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

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

OMB No 1545-0052

Form **990-PF** Department of the Treasury Internal Revenue Service

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

| For | caler | ndar year 2014 or tax year beginning | | _ , and ending | | |
|----------------------|----------------------------------|--|------------------------------------|---------------------------|---|---|
| Name of foundation | | | | | A Employer identificatio | n number |
| 5 | P | FOUNDATION | | | 54-1967934 | 1 |
| Nu | nber a | and street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| 8 | 71 | 3 BUTTERFIELD AVENUE | | | 804-740-03 | 350 |
| | | own, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is | pending, check here |
| | | HMOND, VA 23229 | | | _ | |
| G (| Check | call that apply: Initial return | | ormer public charity | D 1. Foreign organization | s, check here |
| | | Final return | Amended return | | 2. Foreign organizations m | eeting the 85% test |
| | | Address change | Name change | | Foreign organizations m check here and attach c | omputation |
| H (| _ | type of organization: X Section 501(c)(3) ex | | | E If private foundation sta | |
| | | | Other taxable private founda | | under section 507(b)(1 |)(A), check here |
| | | arket value of all assets at end of year J Accounti | = | X Accrual | F If the foundation is in a | |
| | | Part II, col. (c), line 16) | ther (specify) | hoosa l | under section 507(b)(1 |)(B), check here |
| | ·\$ art l | | | | | |
| | ITT I | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 7,190. | | | 1 |
| | 2 | Check X if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | 1 |
| | 4 | Dividends and interest from securities | 27,529. | 27,529. | , | STATEMENT 1 |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | ļ | |
| e | 6a | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | 33,213. | | | , |
| en | b | assets on line 6a 140, 023. | | 22 212 | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 33,213. | | |
| _ | 8 | Net short-term capital gain | | | N/A | 1 |
| | 9 | Income mentications VED gross salts elso returns VED go and allowanded and allowa | | | | |
| | 10a | 10)1 | | | | |
| | | | | | | ' |
| | C 11 | Grass profitograss 7 2013 | | | | <u> </u> |
| | 12 | Total. Add lines 1 through 11 | 67,932. | 60,742. | 0. | |
| | 13 | Compensation of officers, directors, trustees, etc | 0,,552. | 00,742. | 0. | |
| | 14 | Other employee salaries and wages | | | | 1 |
| | 15 | Pension plans, employee benefits | | •• | | |
| es | l | Legal fees STMT 2 | 500. | 500. | 0. | 0. |
| ens | ı | Accounting fees STMT 3 | 3,729. | 3,729. | Ŏ, | 0. |
| Expense | ı | Other professional fees STMT 4 | 9,957. | 9,957. | | 0. |
| دو د دو د | | Interest | | | | |
| ⊒i™i™ v istrative | 18 | Taxes STMT 5 | 959. | 959. | 0. | 0. |
| ist | 19 | Depreciation and depletion | | | | |
| ٠ <u>٦</u> | 17 18 19 20 21 22 | Occupancy | | | | |
| | 21 | Travel, conferences, and meetings | | | | |
| 밀 | 22 | Printing and publications | | | | |
| کت ق | 23 | Other expenses | | | | |
| ه ت | 24 | Total operating and administrative | | | | |
| था ए हुं Operatin | | expenses. Add lines 13 through 23 | 15,145. | 15,145. | 0. | |
| ž O | 25 | Contributions, gifts, grants paid | 17,000. | | | 17,000. |
| | 26 | Total expenses and disbursements | | | | |
| | | Add lines 24 and 25 | 32,145. | 15,145. | 0. | 17,000. |
| | 27 | Subtract line 26 from line 12 ⁻ | | | | |
| | | Excess of revenue over expenses and disbursements | 35,787. | | | |
| | | Net investment income (if negative, enter -0-) | | 45,597. | | |
| | C | Adjusted net income (if negative, enter -0-) | l l | | 0. | .1 |

LHA For Paperwork Reduction Act Notice, see instructions.

| FOI | m 98 | 10-PF (2014) SP FOUNDATION | ······································ | | 196/934 Page 2 |
|-----------------------------|------|--|---|----------------------|-----------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value | (b) Book Value | (c) Fair Market Value |
| _ | | Cook and returned because | | 56,470. | |
| | | Cash - non-interest-bearing | 70,993. 18,426. | 7,855. | |
| | 1 | Savings and temporary cash investments | 10,420. | 1,000. | 1,035. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | Ma | |
| | | Less; allowance for doubtful accounts ▶ | | | |
| ş | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ĕ | 10a | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | 1 | Investments - corporate bonds | | | |
| | | Investments - land, buildings, and equipment basis | | | |
| | '' | Less accumulated depreciation | Personne de l'est autrementation de la la | make randomira mitan | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 6 | 930,447. | 977,788. | 1,120,510. |
| | 14 | Land, buildings, and equipment: basis | 3307117 | 311,1000 | 1/120/3100 |
| | '" | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 15 | | | | |
| | 10 | Total assets (to be completed by all filers - see the | 1,019,866. | 1,042,113. | 1,184,835. |
| | 1-7 | Instructions. Also, see page 1, item I) | 1,019,000. | 1,042,113. | 1,104,033. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | 1 |
| ies | 19 | Deferred revenue | | | 1 |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>.</u> | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | ŗ |
| | 1 | | | • | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | 1 |
| | | Foundations that follow SFAS 117, check here | | | r |
| u | | and complete lines 24 through 26 and lines 30 and 31 | | | |
| ĕ | 24 | Unrestricted | | | i. |
| Net Assets or Fund Balances | 25 | Temporarily restricted | | | |
| <u>~</u> | 26 | Permanently restricted | | | , |
| Ę | | Foundations that do not follow SFAS 117, check here | | | |
| 뜨 | | and complete lines 27 through 31. | | | |
| S | 27 | Capital stock, trust principal, or current funds | 338,167. | <u>338,167.</u> | |
| se | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| ¥ | 29 | Retained earnings, accumulated income, endowment, or other funds | 681,699. | 703,946. | |
| š | 30 | Total net assets or fund balances | 1,019,866. | 1,042,113. | |
| _ | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 1,019,866. | 1,042,113. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| • | | st agree with end-of-year figure reported on prior year's return) | | 1 | 1,019,866. |
| 2 | | r amount from Part I, line 27a | | 2 | 35,787. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 1,055,653. |
| | | eases not included in line 2 (itemize) OTHER DECREASE | S | 5 | 13,540. |
| • | | OTHER DECKEDED | - | | <u> </u> |

423511 11-24-14

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

| F | | and Lo | sses for Tax on In | vestmen | t Income | | | | 54 150 | 1) Jago v |
|------------|---|--------------|--|------------------|--------------------------------------|--------------|--|------------------|--|----------------------------------|
| | | | nd(s) of property sold (e.g. or common stock, 200 shs | | | (b) | low acquired - Purchase - Donation | (c) Dat (mo., | e acquired day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | NORTHWESTERN M | UTUAI | | | | - | P | | | |
| _ | NORTHWESTERN M | | | | | | P | | | |
| _ | NORTHWESTERN M | | | | · | ļ | P | | | |
| | CAPITAL GAINS | DIVII | DENDS | | | _ | | | | |
| _e | | (6) [| Name and the state of the state | (-) O- | -AAb b | <u> </u> | | 41.5 | 0 | |
| | (e) Gross sales price | (1) | Pepreciation allowed (or allowable) | | st or other basis expense of sale | | | | Gain or (loss) us (f) minus (| |
| _ a | 43,700. | | | · | 52,57 | 9. | | | | -8,879. |
| b | | | | | 8,14 | | | | | -208. |
| | 54,810. | · | | | 54,08 | | | | | 724. |
| d | 41,576. | ! | | | | | | | | 41,576. |
| _e | | | | | 10.001.00 | | | | <u>-</u> | |
| _ | Complete only for assets shown (i) F.M.V. as of 12/31/69 | (| j) Adjusted basis as of 12/31/69 | (k) E> | cess of col. (1) | | CC | ol. (k), but | (Col. (h) gain t not less thar s (from col. (l | 1 -0-) or |
| a | | | | | | - | | | | -8,879. |
| b | | | | | | | • | | | -208. |
| | | | | | | | | | - | 724. |
| _d | | | | | | | | | | 41,576. |
| _ <u>e</u> | | | | | | _ | | | | |
| 2 | Capital gain net income or (net ca | pıtal loss) | $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $ | | | } | 2 | | | 33,213. |
| 3 | Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | | | d (6): | | } | , | | | -8,879. |
| F | | nder S | ection 4940(e) for | Reduced | Tax on Net | Inv | estment in | come | | 07075. |
| (Fo | or optional use by domestic private | foundatio | ons subject to the section 4 | 940(a) tax on | net investment in | come | .) | | | • |
| If s | section 4940(d)(2) applies, leave th | nis part bla | ınk. | | | | | | | |
| Wa | as the foundation liable for the sect | tion 4942 t | tax on the distributable ami | ount of any ve | ear in the base per | rod? | | | | Yes X No |
| If " | Yes," the foundation does not qual | ıfy under s | section 4940(e). Do not cor | mplete this pa | irt. | | | | | |
| 1 | Enter the appropriate amount in e | each colun | nn for each year; see the in | structions be | fore making any ei | ntries. | | | | |
| | (a) Base period years | | (b) | | Nak oaloa af a a | (c) | | _ | Distrib | (d) ution ratio |
| | Calendar year (or tax year beginnir | ng in) | Adjusted qualifying distr | | Net value of not | | itable-use asset | | (col. (b) divi | ded by col. (c)) |
| _ | 2013 2012 | | | 3,490. 0,000. | - | | , <u>221 , 46</u> ; | | | .469512 |
| _ | 2012 | | | 1,926. | | | ,528,778 ,099,778 | | | .006541 |
| _ | 2010 | | | 5,991. | | | 834,13 | | | .031159 |
| | 2009 | | | 6,780. | | | 720,48 | | | .134326 |
| | | | | | | | | | | |
| 2 | Total of line 1, column (d) | | | | | | | 2 | | .670567 |
| 3 | Average distribution ratio for the 5 | 5-year bas | e period - divide the total o | n line 2 by 5, | or by the number | of yea | ars | | | |
| | the foundation has been in exister | nce if less | than 5 years | | | | | 3 | | .134113 |
| 4 | Enter the net value of noncharitab | le-use ass | ets for 2014 from Part X, Ii | ine 5 | | | | 4 | | 1,165,751. |
| 5 | Multiply line 4 by line 3 | | | | | | | 5_ | | 156,342. |
| 6 | Enter 1% of net investment incom | ne (1% of F | Part I, line 27b) | | | | | 6 | | 456. |
| 7 | Add lines 5 and 6 | | | | | | | 7 | | 156,798. |
| 8 | Enter qualifying distributions from | Part XII, i | line 4 | | | | | 8 | | 17,000. |
| | If line 8 is equal to or greater than See the Part VI instructions. | line 7, che | eck the box in Part VI, line | 1b, and comp | lete that part using | g a 1% | 6 tax rate. | | | |

| | 990-PF (2014) 5P FOUNDATION 54 - rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | -196 - see | 7934 instrւ | ıctio | Page 4 ns) |
|----|--|----------------------|----------------|-------------|---------------|
| 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 | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | | 9 | <u>12.</u> |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | ↓ | | | 0. |
| | Add lines 1 and 2 | <u> </u> | | 9 | <u>12.</u> |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | ₩ | | | <u>0.</u> |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 9 | <u> 12.</u> |
| | Credits/Payments: | | | | , |
| | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | 1 |
| | Tax paid with application for extension of time to file (Form 8868) 6c 1,250. | | | | 1 |
| | Backup withholding erroneously withheld Table 1 and 1 | | | 1 0 | |
| | Total credits and payments. Add lines 6a through 6d | | | 1,2 | <u>50.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | | <u>11.</u> |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | <u> </u> |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | _ | | 3 | <u>27.</u> |
| | Enter the amount of line 10 to be: Credited to 2015 estimated tax ► 327. Refunded ► 11 rt VII-A Statements Regarding Activities | | | | 0. |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | 27 C | Yes | No |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | | 1b | | _X_ |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities. | | | ~ | |
| C | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | 1 |
| | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O . | | 15 25 | 7,2 | 'n'n |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | 1,000 | 717 | Michigan M |
| | managers. ► \$ 0 . | | | | , 1 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | ` | ' |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | | I/A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | | |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | , |
| | By language in the governing instrument, or | | | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | 1 - | | |
| | remain in the governing instrument? | | 6 | <u>X</u> | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | 7 | Х | |
| | Catality at the first the forest and the first | | | | |
| ва | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | VA | | | | |
| | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | 8b | <u>X</u> | |
| | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | v |
| | year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | X |
| ΙU | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | |

| orm | 990-PF (2014) 5P FOUNDATION 54-196 | 7934 | | Page 5 |
|-----|--|-----------|--|----------------|
| Pa | art VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(18)? If "Yes," attach schedule (see instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | | <u>X</u> |
| | Website address NONE | | | |
| 14 | The books are in care of ► KAMINI PAHUJA Telephone no. ► 804 – 7 | 40-03 | <u>350</u> | |
| | Located at ▶8713 BUTTERFIELD AVENUE, RICHMOND, VA ZIP+4 ▶2 | 3229 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | > | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N/ | /A | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, | . [| Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the | S. 35.33 | Signal Si | - |
| | foreign country | 13 | | i |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 发,经 | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | - 77. | , | , j |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 79 | | F |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 4 (| 3. z | |
| | a disqualified person? | 4.7 | 6 | 7) 1 15m2 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | 1 | F |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 77.77 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 322 | \$ 3 | |
| | for the benefit or use of a disqualified person)? | 4.75 | eri. | 3. |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | و معرف ود | | 4 1 |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | 700 | (1) . (1) | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | 1.1 |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 3.45 | 3 | εj'. |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | 8 | 1 |
| | before the first day of the tax year beginning in 2014? | 10 | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | . G. " | | ٠, |
| | defined in section 4942(j)(3) or 4942(j)(5)): | 4 | | , |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1 7 | ., . | |
| | before 2014? | | | |
| | If "Yes," list the years >,,, | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | • |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | 1. | |
| | statement - see instructions.) N/A | 2b | | • |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A | 3ь | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| • | had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 46 | | х |

| Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position PRESIDENT 3.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | orm 990-PF (2014) | | | <u>54-19679</u> | 934 Pa | ige 6 |
|--|--|-------------------------------|------------------|--|--|------------------|
| (1) Carry on proaganata, or otherwise altering to influence legislation (section 4945(s)? (2) Influence the outcome of any specific public election (see section 4955(s) to Carry or, directly or indirectly, any yeter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Previous 20 August 20 | Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (contin | ued) | | |
| (1) Carry on proaganata, or otherwise altering to influence legislation (section 4945(s)? (2) Influence the outcome of any specific public election (see section 4955(s) to Carry or, directly or indirectly, any yeter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Previous 20 August 20 | 5a During the year did the foundation pay or incur any amount to: | | | | | |
| 2) Influence the outcame of any spendic public election (see section 4955); or to carry or, directly or indirectly, any yoter registration drive? | | 1 4945(e))? | ☐ Ye | s X No | | , |
| any yoter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, scending, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide to ray purpose other than religious, charitable, scending, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide a ray purpose other than religious, charitable, scending, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide or ray purpose other than religious, charitable, scending, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide or ray purpose other than religious, charitable, scending, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Mare and set of the grant? (7) Yes No No No No No No No N | ••• | | | | | ; |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 494(6)(4)(A)(7) (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to different or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to different or animals? (7) Provide I are any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to different organizations and to quality under the exceptions described in Regulations section \$3.4945 or in a unrent notice regarding disaster assistance (see instructions)? (8) Provide a grant to an organization of the transactions that to quality under the exceptions described in Regulations section \$1.400 organizations (see instructions)? (9) Provide to \$1.400 organization of the transaction and activities of the provided in the control of the provided in the second of the s | • | | | s X No | | |
| (4) Pronds a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) (5) Provide to any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crulely to children or animals? It any arrivers it ves 16 (3)(1-4)(a daily of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A | • |) | | | | |
| 445(d)(4)/A)? (see unstructions) (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b if any answer is "Yes" to \$(1)\times (3), did any of the transactions fail to quality under the exceptions described in Regulations section \$3.496 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "ves" to question \$3(4), does the foundation clear exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by Regulations section \$3.4945-5(d). If "Yes," attach the statement required by | • | | I (| 15 22 110 | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? It is prevention of cruelty to children or animals? It is prevention of cruelty to children or animals? It is prevention of cruelty to children or animals? It is answer is 'Yes' to say 11-16, did any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A | • | i described ili section | | . VI | | 1 |
| the prevention of cruelty to children or animals? If any answer is "ves" to 56, 1)+(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding deaster assistance (see instructions)? Organizations relying on a current notice regarding deaster assistance check here If the answer is "ves" to question 53,61), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53,4945-5(o). If "Yes," attach the statement required by Regulations section 53,4945-5(o), pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53,4945-5(o). If "Yes, attach the statement required by Regulations section of individual contracts? If "Yes a the foundation are one and proceeds on the sea may net income attributable to the transaction? If "Yes a the foundation recover any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) If the, and average hours per week devoted to position (c) Compensation (If not paid, enter-0-) (if not paid, ente | , | 1 - 1 - 1 | | NO LAJ 8 | , k | - |
| b If any answer is "Yes" to 5a (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a currient notice regarding disaster assistance (see instructions)? Organizations relying on a currient notice regarding disaster assistance check here of If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Organizations responsibility for the grant required by Regulations section 53 4945-5(d). Organizations responsibility for the grant responsibility or indirectly, to pay premiums on a personal benefit contract? Organizations responsibility for the grant responsibility or indirectly, to pay premiums on a personal benefit contract? Organizations responsibility for the grant responsibility organization responsibility organization responsibility for the grant respo | ** | or educational purposes, or i | | [1] | | 1 |
| section 53.4945 or in a current notice regarding disaster assistance (see instructionis)? Origanizations relying on a current notice regarding disaster assistance check here or if the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "attach the statement required by Regulations section 53 4945-5(d). 8a Did the foundation, during the year, esceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes's to 6b, file Form 8870? 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes's to 6b, file Form 8870? 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (b) Tale, and average hours per week devoted (a) Name and address (c) Compensation (d) Compensation (e) Compensation (e) Compensation (find paid, extraction) (a) Name and address of each employee pad more than \$50,000 (b) Tale, and average hours per week devoted (b) Tale, and average hours per week devoted (c) Compensation (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Expense that the statement of the position of the highest-paid employee pad more than \$50,000 (d) Compensation of five highest-paid employee pad more than \$50,000 (e) Compensation (d) Compensation (e) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Compensation (g) Compensa | , | | • | s La No | | |
| Organizations relying on a current notice regarding disaster assistance check here If the answer is "Set to question \$34/4, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). By Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d). By Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," at the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," at the foundation party to a prohibited tax sheller transaction? The part Vill "Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours provided entire 1-0-1 (first paid) entire 1-0-1 (| | | in Regulations | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No No If "Yes," after the statement required by Regulations section 53 4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? But the foundation, during the year, pay premiums, directly or indirectly, no a personal benefit contract? If "Yes" to 6b, the Form 8870 A lamp time form gets tax year, was the foundation a party to a prohibited tax sheller transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fin of paid, enter -0-) CAMINI PAHUJA PRESIDENT 3.00 0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Expense account, other allowances (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense account, other allowances NONE | section 53.4945 or in a current notice regarding disaster assistance (see instru | ctions)? | | N/A | 5b | |
| expendure responsibility for the grant? If Yes, "attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes (To 6b, the Form 8870) 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (b) Tale, and average holds by a week the violet of position (c) Compensation ((f) act paid and each officers) of the foundation received and average and their compensation. (a) Name and address (b) Tale, and average holds by a week the violet of position (c) Compensation ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each officers ((f) act paid and each officers) of the paid and each offic | Organizations relying on a current notice regarding disaster assistance check h | ere | | | . B. A | į |
| ## "Yes," attach the statement required by Regulations section 53 4945-5(d). \$ Did the foundation, during the year, review any funds, directly or indirectly, to pay premiums on a personal benefit contract? ## "Yes" to 60, file Form 8870 ## Yes | c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it mainta | ıned | | | |
| So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a A lany time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7a A lany time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7b It "Yes It the foundation receive amy proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average (b) Title, and average (c) Expense (file to paid, enter-0-1) (a) Name and address (b) Title, and average (b) Title, and average (file to paid, enter-0-1) (c) Compensation (file to paid, enter-0-1) (d) Combensation (d) Combensation (d) Combensation (file to paid, enter-0-1) (e) Expense (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Combensation (d) Com | expenditure responsibility for the grant? | N | Γ/A | es L No | ' | ' |
| a personal benefit contract? Yes No 66 X | If "Yes," attach the statement required by Regulations section 53 4945 | 5-5(d). | | | $= \left \frac{f_{q_{s}}^{*}}{g_{s}^{*}} \right $: | , |
| a personal benefit contract? Yes X No No No No No No No | 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | 1 , 1 | ٠ - ١ |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 8b, file Form 8870 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If It "Yes" to 8b, file Form 8870 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If It yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensations (a) Name and address (b) It and a verage hours per week devoted to position PRESIDENT PRESIDENT 3.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | a personal benefit contract? | | Ye | s X No | 3/1 | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N | b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | \mathbf{X}_{-} |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N | If "Yes" to 6b, file Form 8870 | | | | 1. | 1 |
| Part VIII | 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | s X No | | |
| Part VIII | | | | N/A | 7b | |
| List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tille, and average hours per week devoted position (c) Compensation (ff not paid, enter -0-) (d) Compensation (ff not paid, enter -0-) (enter -0-) (ff not paid, enter -0-) (a) Name and address (b) Tille, and average hours per week devoted enter -0-) (compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (c) Compensation (d) Combandation employees (d) Compensation (e) Expense account, other actions per week devoted to position (d) Compensation employee teach plain account, other allowances account, other accounts account the account allowances account. | Part VIII Information About Officers, Directors, Trusto | | nagers, Highly | | | |
| (a) Name and address (b) Title, and average hours per week devoted (c) Compensation (If not paid, enter 0.) (c) Compensation (If not paid, enter 0.) (d) Compensation (If not paid, enter 0.) (e) Expense declinations and deterring compensation (If not paid, enter 0.) (a) RAMINI PAHUJA PRESIDENT 3.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | Paid Employees, and Contractors | • | | | | |
| (a) Name and address hours per week devoted to position fif not paid, enter -0-) enter -0- | List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| (a) Name and address of each employee paid more than \$50,000 (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensat | | (b) Title, and average | | (d) Contributions to employee benefit plans | (e) Exper | nșe |
| AMINI PAHUJA 3713 BUTTERFIELD AVENUE 3.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | (a) Name and address | | | and deferred compensation | l accounts c | es |
| 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (a) Compensation (b) Title, and average hours per week devoted to position (c) Compensation (d) Continuous to enter deferred account, other allowances. | KAMINI PAHUJA | | | • | | |
| 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Contributions to employee the time provided the position of the provided to position of the | | | | : | | |
| P. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to enipoyee benefit plans account, other allowances | | 3.00 | 0. | 0. | | 0. |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | 12011101107 111 80889 | | | <u> </u> | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | ******** | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | 1 | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | | | 1 | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detarge compensation (e) Expense account, other allowances | Compensation of five highest-naid employees (other than those inc | luded on line 1) If none | enter "NONE." | <u> </u> | 1 | |
| NONE | | (b) Title, and average | THE TOTAL | (d) Contributions to | (e) Expe | nse |
| NONE | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | account, c | ther |
| | 2027 | devoted to position | | compensation | allowand | es |
| Total number of other employees paid over \$50,000 ▶ 0 | NONE | | | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | 1 | |
| Total number of other employees paid over \$50,000 ▶ 0 | _ + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | - | | 1 | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | 4. | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | ļ | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | , | <u> </u> | |
| | otal number of other employees paid over \$50,000 | | | > | | 0 |

| Form 990-PF (2014) 5P FOUNDATION | 54-1 | 1967934 Page 7 |
|--|---------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NON | E." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | • | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e | | Expenses |
| 1 N/A | | |
| 1 | | |
| · · · · · · · · · · · · · · · · · · · | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
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| | | |
| 4 | | |
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| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| | <u></u> | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | | Form 990-PF (2014) |

e Reduction claimed for blockage or other factors reported on lines 1a and

a Average monthly fair market value of securities

Acquisition indebtedness applicable to line 1 assets

Minimum investment return. Enter 5% of line 5

Minimum investment return from Part X, line 6

2a Tax on investment income for 2014 from Part VI, line 5

b Average of monthly cash balances

c Fair market value of all other assets

1c (attach detailed explanation)

d Total (add lines 1a, b, and c)

Subtract line 2 from line 1d

c Add lines 2a and 2b

Add lines 3 and 4

5

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:

Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4

foreign organizations check here
and do not complete this part.)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

Part X

Part XII Qualifying Distributions (see instructions)

Recoveries of amounts treated as qualifying distributions

Deduction from distributable amount (see instructions)

4940(e) reduction of tax in those years.

Income tax for 2014. (This does not include the tax from Part VI.)

Distributable amount before adjustments. Subtract line 2c from line 1

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 17,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3ь 17,000. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

1e

Part XIII Undistributed Income (see instructions)

| • | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|---|---------------|----------------------------|-------------------------------------|--|
| 1 Distributable amount for 2014 from Part XI, | | | | |
| line 7 | | | | 57,376. |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | 0. | |
| b Total for prior years: | | | | |
| | | _0. | | |
| 3 Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 26,820. | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 | | | | ' |
| e From 2013 430,898. | | | | |
| f Total of lines 3a through e | 457,718. | | · · · · · · · · · · · · · · · · · · | ······································ |
| 4 Qualifying distributions for 2014 from | | | | |
| Part XII, line 4: \triangleright \$ 17,000. | | | | |
| a Applied to 2013, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2014 distributable amount | | | | 17,000. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | 40,376. | | , | 40,376. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 417,342. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2013. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2014. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2009 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2015. | | | | |
| Subtract lines 7 and 8 from line 6a | 417,342. | | | |
| 10 Analysis of line 9 | 31,1J32. | | | |
| a Excess from 2010 | | | | |
| b Excess from 2011 | | | | |
| c Excess from 2012 | | | | |
| d Excess from 2013 417, 342. | | | | |
| e Excess from 2014 | | | | |
| <u>e EXCESS II OIII 2014</u> | | | | Form 900 PE (0014) |

| orm 990-PF (2014) 5P FOUN | | | | <u>54-19</u> | 67934 Page 10 |
|---|-----------------------------|-----------------------------|-----------------------------|------------------------------|---------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2014, enter the date of | the ruling | ▶ L | - | |
| b Check box to indicate whether the found | dation is a private operati | ng foundation described | in section | 4942(j)(3) or 4942(j) | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| investment return from Part X for | | | - | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| • | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed | | | | | |
| c "Support" alternative test - enter: | · | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | } |
| (4) Gross investment income | | | 1 | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | n had \$5,000 or m | ore in assets |
| at any time during t | he year-see inst | ructions.) | | | |
| 1 Information Regarding Foundation | n Managers: | • | | | |
| a List any managers of the foundation wh | o have contributed more | than 2% of the total con | tributions received by th | e foundation before the clo | se of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See s | section 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation wh | | | (or an equally large port | ion of the ownership of a p | artnership or |
| other entity) of which the foundation has | s a 10% or greater intere | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here 🕨 🗶 if the foundation of | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to indi | viduals or organizations i | under other conditions, o | complete items 2a, b, c, and | d d. |
| a The name, address, and telephone num | ber or e-mail address of | the person to whom app | lications should be addre | essed: | |
| | | | | | |
| h. The form is which applications should be | a cub mitted and informa | tion and materials that a | havid malvidae | *** | |
| b The form in which applications should b | e suomitteo ano imorma | uron and materials triey s | nould include. | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields | , kınds of ınstitutions, or | other factors: | |
| | | | | | |
| | | | | | |

| Part XV Supplementary Information | (continued) | | | |
|--|--|----------------------|----------------------------------|-----------------|
| 3 Grants and Contributions Paid During the Y | | Payment | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| JOHN TYLER COMMUNITY COLLEGE | NONE | 501(C)3 | SCHOLARSHIP | |
| 13101 JEFFERSON DAVIS HWY | | | | |
| CHESTER, VA 23831 | | | | 1,000. |
| BRYANT & STRATTON COLLEGE 8141 HULL STREET RD | NONE | 501(C)3 | SCHOLARSHIP | |
| RICHMOND, VA 23235 | | | | 500, |
| FAITH EVANGELICAL PRESBYTERIAN CHURCH | NONE | 501(C)3 | GENERAL SUPPORT | |
| | | | | 2,500. |
| LAMAR UNIVERSITY P.O. BOX 10003 | NONE | 501(c)3 | SCHOLARSHIP | |
| BEAUMONT, TX 77710 | | | | 500. |
| MCNEESE STATE UNIVERSITY 4205 RYAN ST | NONE | 501(C)3 | SCHOLARSHIP | |
| Total SEE CON | TINUATION SHEE | | ▶ 3a | 1 000. |
| b Approved for future payment | TINOMITOR BIEL | | 54 | 17,000. |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0. |
| | | | | m 990-PF (2014) |

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|-------------|------------------|-------------------|
|------------|-------------|------------------|-------------------|

| | Unrelated | business income | Evaluated | hu nostron 510, 510, or 514 | |
|---|-------------------|---------------------------------------|--|------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Amount | |
| a | ļ | | | | |
| b | | | | | |
| C | | | | | · |
| d | | | | | |
| e | | | <u> </u> | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 27,529. | |
| 5 Net rental income or (loss) from real estate: | | 1 1 1 1 1 1 1 1 | 強導海 | (据位指1、4000) | |
| a Debt-financed property | | · | | | · |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | 1 [| | |
| 7 Other investment income | 1 | • | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| | | | 18 | 33,213. | |
| than inventory | | | 1 9 | 33,213. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | - | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | <u> </u> | 2 60 | 60,742. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 60,742. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities t | o the Accor | nplishment of Ex | empt F | Purposes | |
| Line No Explain below how each activity for which inco | me is reported in | column (e) of Part XVI-A | contribute | ed importantly to the accomp | lishment of |
| the foundation's exempt purposes (other than | by providing fund | ds for such purposes). | | | |
| N/A | | | | | |
| | | | | | |
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| Form 990-PF | | ONDATION | | | | | 96/934 | Page 13 |
|---|-------------------------------|------------------------|----------------------|--|-----------------------|---------------------------|--|-----------------------|
| Part XVII | | | nsfers To a | and Transactions a | and Relations | hips With Non | charitable | |
| 1 Did the c | | | of the following | in with any other organization | on described in secti | on 501(c) of | Ye | s No |
| Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | |
| | • | | | | neutro no | | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash | | | | | | | 12/11 | l v |
| | | | | | | | 1a(1) 1a(2) | $\frac{X}{X}$ |
| (2) Other assets b Other transactions: | | | | | | | | + |
| | | L1 | -4 | | | | ابنيا | ٠, |
| | s of assets to a noncharital | | | | | | 1b(1) | A |
| | chases of assets from a noi | | organization | | | | 1b(2) | + X - |
| • • | tal of facilities, equipment, | or other assets | | | | | 1b(3) | $\frac{X}{2}$ |
| • • | nbursement arrangements | | | | | | 1b(4) | - X - |
| • • | ns or loan guarantees | | | | | | 1b(5) 1b(6) | - X |
| (6) Performance of services or membership or fundraising solicitationsc Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | | | | | | X X X X X |
| | | | | | | | 1c | |
| or servic | es given by the reporting fo | oundation. If the fo | undation receiv | edule. Column (b) should alv ed less than fair market valu | - | - | | |
| (a) Line no | (b) Amount involved | | | e exempt organization | (d) Description | of transfers, transaction | s, and sharing arrange | ements |
| | | | N/A | | | | | |
| | | | | · | | | | |
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| | | | | | | - | | |
| ın sectioi | n 501(c) of the Code (other | than section 501(| | or more tax-exempt organi tion 527? | zations described | | Yes [| X No |
| b If "Yes," complete the following schedule. (a) Name of organization (b) Type of or | | | | | | (c) Description of rela | ationship | |
| N/A | | | | | | · · · | · | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| Sign Here | | | oreparer (other than | ig accompanying schedules and in taxpayer) is based on all information of the school o | | has any knowledge | May the IRS discureturn with the preshown below (see | parer |
| | Print/Type preparer's na | me / | Preparer's s | ignature 2 | Date | Check if | PTIN | |
| | CHARLOTTE | Δ NN \bigcirc | MIN | Λ , $U_{\alpha} \sim 1$ | 8/6/15 | self- employed | | |
| Paid | RAMAGE | | Work | /mi NV /) | 010/15 | | P0036890 | 7 |
| Preparer | Firm's name ► KEI | TER, STEPI | HENS, HU | RST, GARY & S | HREAVES, F | Firm's EIN ► 54 | | |
| Use Only | ' L | | | <u> </u> | | | | |
| | Firm's address ▶ P . | O. BOX 3 | 2066 | | | | | |
| | 1 | CHMOND, Y | | 4-2066 | | Phone no. (80 | 4)747-00 | 00 |
| | | | | | | | Form 990-P | |

| Nome and address (home as husiness) any foundation manager state | Purpose of grant or contribution GENERAL SUPPORT SCHOLARSHIP GENERAL SUPPORT | Amount 50 |
|--|---|-----------|
| CCU MASSEY CANCER CENTER OCCUMASSEY CANCER CENTER | GENERAL SUPPORT SCHOLARSHIP | 50 |
| CU MASSEY CANCER CENTER OCULEGE STREET NONE 501(C)3 501(C)3 | SCHOLARSHIP | |
| RICHMOND, VA 23228 PEXAS A&M UNIVERSITY NONE SOLLEGE STATION, TX 77843 PCU MASSEY CANCER CENTER SOLLEGE STREET NONE 501(C)3 | SCHOLARSHIP | |
| PEXAS A&M UNIVERSITY NONE 501(C)3 101 JOE ROUTT BLVD 101 LOLLEGE STATION, TX 77843 101 COLLEGE STREET NONE 501(C)3 | | |
| OOLLEGE STATION, TX 77843 COUNTY MASSEY CANCER CENTER NONE 501(C)3 | | 1,00 |
| COLLEGE STATION, TX 77843 COUMASSEY CANCER CENTER NONE 501(C)3 | | 1,00 |
| COLLEGE STATION, TX 77843 //CU MASSEY CANCER CENTER NONE 501(C)3 | GENERAL SUPPORT | 1,00 |
| 101 COLLEGE STREET | GENERAL SUPPORT | |
| 01 COLLEGE STREET | GENERAL SUPPORT | |
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| FORM 990-PF | DIVIDENDS | AND INTER | EST FROM SECUF | RITIES ST | PATEMENT 1 |
|------------------------|-----------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| NORTHWESTERN MUTUAL | 69,105. | 41,57 | 6. 27,529. | 27,529. | 0. |
| TO PART I, LINE 4 | 69,105 | 41,57 | 6. 27,529. | 27,529. | 0. |
| FORM 990-PF | | LEGAL | FEES | Sī | PATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LEGAL FEES | | 500. | 500. | 0. | 0. |
| TO FM 990-PF, PG 1, | 500. | 500. | 0. | 0. | |
| FORM 990-PF | | ACCOUNTI | NG FEES | Si | PATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | | 3,729. | 3,729. | 0. | 0. |
| TO FORM 990-PF, PG | 1, LN 16B | 3,729. | 3,729. | 0. | 0. |
| FORM 990-PF | 07 | THER PROFES | SIONAL FEES | Si | PATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT ADVISORY | FEES - | 9,957. | 9,957. | 0. | 0. |
| TO FORM 990-PF, PG | 1, LN 16C | 9,957. | 9,957. | 0. | 0. |
| | | | | | |

| FORM 990-PF | TAXES | | | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|------------------------------|----------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | | |
| FOREIGN TAXES STATE REGISTRATION FEE FEDERAL TAXES - 2013 | 474. 25. 460. | 25 | • | 0. 0. 0. 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 959. | 959 | • | 0. 0. | | |
| FORM 990-PF | OTHER INV | ESTMENTS | | STATEMENT 6 | | |
| DESCRIPTION | | LUATION ETHOD BO | OOK VALUE | FAIR MARKET VALUE | | |
| INVESTMENT - NORTHWESTERN | | COST | 977,788. | 1,120,510. | | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 13 | | 977,788. | 1,120,510. | | |

Mailed certified by TRC on 7/15/15

| Form 8868 (Rev. 1-2014) | | B. H. and the state of the | | | Page 2 | | | | |
|--|--|---|-------------|---|----------------|--|--|--|--|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | | • | | | لما < | | | | |
| Note. Only complete Part II if you have already been granted an a | | · · | llea Form | 8868. | | | | | |
| • If you are filing for an Automatic 3-Month Extension, complete Part II Additional (Not Automatic) 3-Month E | | | al (no c | onies needed) | | | | | |
| Falt ii Additional (Not Automatic) 5-Month E | Aterisio | | | ng number, see is | | | | | |
| Time or Name of example examplesting or other files are instru | etione | Eliter mer 2 | | r identification nur | | | | | |
| Type or Name of exempt organization or other filer, see instru | CUOIS. | | Litipioye | i identinoation nui | TIDE! (LIN) OI | | | | |
| print File by the 5P FOUNDATION | 54-19679 | 34 | | | | | | | |
| due date for Number, street, and room or suite no. If a P O. box, s | ee instruc | tions | Social se | ecurity number (SS | | | | | |
| return See 8713 BUTTERFIELD AVENUE | | | | | | | | | |
| City, town or post office, state, and ZIP code. For a for RICHMOND, VA 23229 | oreign add | ress, see instructions. | | | | | | | |
| RICHMOND, VA 23223 | | | | | | | | | |
| Enter the Return code for the return that this application is for (file | a senara | te application for each return) | | | 0 4 | | | | |
| Litter the rictary code for the retary that this application is for the | o a sopara | to application for each receive | | • | تاتا | | | | |
| Application | Return | Application | - | | Return | | | | |
| Is For | Code | Is For | | | Code | | | | |
| Form 990 or Form 990-EZ | 01 | | | | 1 | | | | |
| Form 990-BL | 02 | Form 1041-A | <u> </u> | | 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 | | | | | | | |
| Form 990-T (trust other than above) | | | 12 | | | | | | |
| STOP! Do not complete Part II if you were not already granted | an auton | natic 3-month extension on a prev | iously file | ed Form 8868. | | | | | |
| KAMINI PAHUJA | | | | | | | | | |
| • The books are in the care of 8713 BUTTERFIEI | D AV | ENUE - RICHMOND, V | A 232 | 29 | | | | | |
| Telephone No. ► 804-740-0350 | | Fax No. | | | | | | | |
| If the organization does not have an office or place of business | | | | | ٠ ــــا | | | | |
| If this is for a Group Return, enter the organization's four digit (| | | | | | | | | |
| box . If it is for part of the group, check this box . | | ch a list with the names and EINs of BER 15, 2015. | all memo | ers the extension | is for. | | | | |
| I request an additional 3-month extension of time until For calendar year 2014, or other tax year beginning | 10 A PIVI | , and ending | - | | | | | | |
| 6 If the tax year entered in line 5 is for less than 12 months, cl | hack roos | | Final r | return | ' | | | | |
| Change in accounting period | HECK TEAS | | | Clairi | | | | | |
| 7 State in detail why you need the extension | | | | | | | | | |
| ADDITIONAL TIME IS REQUIRED IN | ADDITIONAL TIME IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE | | | | | | | | |
| RETURN. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | · | | , | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, | enter the tentative tax, less any | ı | | 1 250 | | | | |
| nonrefundable credits. See instructions. | | | - 8a | \$ | 1,250. | | | | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, | | | | | | | | | |
| tax payments made. Include any prior year overpayment alle | owed as a | credit and any amount paid | - | | 1,250. | | | | |
| previously with Form 8868. | | Alla farma of an arrival day and an arrival day | 8b | \$ | 1,230. | | | | |
| Balance due. Subtract line 8b from line 8a. Include your pay EFTPS (Ejectronic Federal Tax Payment System), See instru | • | n this form, it required, by using | 8c | s | 0. | | | | |
| | | t be completed for Part II o | | <u> </u> | | | | | |
| Under penalties of perjury, I declare that I have examined this form, including | | | | f my knowledge and | belief. | | | | |
| it is true, correct, and complete, and that I am authorized to prepare this for | rm. | any my contraction and automorror and to | | 1 1 | و مسسو | | | | |
| | FFICE | ER | Date | | 15 | | | | |
| The state of the s | | | | Form 8868 (i | Rev. 1-2014) | | | | |
| | | | | , | · | | | | |