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EXTENDED TO NOVEMBER 16, 20 Return of Private Foundation

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

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

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

OMB No 1545-0052

strice:	ar i tev	ende Service			<u> </u>	T Open to : abite mepeemen
For	alen	dar year 2014 or tax year beginning APR	1, 2014	, and ending	MAR 31, 2015	
		foundation			A Employer identification	number
		FOUNDATION				
		DR. DAVID M. REILE, TR		<u> </u>	52-2109630	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	1 2
		O EMORY CHURCH ROAD		<u> C </u>	301-774-20	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		EY, MD 20832	Installation of a fa	reservable shows	D 4 Foreign organizations	abook bara
Gil	песк	all that apply: Initial return Final return	Initial return of a fo	thier public charity	D 1 Foreign organizations	, CHECK HEIE
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
H (heck	type of organization: X Section 501(c)(3) ex			1	
<u>'</u>	_	_	Other taxable private founda	tion	E If private foundation sta under section 507(b)(1)	
ı Fa		rket value of all assets at end of year J Accounts		X Accrual	F If the foundation is in a	
		Part II. col. (c), line 16)	her (specify)		under section 507(b)(1)	
		72,247. (Part I, colu	mn (d) must be on cash b	oasis)		
Pa	ırt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	75,000.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
_	4	Dividends and interest from securities				
Į	☴.	Gross rents		<u></u>		
Č	٧.	Net rental income or (loss)				
9	e 6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			1	
veñ	b	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
N/Reveñue.	. 7	Net short-term capital gain				
Z	9	Income modifications				
	10a	Gross sales less returns and allowances		· <u> </u>		
CANNED	Ь	Less Cost of goods sold				
Z	C	Gross profit or (loss)				
A	11	Other income				
ഗ്	12	Total Add lines 1 through 11	75,000.	0.		
•	13	Compensation of officers, directors, trustees, etc	0.	0.	ļ	0.
	14	Other employee salaries and wages				
Ş	1	Pension plans, employee benefits		<u> </u>		
ııse	16a	Legal fees Accounting fees STMT 1	4,831.	0.	-	4,831.
×pe	0	Other professional fees STMT 2	2,370.	0.	-	2,370.
ΘĒ		Interest	2,3,0.			
ativ	18	Taxes				
iist	19	Depreciation and depletion				
Ē	20	Occupancy				
Ad	21	Travel, conferences, and meetings	2,838.	0.		2,838.
and	22	Printing and publications				
Đ.	23_	Other-expenses STMT 3 Total operating and administrative	1,414.	0.		1,414.
Ē	24	Total-operating and administrative	44 452	•		11 452
ado	6	expenses Add lines 13 through 23	11,453.	0.		11,453. 111,354.
٦	[25]	Contributions guitह garants paid Total expenses and disburs in ents	111,354.	<u> </u>		111,354.
1	26		122,807.	0.		122,807.
-	27	-Add lines 24 and 25 Subtraculine 26 irom line 12:	122,007.			122,007.
1		Excess of revenue over expenses and disbursements	<47,807.	>		
		Net investment income (if negative, enter -0-)		0.		
	1	Adjusted net income (if negative, enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

	Bita complete inico 2 7 timos gir 20 ana inico co ana o .		
24 25 26	Unrestricted	117,255.	69,448.
25	Temporarily restricted		
26	Permanently restricted		<u></u>
	Foundations that do not follow SFAS 117, check here		
	and complete lines 27 through 31.		
27	Capital stock, trust principal, or current funds		
27 28 29	Paid-in or capital surplus, or land, bldg , and equipment fund	·	
	Retained earnings, accumulated income, endowment, or other funds		
30	Total net assets or fund balances	117,255.	69,448.
31	Total liabilities and net assets/fund balances	125,746.	72,247.

 \triangleright \mathbf{X}

8,491

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30

(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Oc.

5 0. 6 69,448. Form **990-PF** (2014)

423511

2,799.

23 Total liabilities (add lines 17 through 22)

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31

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

Form 990-PF (2014) C/C	DR. DAVID M. R	EILE, T	REASURER		<u> 52-21</u>	09630	Page 3
<u> </u>	and Losses for Tax on I		Income	(b) How acquired	(a) Data acquired	(d) Date	cold
	cribe the kind(s) of property sold (e. varehouse; or common stock, 200 sl			P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(mo., day	
1a							
b NC	ONE	=					
C							
<u>d</u>							
<u>e</u>	T	1		<u> </u>		_	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (lo (e) plus (f) mini		
a					· 		
b		_					
С							
d							
e		11-61-6	40/04/00				
Complete only for assets show	ing gain in column (h) and owned by				Gains (Col. (h) ga (k), but not less t		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		Losses (from co		
<u>a</u>							
b	ļ						
C							
		+					
е						••	
2 Capital gain net income or (net c	capital loss) $ \begin{cases} \text{If gain, also ent} \\ \text{If (loss), enter} \end{cases} $	er in Part I, line 0- in Part I, line	7 7	} 2			
3 Net short-term capital gain or (lo	•						
If gain, also enter in Part I, line 8				,			
If (loss), enter -0- in Part I, line 8	B Under Section 4940(e) fo	r Dodugod	Tay on Not	Investment Inc	omo		
					Onie		
(For optional use by domestic priva	te foundations subject to the section	1 4940(a) tax on	net investment in	come.)			
if section 4940(d)(2) applies, leave	this part blank.						
Was the foundation liable for the se	ction 4942 tay on the distributable a	mount of any ve	ear in the hase per	sod?		Yes	X No
If "Yes," the foundation does not qua				.00			
1 Enter the appropriate amount in	each column for each year; see the	instructions be	fore making any e	ntries.		·	
(a)	(b)			(c)	Dis	(d) tribution ratio	
Base periód years Calendar year (or tax year beginr	ning in) Adjusted qualifying d	istributions	Net value of no	ncharitable-use assets	(col. (b)	divided by col. (
2013	1	50,698.		92,677		1.62	
2012		69,121.		51,414			9396
2011		35,744.		84,717			232
2010		28,103.		70,105			0870
2009		40,435.		48,475	• -	.83	414
2 Total of line 1, column (d)					2	7.75	2786
3 Average distribution ratio for the	e 5-year base period - divide the tota	I on line 2 by 5,	or by the number	of years			
the foundation has been in exist					3	1.55	<u> 055'</u>
4 Enter the net value of noncharita	able-use assets for 2014 from Part >	(, line 5			4	59,	335
5 Multiply line 4 by line 3					5	92,	002
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6		0
7 Add lines 5 and 6					7	92,	002
8 Enter qualifying distributions fro	om Part XII line 4				8	122	807
If line 8 is equal to or greater tha	an line 7, check the box in Part VI, lii	ne 1b, and comp	olete that part usin	g a 1% tax rate.	<u> </u>		
See the Part VI instructions.							

R/S FOUNDATION Form 990-PF (2014) C/O DR. DAVID M. REILE, TREASURER 52-2109630 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigvee\) and enter 1% 1 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 0. 7 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be. Credited to 2015 estimated tax Refunded 11 Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 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 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 Х c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 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 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b Х 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X 6 remain in the governing instrument? 7 X 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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X

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10

MD

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

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X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

423551 11-24-14

Total number of other employees paid over \$50,000

0

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Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If nor	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 releving number of organizations and other beneficiaries served, conferences convened, research page 1.	ant statistical information such as the	Expenses
1 CAREER DEVELOPMENT CONFERENCE: THE FOUND		
REPRESENTED AT AN INTERNATIONAL CAREER I		
	EVELOPMENT	2,838.
CONFERENCE IN 2014.		4,030.
2		\dashv
		_
3		
		-
4		-
	···	-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
1 N/A		
N/A		
2		
		_
All other program-related investments. See instructions.		
3		
V		
		7

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Total. Add lines 1 through 3

Form 990-PF (2014) C/O DR. DAVID M. REILE, TREASURER Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a Average of monthly cash balances 1b c Fair market value of all other assets 1c 60,239. Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 904. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 335. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 967. Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 2,967. Minimum investment return from Part X, line 6 2a Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 2.967 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 967 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 122,807. 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 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 122,807. 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 6 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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7		<u>'</u>		2,967.
2 Undistributed income, if any, as of the end of 2014			· · · · · · · · · · · · · · · · · · ·	2,501.
a Enter amount for 2013 only			0.	
b Total for prior years:				
,,		0.	· · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2014:				
a From 2009 38,012.				
b From 2010 24,598.				
c From 2011 131,508.				
d From 2012 166,550.				
e From 2013 146,064.	E06 722			
f Total of lines 3a through e	506,732.	· · · · · · · · · · · · · · · · · · ·		
4 Qualifying distributions for 2014 from Part XII, line 4: ▶\$ 122,807.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				2,967.
e Remaining amount distributed out of corpus	119,840.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	626,572.			
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		0		
amount - see instructions		0.		-
e Undistributed income for 2013. Subtract line			0.	
4a from line 2a. Taxable amount - see instr 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	38,012.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	588,560.	** '		
10 Analysis of line 9:				
a Excess from 2010 b Excess from 2011 24,598.				
d Excess from 2013 146,064. e Excess from 2014 119,840.				
<u>e Excess from 2014</u> <u>IIJ, 040 </u>				Form 990-PF (2014)

3100 EMORY CHURCH ROAD, #C, OLNEY, MD 20832 b The form in which applications should be submitted and information and materials they should include: NO SPECIAL FORMAT c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC CHARITY CREATE AN AWARENESS OF ALUMNI AWARDS FOUNDATION THE NEEDS OF EDUCATION 7201 SHALLOWFORD ROAD, SUITE 200 1,000. CHATTANOOGA, TN 37421 PUBLIC CHARITY CREATE AN AWARENESS OF AMERICAN HEART ASSOCIATION NONE THE NEEDS OF EDUCATION 23RD FLOOR, 217 E REDWOOD ST, 25. BALTIMORE MD 21201 CUPID CHARITIES NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 10 MARKET PLACE 250. BALTIMORE MD 21202 GHROW FOUNDATION INC NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION PO BOX 6815 5,676, COLUMBIA, MD 21045 HOPE CHANNEL NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 12501 OLD COLUMBIA PIKE SILVER SPRING MD 20904 2,000. SEE CONTINUATION SHEET(S) 111.354. Total b Approved for future payment NONE **▶** 3b Total Form **990-PF** (2014)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded	by section 512, 513, or 514	/0)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		Code		70.101.011.001.110
a b	_		 		
c			1-1-		
d		· · · · · · · · · · · · · · · · · · ·			
e				······································	
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		-			
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			ļ		
O Gross profit or (loss) from sales of inventory			1		
1 Other revenue.					
a	_				
b					
C					
d					
e	_				
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	· <u> </u>	0.	
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.	,			13	0
Part XVI-B Relationship of Activities	s to the Accom				
Line No Explain below how each activity for which in the foundation's exempt purposes (other the				a importantly to the accordance	ipidine of
					
	· · · · · · · · · · · · · · · · · · ·				
					
123621	· · · · · · ·				Form 990-PF (201

Form 990-PF (2	014) C/O D	OR. DAVID M. REI	ILE, TREASURE	R	52-2109630 Page 13
Part XVII	Information Re	egarding Transfers To	and Transactions a	and Relationships Wit	h Noncharitable
•-	Exempt Organ	iizations			
1 Did the or	ganization directly or indi	rectly engage in any of the followi	ing with any other organization	on described in section 501(c) o	f Yes No
)(3) organizations) or in section 5			
	•	ation to a noncharitable exempt o			
		ation to a nonchantable exempt o	rganization of.		14-(1)
(1) Cash					1a(1) X
(2) Other					1a(2) X
b Other tran					
• •	of assets to a noncharital	, ,			1b(1) X
(2) Purch	nases of assets from a no	ncharitable exempt organization			1b(2) X
(3) Renta	il of facilities, equipment,	or other assets			1b(3) X
(4) Reiml	bursement arrangements				1b(4) X
(5) Loans	s or loan guarantees				1b(5) X
(6) Perfo	rmance of services or me	embership or fundraising solicitati	ons		1b(6) X
c Sharing of	f facilities, equipment, ma	uling lists, other assets, or paid en	mployees		1c X
d If the answ	ver to any of the above is	"Yes," complete the following sch	edule Column (b) should alv	ways show the fair market value	of the goods, other assets,
		oundation. If the foundation receiv	• •		
		other assets, or services received		· ·	
	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers to	ransactions, and sharing arrangements
(-,	(0)	N/A		(-)	
		N/A			
				-	
					
					
				<u> </u>	····
2a Is the four	ndation directly or indirect	tly affiliated with, or related to, one	e or more tax-exempt organiz	zations described	
in section	501(c) of the Code (other	r than section 501(c)(3)) or in sec	ction 527?		Yes X No
	omplete the following sche				
<u> </u>	(a) Name of org		(b) Type of organization	(c) Descripti	on of relationship
	N/A	-	13	· · · · · · · · · · · · · · · · · · ·	
			 		,
-					
					
Linder	nenalties of person I declare	that I have examined this return, includi	ing accompanying schedules and	statements, and to the best of my ker	owledge
		pplete Decleration of preparer (other the			
Sign Here	A-1	MA \ . ()	11/11/15	Treasurer	shown below (see instr)?
	<u> </u>	Milare	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· /	LX Yes No
Sign	nature of officer or trustee		Date /	Title	T. A. LOTIN
	Print/Type preparer's na	ame Preparer's s	signature	Date Check Check Self-emplo] if PTIN
5 · · ·				l son cripio	
Paid	LEESA J. E		Weller-	CPA	P00120725
Preparer	Firm's name ► CHA	PIN, OWEN & SAM	TOSTROM, P.A.	Firm's EIN	▶ 52-1249777
Use Only					
	Firm's address ► 39	01 NATIONAL DRI	VE SUITE 260	,	
	BU	RTONSVILLE, MD	20866-1189		301-421-1330
					Form 990-PF (2014)

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

R/S FOUNDATION

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

	C/O DR. DAVID M. REILE, TREASURER !	52-2109630						
Organization ty	Organization type (check one)							
Filers of:	Section:							
Form 990 or 990	90-EZ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
•	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	Beneral Rule							
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,0 erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's tot	· · ·						
Special Rules								
section any one	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II							
year, to	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, co is chec purpos	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
but it must answ	organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Foswer "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 900-EZ or on its Form 900-EZ or on its Form 900-EZ or 990-EZ.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization R/S FOUNDATION

Employer identification number

C/O DR. DAVID M. REILE, TREASURER

52-2109630

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAREER DEVELOPMENT ALLIANCE, LLC 3100 EMORY CHURCH ROAD, SUITE C OLNEY, MD 20832	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

R/S' FOUNDATION

C/O DR. DAVID M. REILE, TREASURER

52-2109630

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	′ (d) Date received				
		- - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		- - - \$					

Name of orga			Employer identification number				
	UNDATION	7 T.	52 2100620				
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gif	t				
	Transferee's name, address, ar		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
	Transferee's name, address, ar	ed ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Town of some of discountry of the sound of t	(e) Transfer of gif					
	Transferee's name, address, ar	IQ ZIP + 4	Relationship of transferor to transferee				

Part XV . Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor OLNEY ADVENTIST PREPATORY SCHOOL NONE PUBLIC CHARITY CREATE AN AWARENESS OF 4100 OLNEY-LAYTONSVILLE RD., THE NEEDS OF EDUCATION 72,561. OLNEY, MD 20832 PUBLIC CHARITY CREATE AN AWARENESS OF OLNEY SEVENTH-DAY ADVENTIST CHURCH NONE THE NEEDS OF EDUCATION 4100 OLNEY-LAYTONSVILLE RD., 17,500. OLNEY MD 20832 POTOMAC ADVENTIST NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 12004 CHERRY HILL RD 272, SILVER SPRING, MD 20904 POTOMAC CONFERENCE OF SDA NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 606 GREENVILLE AVENUE STAUNTON, VA 24401 1,000. PUBLIC CHARITY CREATE AN AWARENESS OF SHEANDOAH VALLEY ACADEMY NONE THE NEEDS OF EDUCATION 234 W LEE HWY 8,650. NEW MARKET, VA 22844 SPENCERVILLE SEVENTH DAY ADVENTIST NONE PUBLIC CHARITY CREATE AN AWARENESS OF CHURCH THE NEEDS OF EDUCATION 16325 NEW HAMPSHIRE AVE SILVER SPRING MD 20905 2,420. 102,403 Total from continuation sheets

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	4,831.	0.		4,831.
TO FORM 990-PF, PG 1, LN 16B	4,831.	0.		4,831.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE
CONSULTANTS	2,370.	0.		2,370.
TO FORM 990-PF, PG 1, LN 16C	2,370.	0.		2,370.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
OFFICE SUPPLIES AND EXPENSE BANK SERVICE CHARGES PERSONAL PROPERTY TAX DUES & SUBSCRIPTIONS	78. 115. 80. 1,141.	0. 0. 0.		78. 115. 80. 1,141.
TO FORM 990-PF, PG 1, LN 23	1,414.	0.		1,414.
FORM 990-PF	OTHER LIA	BILITIES	-	STATEMENT 4
DESCRIPTION		воз	Y AMOUNT	EOY AMOUNT
DUE TO CDA, LLC CHASE CHREDIT CARD			475. 8,016.	475. 2,324.
TOTAL TO FORM 990-PF, PART II	, LINE 22		8,491.	2,799.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

DAVID M. REILE BARBARA H. SUDDARTH