18 19	Grants payable			*** *** *** *** ***
Liabilities	20	Deferred revenue			
abi	21	Mortgages and other notes payable (attach schedule)	<del></del>		
Ë	22				
	23	Total liabilities (add lines 17 through 22)			
		Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)			
nd Balances		and complete lines 24 through 26 and lines 30 and 31.			
uc	24	Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑			
Fu		and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	381,265.40	414,640.21	
sts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	381,265.40	414,640.21	
let.	31	Total liabilities and net assets/fund balances (see		_ <del></del>	
		instructions)	381,265.40	414,640.21	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		al net assets or fund balances at beginning of year-Part II, colu		·	
		or your ngare repeated on prior your exercise,		1	381,265.40
2					33,374.81
3			•••••		0.00
		lines 1, 2, and 3		4	414,640.21
5	Dec	reases not included in line 2 (itemize) ► It net assets or fund balances at end of year (line 4 minus line 5)—	Dort II. and	5	0.00
6	rota	inet assets or fund balances at end of year (line 4 minus line 5)—	raπ II, column (b), li	ne 30 <b>6</b>	414,640.21
					Form <b>990-PF</b> (2014)

Part	V Capital Gains and	Losses for Tax on Investme	ent Income				
		e kind(s) of property sold (e.g., real estate, se, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date ac		(d) Date sold (mo , day, yr )
1a							
b							
<u>C</u>							<del> </del>
<u>d</u>							-
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			I in or (loss) (f) minus (g)
a							
<u>u</u>							
C							
d							
е	<u></u>						
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation	on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	coi (	Cosses (	ot less than -0-) <b>or</b> from col (h))
<u>a</u>			<del></del>				
<u> </u>							······································
<u>c</u>	<del></del>						
d							
<u>e</u> 2	Capital gain net income of		lso enter in Pa enter -0- in Pai		2		· ·
3	If gain, also enter in Part	n or (loss) as defined in sections. I, line 8, column (c) (see instruct	1222(5) and (6)	:			
	Part I, line 8			J	3		
Part		er Section 4940(e) for Reduc					
(For o	ptional use by domestic pri	vate foundations subject to the s	ection 4940(a)	tax on net invest	ment inco	ne.)	
If sect	tion 4940(d)(2) applies, leav	e this part blank					
Was t	he foundation liable for the s," the foundation does not	section 4942 tax on the distribute qualify under section 4940(e) Do	able amount of not complete	f any year in the I this part	oase perio	?t	☐ Yes 🗹 No
1		ount in each column for each year			aking any	entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use a	ssets		(d) stribution ratio divided by col (c))
	2013	210,53	5.00	211,8	30.01		0.9939
	2012	197,00	0.00	246,8	11.43		0.7982
	2011	212,50	0.00	356,5	49.49		0.5960
	2010	202,00		354,9	44.86		0.5691
	2009	102,00	0.00	264,3	21.21		0.3859
2					2		3.3431
3		for the 5-year base period—divid dation has been in existence if les			the . 3	ļ	0.6686
4	Enter the net value of non	charitable-use assets for 2014 fro	om Part X, line	5	. 4		296,826.29
5	Multiply line 4 by line 3				. 5		198,458.06
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. 6	ļ	1.53
7	Add lines 5 and 6 .				. 7	ļ	198,459.59
8		ons from Part XII, line 4				ole = -	237,647.49
	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box in	ran vi, iine 1t	o, and complete	ınaı part u	sing a	170 tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru/	ctior	1S)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ► □ and enter "N/A" on line 1.  Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ ☑ and enter 1% of Part I, line 27b			176			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00			
3	Add lines 1 and 2		1	53			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  4  Tay beard on investment income. Subtract less 4 from less 2. If never subtract less 4 from less 2.		0	00			
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			53			
а	2014 estimated tax payments and 2013 overpayment credited to 2014   6a   0   00	, ,					
b	Exempt foreign organizations—tax withheld at source 6b 0 00						
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0 00	٠٠٠٠ ١	•				
d	Backup withholding erroneously withheld 6d 0 00			*** '			
7	Total credits and payments. Add lines 6a through 6d		0	00			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🗌 if Form 2220 is attached		0	00			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	53			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.						
11 Post	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11  VII-A Statements Regarding Activities		!				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T . T	Yes	No			
	participate or intervene in any political campaign?	1a	163	- V			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			<u> </u>			
	Instructions for the definition)?	1 <sub>b</sub>		-			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			3 !			
	published or distributed by the foundation in connection with the activities.						
С	Did the foundation file Form 1120-POL for this year?	1c		~			
d	, , , , , , , , , , , , , , , , , , , ,						
^	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	٠.%	3 👯	_: <u>(0</u> )			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		- »			
	If "Yes," attach a detailed description of the activities.		93.	- ,			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		٠				
4	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		<u> </u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	4a					
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b		<u> </u>			
•	If "Yes," attach the statement required by General Instruction T.	-					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	) · ,	<i>[</i> 4]	1			
	By language in the governing instrument, or	Ì	3.	*			
	ullet By state legislation that effectively amends the governing instrument so that no mandatory directions that	J	;	*			
	conflict with the state law remain in the governing instrument?	6	~				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<b>7</b>				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1				
b	Washington, DC; California  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			2 2			
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	7	ال فسد			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	7 3,31				
9	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		-	<u>, ( 1</u>			
	complete Part XIV	9		~			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10		~			
	_	000					

P	a	q	e	ξ

Part	VII-A Statements Regarding Activities (continued)						
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)						
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	<u></u>			
4.4	Website address ► No website		0754				
14	1110 00010 010 111 001 1	2-624- 0004-2	<del>-</del>				
15	Located at ► 1001 Pennsylvania Avenue, NW, Washington, DC  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the year ► 15			<b>&gt;</b> []			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	,	Yes	No			
10	over a bank, securities, or other financial account in a foreign country?	16		1			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If		33.7	(à (			
	"Yes," enter the name of the foreign country ▶						
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	`.     ( )	Yes	No			
1a	During the year did the foundation (either directly or indirectly):	* .	v	2.4. S			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		s*,*				
	disqualified person?	``	, ,				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No	·	٠				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes  No (5) Transfer any income or assets to a disqualified person (or make any of either available for						
	the benefit or use of a disqualified person)?	32 %		· *;			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1 2			
	foundation agreed to make a grant to or to employ the official for a period after	, 100 s.					
	termination of government service, if terminating within 90 days.) Yes V No			1 33			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	尴.	á'			
	Organizations relying on a current notice regarding disaster assistance check here ▶□			( )			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	, , , 3					
	were not corrected before the first day of the tax year beginning in 2014?	1c		~			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	43		١٠. إ			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	34		1			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			,			
				, ·			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	*	J. 2777 -				
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		385	ik.			
	all years listed, answer "No" and attach statement—see instructions.)	2b	الالملك	ii.			
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		di.	31			
=	► 20 ,20 ,20 ,20						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			*			
	at any time during the year?			3 · · · · · · · · · · · · · · · · · · ·			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	1	, ,	<b>*</b> •			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1	ļ.,	(1)			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			* 3			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			,			
4-	foundation had excess business holdings in 2014.)	3b		-			
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		-			
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		-			
	, , , , , , , , , , , , , , , , , , ,	170		<u></u>			

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Part	VII-B Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equire	<b>d</b> (contir	nued)			
5a	During the year did the foundation pay or incur a  (1) Carry on propaganda, or otherwise attempt to  (2) Influence the outcome of any specific public  directly or indirectly, any voter registration dri	o influe c electi	ence legislation	ion 495	5); or to ca	my on,	☐ Yes	☑ No ☑ No	3		*
	<ul><li>(3) Provide a grant to an individual for travel, stur</li><li>(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)</li></ul>	a cha	ritable, etc.,	organiz	ation desci	nbed in	☐ Yes	✓ No ✓ No	3	, , , , , , , , , , , , , , , , , , ,	
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the cruelty the prevention of cruelty the cruelt	childrer	n or animals?	٠			□Yes	<b>☑</b> No		; ; ;	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the Regulations section 53 4945 or in a current notice	regardı	ng disaster a	ssistand	e (see instr			ribed in	5b		
С	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility If "Yes," attach the statement required by Regula	he foul	ndation clain grant? .	n exem <sub>l</sub>	ption from			► □	The section of the se		
6a	Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	directly	, to pay pre	miums	□Yes	√ No			, ', ,
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, dire	ectly or indire	ctly, on	a personal	benefit			6b	× *	<b>V</b>
	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds							<b>☑ N</b> o 1? .	7b	ـ مُدَّدُ	r for AR
Part	VIII. Information About Officers, Direct and Contractors								mploy	ees,	
1	List all officers, directors, trustees, foundation	n mana	agers and th		<del></del>	ı (see iı	nstructio	ns).			
	(a) Name and address	hou	e, and average irs per week ed to position	(If r	mpensation not paid, iter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse acco allowanc	ount,
See At	tachment						,				
				<u> </u>	<del></del>						
2	Compensation of five highest-paid employee "NONE."	es (otn	er than tho	se incli	uded on II	ne 1—:	see instr	uction	s). It n	one, e	nter
ı	a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per of devoted to p	week -	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit deferred		ense acco allowanc	
None											
	•										
Total	number of other employees paid over \$50,000 .					• •	<u> </u>	<b>&gt;</b>	Form <b>99</b>	0-PF	2014)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	i Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "l	NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
lone	
	<u> </u>
otal number of others receiving over \$50,000 for professional services	<b>•</b>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened research papers produced, etc.	er of Expenses
1	
2	
······	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	L
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Fotal. Add lines 1 through 3	<b>•</b>
f <b>otal.</b> Add lines 1 through 3	F

Part		ign foundat	ions,
1	see instructions.)  Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
•	purposes.		
а	Average monthly fair market value of securities	1a	0.00
b	Average of monthly cash balances	1b	301,436.49
c	Fair market value of all other assets (see instructions)	1c	0.00
d	Total (add lines 1a, b, and c)	1d	301,346.49
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	)	
2	Acquisition indebtedness applicable to line 1 assets	2	0.00
3	Subtract line 2 from line 1d	3	301,346.49
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		•
	instructions)	4	4,520.20
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	296,826.29
6	Minimum investment return. Enter 5% of line 5	6	14,841.31
Part :	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this part.)	oundations	;
1	Mınimum ınvestment return from Part X, Iıne 6	1	14,841.31
2a	Tax on investment income for 2014 from Part VI, line 5	1 1 1	
ь	Income tax for 2014. (This does not include the tax from Part VI) . 2b 0.00		
С	Add lines 2a and 2b	2c	1.53
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,839.78
4	Recoveries of amounts treated as qualifying distributions	4	0.00
5	Add lines 3 and 4	5	14,839.78
6	Deduction from distributable amount (see instructions)	6	0.00
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	14,839.78
Part	XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	237,647.49
b	Program-related investments—total from Part IX-B	1b	0.00
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.00
3	Amounts set aside for specific charitable projects that satisfy the:	\$ c	
а	Suitability test (prior IRS approval required)	За	0.00
b	Cash distribution test (attach the required schedule)	3b	0.00
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	237,647.49
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.00
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	237,647.49
<u></u>	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		
			000 DE

art	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	<b>(d)</b> 2014 —
	line 7				14,839.78
2	Undistributed income, if any, as of the end of 2014.				. * *
а	Enter amount for 2013 only			0.00	
b	Total for prior years 20,20,20		0.00		ı
3	Excess distributions carryover, if any, to 2014:				4 }
а	From 2009				, i
b	From 2010				,
С	From 2011 <u>194,776.36</u>				,
d	From 2012				,,,,
е	From 2013 199,946.26				4
f	Total of lines 3a through e	853,088.62			
4	Qualifying distributions for 2014 from Part XII,			, ,	* ,
	line 4: ► \$ 237,647.49				, * ,
а	Applied to 2013, but not more than line 2a .			0.00	**
Ь	Applied to undistributed income of prior years				Ź
	(Election required—see instructions)		0.00		
С	Treated as distributions out of corpus (Election		1		, v
	required—see instructions)	0.00		A	·
d	Applied to 2014 distributable amount				14,839.78
е	Remaining amount distributed out of corpus	222,807,71			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )		*	, '	
6	Enter the net total of each column as				
	indicated below:	. 4			·
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,079,896.33		`	``
b	Prior years' undistributed income. Subtract line 4b from line 2b	, .		*	
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions	* *		**	,
е	Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount—see instructions				
f	Undistributed income for 2014. Subtract lines	,			
•	4d and 5 from line 1. This amount must be	;			
	distributed in 2015			\$ <sup>3</sup> 2*	
7	Amounts treated as distributions out of corpus	"- " " - · · · · · · · · · · · · · · · ·			18 1
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		s \$	ş	
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions).	88,811.31			,
9	Excess distributions carryover to 2015.	20,01.101			
	Subtract lines 7 and 8 from line 6a	987,085.02			<b>}</b>
10	Analysis of line 9.	,			,
а	Excess from 2010 184,262.36				
b	Excess from 2011 194,776.36	l			
c	Excess from 2012 185,292.33				
d	Excess from 2013 199,946.26				
e	Excess from 2014 222,807.71	_			

Part	90-PF (2014)  XIV Private Operating Founda	tions (see instri	ictions and Part	t VII-A question Q)		Page 1
	If the foundation has received a ruling					
10	foundation, and the ruling is effective for			•	N/	A
b	Check box to indicate whether the four			ation described in sec		
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
	each year listed					
ь	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					· -
а	"Assets" alternative test-enter				j	
	(1) Value of all assets			.		
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3					
D	of minimum investment return shown in					
_	Part X, line 6 for each year listed			<del>                                     </del>		
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royaities) .					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(I)(3)(B)(III)					
	(3) Largest amount of support from		•			
	an exempt organization					
	(4) Gross investment income .					
Part	XV Supplementary Information			the foundation ha	d \$5,000 or mo	ore in assets a
	any time during the year-	see instruction	ns.)			
1	Information Regarding Foundation	•				
а	List any managers of the foundation v					by the foundatio
	before the close of any tax year (but o	my ir triey have c	ontributed more t	nan \$5,000). (See se	CHOH 507 (a)(2).)	
<u>/A</u>	List any managers of the foundation	who own 100/ o	r mare of the etc	ok of a corporation	/or an agually lay	ran northan of th
Ь	ownership of a partnership or other er					ge portion of th
	ownership of a partnership of other of	intry of winding the	Tourisdanon rido d	rozo or groater inter	001.	
<u>A</u>	Information Regarding Contribution	Grant Gift Los	n Scholarshin	etc Programs:		
2	Check here ► ☑ If the foundation			-	manizations and	does not accer
	unsolicited requests for funds If the f					
	other conditions, complete items 2a, t		g, g,	(		94
а	The name, address, and telephone nu		ddress of the pers	son to whom applicat	tions should be a	ddressed:
b	The form in which applications should	be submitted an	d information and	I materials they shou	ld include:	
				·· <del>····</del>		
C	Any submission deadlines:					

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

factors:

Form 9	990-PF (2014)				Page <b>11</b>
Par	t XV Supplementary Information (conf	tinued)			
_3_	Grants and Contributions Paid During	the Year or Approv	ed for Fu	l .	<del></del>
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Fulpose of grant of	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
а	Paid during the year				
S 4	Attachment and Details				237,000.00
5ee A	Machinent and Details				207,000.00
		}			
					ļ
-	Total	· · · · · · · · · · · · · · · · · · ·		<u>.</u> ▶ 3	a 237.000.00
b	Approved for future payment				
Faus	I Justice Works				
Wash	nington, DC		509(a)(1)	General Support	56,000.00
		-			
	Total	<del></del>			b 56 000 00

Part)	VI-A · Analysis of Income-Producing Ac					
nter gi	coss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Pr	ogram service revenue:					
а						
b						
C					<del></del> :	<del></del>
d						·-
e				ļ		
T						
g	Fees and contracts from government agencies					
	embership dues and assessments		····		-	
	terest on savings and temporary cash investments			14	152.97	
	vidends and interest from securities	ļ	(3).	. ,		
	et rental income or (loss) from real estate:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del> </del>		* , #
	Debt-financed property			<del> </del>		
	Not debt-financed property					
	et rental income or (loss) from personal property	-		<u> </u>	<del></del>	
	ther investment income					
	ain or (loss) from sales of assets other than inventory					
	et income or (loss) from special events					
	ross profit or (loss) from sales of inventory					
11 O	ther revenue: a					
C						
d				<del></del>		
u						
_			,			
e 12 Si	intotal Add columns (h) (d) and (a)				452.07	
					152.97	
13 To	otal. Add line 12, columns (b), (d), and (e)			· · · · · · · · · · · · · · · · · · ·	152.97 13	152.97
<b>13 To</b> See wo	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation	 ıs.)				
13 To See wo Part >	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
<b>13 To</b> See wo	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97
13 To See wo Part > Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the A	 ns.) nccomplishm	ent of Exemp	t Purposes	13	152.97

Part	XVII		n Regarding Trans ganizations	fers To and Trans	sactions and R	elationships	With Nonch	aritable	е	<del></del>
1	ın sec		lirectly or indirectly er e Code (other than se						Yes	No
а	Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash									·
b									, ,	*
	(2) Pu	urchases of asse	a noncharitable exents from a noncharitate equipment, or other	ole exempt organizat			· · · · ·	1b(1) 1b(2) 1b(3)		7
	<b>(5)</b> Lo	oans or loan gua	rangements rantees					1b(4) 1b(5)		2 2
c d	Sharii If the	ng of facilities, e	ervices or membership quipment, mailing list of the above is "Yes,	s, other assets, or pa " complete the follo	aid employees . wing schedule. C	 olumn <b>(b)</b> sho	uld always sh			
(a) Line	value		ther assets, or service on or sharing arrange		n (d) the value of		ner assets, or s	services	recei	ved.
			ectly or indirectly affil					□ Yes	[V]	
b	If "Ye	s," complete the	e following schedule.	(b) Type of orga	inization	(c) [	Description of relat	ionship		
Sign Here	corre	r penalties of perjury, I ct, and complete Decl	declare that I have examined aration of preparer (other than	this return, including accomp taxpayer) is based on all inf	panying schedules and ormation of which prepared Treasurer	statements, and to t rer has any knowled	ge May the with the	ledge and be IRS discussory preparer tructions)?	ss this shown	return below
Paid Prep	1	Print/Type preparer		Preparer's signature		Date	Check if self-employed	PTIN		
Use		Firm's name ► Firm's address ►		· · · · · · · · · · · · · · · · · · ·			m's EIN ▶ one no			

## Schedule B

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

**Schedule of Contributors** 

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

Crowell & Moring Foundation 52-2207644 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

Name of organization

Employer identification number

**Crowell & Moring Foundation** 52-2207644 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person  $\square$ Wm. Randolph Smith and Elizabeth Hilder 1 **Payroll** 10,000.00 Noncash 3843 Livingston Street, NW (Complete Part II for noncash contributions.) Washington, DC 20015 (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 2 Ellen M. Dwyer and Thomas R. Dwyer **Payroll V** 5,114.67 Noncash 4747 Rock Spring Rd. (Complete Part II for noncash contributions.) Arlington, VA 22207-4241 (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 3 Crowell & Moring LLP Payroll Noncash 195,296.12 1001 Pennsylvania Avenue, NW (Complete Part II for noncash contributions) Washington, DC 20004-2595 (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number Crowell & Moring Foundation 52-2207644

Part, II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	e is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	American GR FD of America F1 (GFAFX) - 121 Shares		,
		\$ 5,114.67	January 30, 2014
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

**Employer identification number** Name of organization Crowell & Moring Foundation 52-2207644 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Crowell & Moring Foundation EIN 52-2207644 Form 990-PF Part I, Line 23 Other Expenses For Calendar Year 2014

## Line 23 Other Expenses:

Business License Renewal	\$ 412 50
Annual Service Fee - Brokerage	150 00
Filing Fees and Other	84.99
Total	\$ 647 49

## Crowell & Moring Foundation EIN 52-2207644 Part VIII

## List All Officers and Directors For the Calendar Year 2014

Name & Address	<u>Title</u>	Hours per Week	Compensation	Contribution	Expense
Susan Hoffman 1001 Pennsylvania Ave , NW Washington, D C 20004	President & Director	0 - 5	0	0	0
George Ruttinger 1001 Pennsylvania Ave , NW Washington, D C 20004	Secretary & Director	0 - 5	0	0	0
Kent Morrison 1001 Pennsylvania Ave , NW Washington, D C 20004	Treasurer & Director	0-5	0	0	0
Philip Inglima 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0-5	0	0	0
Jody Goodman 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0 - 5	0	0	0
Steven Allison 2 Park Plaza, 20th Floor Irvine, CA 92614	Director	0 - 5	0	0	0
Gary R Edwards 1196 Winter Hunt Road McLean, VA 22102	Diractor	0-5	0	0	0
David Laing 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0-5	0	0	0
Andy Liu 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0 - 5	0	0	0
Monica G Parham 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0 - 5	0	0	0
Luther Ziegler Episcopal Chaplain Harvard University Two Garden St Cambridge, MA 02138-3631	Director	0 - 5	0	0	0
Trina Fairley-Barlow 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0 - 5	0	0	0
Nicole Quigley 1001 Pennsylvania Ave , NW Washington, D C 20004	Director	0 - 5	0	0	0
Eden Rohrer 590 Madison Ave , 20th Floor New York, NY 10022	Director	0 - 5	0	0	0
Janine Scancarelli 275 Battery St , 23rd Floor San Francisco, CA 94111	Director	0 - 5	0	o	0

## EIN 52-2207644

# Part XV - Supplementary Information 3. Grants and Contributions Paid During the Year or Approved for Future Payment For Calendar Year 2014

Recipient Name and Address	Foundation Status of <u>Recipient</u>	Purpose of Grant or Contribution	Amount
Access Youth, Inc 3259 Prospect Street, NW Washington, DC 20007	509 (a) (1)	General Support	\$ 4,000.00
Asian American LEAD 2100 New Hampshire Ave , NW Washington, DC 20009	509 (a) (1)	General Support	7,500 00
Best Kids, Inc 515 M Street, SE, #215 Washington, DC 20003	509 (a) (1)	General Support	5,000 00
Bishop Walker School for Boys 3640 Martin Luther King, Jr Ave , SE Washington, DC 20032	509 (a) (1)	General Support	7,500.00
Capital Partners for Education 1413 K St., NW, 2nd Floor Washington, DC 20005	509 (a) (1)	General Support	10,000.00
Clarke Schools for Hearing and Speech 80 East End Avenue New York, NY 10028-8004	509 (a) (1)	General Support	2,500 00
College Tracks 4126 Manning Drive Bethesda, MD 20814	509 (a) (1)	General Support	10,000.00
Critical Exposure 1816 12th St, NW, 3rd Floor Washington, DC	509 (a) (1)	General Support	2,000.00
DC Lawyers for Youth 12290 L Street, NW, Suite 605 Washington, DC 20005	509 (a) (1)	General Support	2,000 00
DC SCORES 1224 M Street, NW, #200 Washington, DC 20005	509 (a) (1)	General Support	3,000 00
EDUSEED 901 K Street, NW, Suite 700 Washington, DC 20001	509 (a) (1)	General Support	5,000 00
Equal Justice Works 1730 M Street, NW, Suite 1010 Washington, DC 20036-4511	509 (a) (1)	General Support	56,000 00

## EIN 52-2207644

# Part XV - Supplementary Information 3. Grants and Contributions Paid During the Year or Approved for Future Payment For Calendar Year 2014

Recipient Name and Address	Foundation Status of <u>Recipient</u>	Purpose of Grant or Contribution	Amount
Free Minds Book Club & Writing Workshop 2201 P Street, NW Washington, DC 20037	509 (a) (1)	General Support	3,000 00
Fulfillment Fund 6100 Wilshire Blvd Los Angeles, CA 90048	509 (a) (1)	General Support	7,500 00
FWA of New York 215 Park Avenue South, Suite 1712 New York, NY 10003	509 (a) (1)	General Support	5,000 00
Girls for Gender Equity (GGE) 30 Third Avenue, Suite #104 Brooklyn, NY 11217	509 (a) (1)	General Support	5,000 00
Homeless Children's Playtime Project 1525 Newton St , NW Washington, DC 20010	509 (a) (1)	General Support	7,500 00
Legal Services of Northern Virginia 4080 Chain Bridge Road Fairfax, VA 22030	509 (a) (1)	General Support	3,000 00
Live It Learn It 735 8th St , SE, Suite #300 Washington, DC 20003	509 (a) (1)	General Support	5,000.00
M O M I.E 's TLC PO Box 75481 Washington, DC 20013	509 (a) (1)	General Support	5,000 00
My Friend's Place P O Box 3867 Hollywood, CA 90078	509 (a) (1)	General Support	5,000 00
Reach, Inc. 1377 North Carolins Avenue, NE Washington, DC 20002	509 (a) (1)	General Support	5,000 00
The Posse Foundation, DC 1319 F Street, MW, Suite 604 Washington, DC 20004	509 (a) (1)	General Support	12,000.00
St Luke's Church 487 Hudson Street New York, NY 10014	509 (a) (1)	General Support	5,000 00

## EIN 52-2207644

# . Part XV - Supplementary Information 3. Grants and Contributions Paid During the Year or Approved for Future Payment For Calendar Year 2014

Recipient Name and Address	Foundation Status of <u>Recipient</u>	Purpose of Grant or Contribution	Amount
St Phillips Child Development Center 2001 14th Street, SE Washington, DC 20020	509 (a) (1)	General Support	5,000.00
St Vincent's Day Home 1086 8th Street Oakland, CA 94607	509 (a) (1)	General Support	5,000.00
San Miguel School 7705 Georgia Ave , NW Washington, DC 20012-1618	509 (a) (1)	General Support	7,500 00
Silent Partners 3818 Military Road, NW Washington, DC 20015	509 (a) (1)	General Support	2,500 00
Thurgood Marshall Academy 2427 Martin Luther King, Jr Avenue, SE Washington, DC 20020	509 (a) (1)	General Support	2,500.00
Turning the Page 1010 Vermont Ave , NW, Suite 915 Washington, DC 20005	509 (a) (1)	General Support	3,000 00
Washington Jesuit Academy 900 Varnum Street, NE Washington, DC 20017	509 (a) (1)	General Support	12,000.00
Washington Lawyers' Committee 11 Dupont Circle, NW, Suite 400 Washington, DC 20036	509 (a) (1)	General Support	2,000 00
The Washington Middle School for Girls 1901 Mississippi Ave , SE Washington, DC 20020	509 (a) (1)	General Support	12,000 00
Total			\$ 237,000 00

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## **Application for Extension of Time To File an Exempt Organization Return**

► File a separate application for each return.

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

OMB No 1545-1709

• 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 of on a previously filed Form 8858.  Electronic filing (a-file). You can electronically file Form 8968 if you need a 3-month automatic extension of line to file (8 months for a corporation required for file Form 990-T) or an additional port automatic) 3-month extension of time to file (6 months for a corporation required to file Form 990-T) or an additional port of file for Part I or Part I with the exception of Form 8370, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in part format (see instructions).  Part II 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 Name of exempt organization or other filer, see instructions.  Enter time Return code for the return that this application is for ((ille a separate application number (Rilk) or Name; street, and room or autien to II a P O box, see instructions  Washington, D C 20004  Application   Section   S	• If you a	re filing for an Automatic 3-Month Extension	n, complete	only Part I and chec	k this box			▶ 🗸
Electronic filing (e-filing (e-filing). You can electronically filis Form 8868 if you need a 3-month automatic extension of time to file form 980-7) or an acidipronial foot automatic) 3-month extension of time to file from 980-7 in a neighboring foot automatic) 3-month extension of time to file from 980-7 in a neighboring form 1 or Part II with the exception of Form 8870. Information for the form 1 or Part II with the exception of Form 8870. Information for the form 1 or Part II with the exception of Form 8870. Information for Form 990-7 in a component of Form 8870 in Part II or Part II with the exception of Form 8870. Information of Form 890-7 in an extension of Form 890-8 in Part II with file a separate application for each from 990-7 in a file form 990-8 in the file form 990-8 i	• If you a	re filing for an Additional (Not Automatic) 3-	Month Exter	nsion, complete onl	ly Part II (on page 2 o	f this	form).	
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 requirest an extension of time to file my 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, you'ver file and click on or-file of Charites & Nonprofits.    Part I	Do not o	complete Part II unless you have already bee	n granted an	automatic 3-month	extension on a previo	usly f	iled Forr	m 8868.
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete part longly.  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  Type or print  Type or crowelt & Moning Foundation  Number, street, and room or suite no If a P O box, see instructions  Out Permyshama Avenue, NIW  City, town or post office, state, and ZIP code. For a foreign address, see instructions  Washington, Dc 20004  Application  Is For  Return  Code  Return  Code  Return  Code  Form 990 or Form 990-EZ  10 1 Form 990-T (corporation)  Or Form 990-BL  Form 990-BL  Form 990-BC  Form 990-BC  Form 990-BC  Form 990-BC  Form 990-T (see d'Olig) or 408(a) trust)  *The books are in the care of ** John V. Oliverio*  *Telephone No. ** 202-824-2754  *If the organization does not have an office or place of business in the United States, check this box  I I I required from the compoundation of time and Elisa or the compoundation is for the whole group, check this box  I I required from 990-T (see and Elisa of Elisa of Elisa or See and Elisa of Elisa or Holisa or H	a corpora 8868 to Return f	ation required to file Form 990-T), or an additi request an extension of time to file any of th or Transfers Associated With Certain Perso	onal (not auto e forms liste nal Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the II	an ele t For RS ir	ectronica m 8870, n paper	ally file Form , Information format (see
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.    Concept	A corpo	ration required to file Form 990-T and req	uesting an a	utomatic 6-month	extension-check thi	s bo	x and c	complete
Type or print  Type or print  Type or print  Crowell & Morring Foundation  Name of exempt organization or other filer, see instructions.  Employer identification number (EIN) or Crowell & Morring Foundation  Sc2-2207644  Number, street, and room or suite no If a P O box, see instructions  Social security number (SSN)  1001 Pennsylvaria Avenue, NW  1001 Pennsylvar	Part I on	ly						▶ 🗀
Type or print Title by the control of the filer see instructions.    Crowell & Moring Foundation   Crowell & Moring Foundation   Sez 207644	All other	corporations (including 1120-C filers), partner	ships, REMIC	Os, and trusts must i	use Form 7004 to req	uest	an exter	าsion of time
The bythe due date for fining your return Security number (SSN)    101 Pennsylvania Avenue, NW	to file inc	rome tax returns.			Enter filer's identifyin	g nun	nber, sec	e instructions
print   Crowell & Morning Foundation   Sz.2207644	Tunna	Name of exempt organization or other filer, se	e instructions.	<del></del>				
Number, street, and room or suite not if a P O box, see instructions   Social security number (SSN)   Tool Pennsylvania Avenue, NW		Crowell & Moring Foundation			52-	22076	44	
Tele your or post office, state, and ZIP code. For a foreign address, see instructions  Washington, Dc 20004  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Return Code Form 990 or Form 990-EZ  101 Form 990-T (corporation)  Form 990 or Form 990-EZ  102 Form 1041-A  103 Form 4720 (individual)  104 Form 990-T (see 401(a) or 408(a) trust)  Form 990-T (trust other than above)  105 Form 8870  106 Form 8870  117  118 Form 990-T (trust other than above)  119  120  130  141 Form 990-T (trust other than above)  151 The books are in the care of ▶ John V. Oliverio  152 The books are in the care of ▶ John V. Oliverio  152 The books are in the care of ▶ John V. Oliverio  153 The books are in the care of ▶ John V. Oliverio  164 Form 990-T (see 401(a) or 408 (a) trust)  175 The books are in the care of ▶ John V. Oliverio  176 Telephone No. ▶ 202-524-2754  177 Form 990-T (see 401(a) or 408 (a) trust)  185 Torm 990-T (trust other than above)  185 Torm 990-T (trust other than above)  196 Form 8870  197 Telephone No. ▶ 202-524-2754  197 Form 990-T (see 401(a) or 408 (a) trust)  198 Torm 990-T (trust other than above)  199 Telephone No. ▶ 202-524-2754  199 Telephone No. ▶ 202-52	•	Number, street, and room or suite no. If a P.O.	box, see instr	uctions				
thing your return See instructions    City, town or post office, state, and ZIP code. For a foreign address, see instructions					1	,		
Enter the Return code for the return that this application is for (file a separate application for each return)  Application   Return   Application   Return   Code   SFor   Code   Cod	filing your	City, town or post office, state, and ZIP code.	For a foreign a	ddress, see instruction	ns			
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Code   Return   Code   Return   S For   Code   S For   S		1	_					
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Is For	Applica	tion	Return	Application				Return
Form 990 or Form 990-EZ  Form 990-BL  O2 Form 1041-A  O8  Form 9720 (individual)  Form 990-PF  O4 Form 5227  10  Form 990-T (sec 401(a) or 408(a) trust)  Form 990-T (sec 401(a) or 408(a) trust)  Telephone No. ►  202-824-2754  Fax No. ►  202-628-5116  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If the unit in automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15  1 request an automatic 3-month (6 months for a corporation return for the organization named above The extension is for the organization's return for:  ▼ Calendar year 20 14 or  ▼			1					
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (intervidual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (see 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 ▶ John V. Oliverio  • Telephone No. ▶ 202-624-2754 Fax No. ▶ 202-628-5116 • 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 I and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15		00 or Form 990-F7	01	Form 990-T (corpo	oration)			07
Form 4720 (individual)  Form 990-PF  O4 Form 5227  10  Form 990-PF  O5 Form 6069  111  Form 990-T (trust other than above)  O6 Form 8870  12  • The books are in the care of ▶ John V. Oliverio  Telephone No. ▶ 202-624-2754  Fax No. ▶ 202-628-5116  • If the organization does not have an office or place of business in the United States, check this box				<del></del>	, and the same of			
Form 990-PF				·	than individual)			
Form 990-T (trust other than above)  O6 Form 8870  112  • The books are in the care of ▶ John V. Oliverio  Telephone No. ▶ 202-624-2754  Fax No. ▶ 202-628-5116  • If the organization does not have an office or place of business in the United States, check this box					Transfer Transfer			
The books are in the care of ▶ John V. Oliverio  Telephone No. ▶ 202-624-2754 Fax No. ▶ 202-628-5116  If the organization does not have an office or place of business in the United States, check this box								<del></del>
Telephone No. ► 202-624-2754 Fax No. ► 202-628-5116  If the organization does not have an office or place of business in the United States, check this box								
Telephone No. ► 202-624-2754 Fax No. ► 202-628-5116  If the organization does not have an office or place of business in the United States, check this box	1 0/11/ 53	100-1 (trust other trial above)		1 0111 0010				
for the whole group, check this box	Teleph	one No. > 202-624-2754	F f business in	ax No. ►	202-628-5116 heck this box			
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    August 15	for the w	hole group, check this box . 🕨 🔲 .	If it is for par	t of the group, chec	k this box	▶ [	and a	ıttach
until August 15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶	a list with	the names and EINs of all members the exte	nsion is for			_		
for the organization's return for:    Calendar year 20 14 or								
▶	ui fo	ntil August 15 , 20 15 , to file the ex	kempt organi	zation return for the	organization named a	bove	The ex	tension is
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 \$ 0.00  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 \$ 0.00  c Balance due. 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 \$ 0.00  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								
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 \$ 0.00  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 \$ 0.00  c Balance due. 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 \$ 0.00  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	_	□ tay year haginging	20	and and no			20	n
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.  3a \$ 0.00  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 \$ 0.00  c Balance due. 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 \$ 0.00  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	2 16	the tax year determined in the 1 is for less than 1	2 months ob	ock reason:	l ratura D Emal ratu		, 20	,
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits.  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.  c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3a \$ 0.00  \$ 0.00  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			2 1110111115, CI	eck reasonmini	arreturi Li Filiatretui			
nonrefundable credits See instructions.  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.  c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3a \$ 0.00  \$ 0.00  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			990-T 4720	or 6069, enter the to	entative tax less any	r	т——	
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.  c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3b \$ 0.00  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			330 1, 4720,	or coco, emer are a	omative tax, 1000 arry	20	\$	0.00
estimated tax payments made Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3b \$ 0.00  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			f 4720 or 6	3069 enter any refi	undable credits and	Ja	+	0.00
c Balance due. 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 \$ 0.00  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						34	s	0.00
EFTPS (Electronic Federal Tax Payment System). See instructions  3c \$ 0.00  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						30	<del> </del>	0.00
					in required, by using	3с	\$	0.00
			wal (direct deb	it) with this Form 8868	, see Form 8453-EO and	Form	ı 8879-E0	O for payment

Form 88	68 (Rev 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3	-Month Exter	sion, complete only	Part II and check the	s box	
	Only complete Part II if you have already been g				filed Form 88	368.
	are filing for an Automatic 3-Month Extension					<del></del>
Part	Additional (Not Automatic) 3-Month	Extension	of time. Only file t			
	Name of exempt organization or other filer, so	no instructions	<del></del>	Enter filer's identifying Employer identification		
Type o	or					or
File by th		), box, see instr	uctions	Social security number	(SSN)	
filing you return S instruction	co	For a foreign a	ddress, see instructions			
Enter t	he Return code for the return that this application	on is for (file a	separate application	for each return) .		
Appli Is Fo	cation	Return Code	Application Is For			Return Code
Form	990 or Form 990-EZ	01	是是不是是多种的	THE PARTY OF THE P	<b>对数据实际</b>	はいる。
Form	990-BL	02	Form 1041-A			_08
Form	4720 (Individual)	03	Form 4720 (other the	nan individual)		09
Form	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already					8868. 
• The t	pcoks are in the care of ▶					
	organization does not have an office or place o		No. >	ank this hav		. □
• If the	s is for a Group Return, enter the organization's	four digit Cro	un Evernation Number	or (GENI)		▶ ∐ lo io
					▶ ∏and at	
	n the names and EINs of all members the exten		t of the group, check	tilis box	- Lanuat	laciia
iist with	The names and Ends of all members the exten	31011 13 101.		<del></del>		
4	Lrequest an additional 3-month extension of til	ne until		. 20		
5	I request an additional 3-month extension of till For calendar year, or other tax year begi	nnina	, 20	, and ending		. 20 .
6	If the tax year entered in line 5 is for less than	12 months, ch	eck reason 🔲 Initia	return  Final returi	 n	. ,
	☐ Change in accounting period	·				
7						
				***************************************		
8a	If this application is for Forms 990-BL, 990-PF nonrefundable credits. See instructions	990-T, 4720,	or 6069, enter the te	ntative tax, less any	8a \$	_
h	If this application is for Forms 990-PF, 990-	T 4720 or 6	S069 enter any refu	indable credite and		
D.	estimated tax payments made Include any	orior vear ove	ernavment allowed a	is a credit and any		
	amount paid previously with Form 8868	prior your ove	rpaymont anotros s	is a croan and any	8b \$	
С	Balance due. Subtract line 8b from line 8a. Includ	e vour navmen	t with this form, if requ	ired by using FETPS	ου Φ	
	(Electronic Federal Tax Payment System). See inst				8c \$	
	Signature and Verif	ication mus	t be completed fo	r Part II only.		
	penalties of perjury, I declare that I have examined dge and belief, it is true, correct, and complete, and the				nts, and to the	e best of my
Signature	<b>₽</b> ►	Title ►		Dat	le ▶	
						3 (Rev 1-2014)