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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	2014 calendar year, or tax year beginning 07/01, 2014, ar	nd ending	0(	6/30 <b>, 20</b> 15
n .		C Name of organization		D Employer identific	ation number
Ch	eck if appl	ROTARY FOUNDATION OF WASHINGTON, D.C.		52-604063	39
X	Address change	Doing business as			
	Name ci	Number and street (or P O box if mail is not delivered to street address) Ro-	om/suite	E Telephone number	
	instraire	hum 600 NEW HAMPSHIRE AVE, NW STE 10-A		(202) 331-8	3686
	Final ret				
	Amende return			G Gross receipts \$	4,045,351
	Applicat pending			H(a) Is this a group retrievely subordinates?	um for Yes X N
	) benuing	1101 16TH STREET, NW, LEVEL 1C WASHINGTON, D	C 20036	H(b) Are all subordinates	included? Yes N
1	Tax-exer	npt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attach a le	st (see instructions)
		: ▶ N/A		H(c) Group exemption	number 🕨
<b>(</b> F	orm of	organization X Corporation Trust Association Other ▶	L Year of format	ion 1922 M State	e of legal domicile DC
	rt I	Summary	<del>'</del>		
	1 E	riefly describe the organization's mission or most significant activities THE PUR	POSES OF T	HE FOUNDATI	ON ARE TO
	1	ENGAGE IN WORKS OF CHARITY OF EVERY DESCRIPTION A	ND TO COLI	LECT, HOLD	
Governance	_	AND ADMINISTER FUNDS TO CARRY ON CHARITABLE ACTIV	· – – – – – – – –	<u>.</u>	
Ë	_	Check this box ▶ if the organization discontinued its operations or disposed of		of its net assets	
١٤		lumber of voting members of the governing body (Part VI, line 1a)		,	16
8					16
es S		lumber of independent voting members of the governing body (Part VI, line 1b)			10
₹		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			16
Activities		otal number of volunteers (estimate if necessary)			10
		otal unrelated business revenue from Part VIII, column (C), line 12			
_	<u>b 1</u>	let unrelated business taxable income from Form 990-T, line 34	<del></del>		<del></del>
1				Prior Year	Current Year
ايو	8 (	Contributions and grants (Part VIII, line 1h)		227,539.	78,955
Revenue	9 F	Program service revenue (Part VIII, line 2g)		. 0	
Š	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	🖳	977,879.	438,679
"		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,081.	<u> </u>
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,206,499.	517,634
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		240,055.	263,976
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
_		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
Se				0	
튑	lva i	Professional fundraising fees (Part IX, column (A), line 11e)		·-···	
ă	D	total fundraising expenses (Fart IX, Column (D), line 23)	<del> </del>	110,687.	129,942
ŀ	17 (	Other expenses (Part IX, column (A), lines 114a-11d, 11f-24e).	• • • • • • • • • • • • • • • • • • • •	350,742.	
	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • •	855,757.	
_ w	19 F	Revenue less expenses Subtract line 18 from line 12	· · · · ·	<del></del>	<del>                                     </del>
Assets or d Balances		、注 APR 多身 2018	Begin	ining of Current Year	ļ
a a		Total assets (Part X, line 16)		7,970,375.	7,535,597
뜅	21	Total liabilities (Part X, line 26)		21,000.	
		Net assets or fund balances Subtract line 21 from line 20:	<u> </u>	7,949,375.	7,517,966
Рa	rt II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it
true	c, correc	t, and complete Occionation of preparer (other than officer) is based on all information of which	preparer has any k	nowledge	
		A Alvina Dave		4/13	5/16
3ig		Signature of officer		Date /	
ler	e	- HOWARD B. DAVIS - TRESIDENT	ī		
	ł	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check If	PTIN
aid	1	BRIAN W DOW, CPA B: C-	4/11/2014	self-employed	P00367740
rep	oarer	CARETNO AND BUOADEC IID	1 1111 0 211	<u> </u>	0961657
Jse	Only	Timonane		201	
		Firm's address >11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-2	2794	Phone no 301	-770-5500
мау	the IR	S discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	. X Yes N
For	Paper	work Reduction Act Notice, see the separate instructions.		14	Form <b>990</b> (201

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d Other			Schedule O )			
	r program se	rvices (Describe in S	uuiu <i>u.j</i>			
		rvices (Describe in S	grants of \$	) (Reve	enue \$	
A 1 000	enses \$	rvices (Describe in S 16,853. including vice expenses	g grants of \$ 295,200.	) (Reve	enue \$ )	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			•
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			~ ?!
	VII, VIII, IX, or X as applicable			4.0
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			r
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X.
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١.،	,	,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4

Part IV Checklist of Required Schedules (continued)							
			Yes	No			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b						
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?						
	If "Yes," complete Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any						
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<i>t</i>	X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ļ	'.'	٠.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			(, `			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		, X			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	,,			
	Schedule L, Part IV . '	28b		X			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١.,			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,			
	conservation contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١	•				
	Part 1	31	ļ	X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			X			
	complete Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		x				
25-	or IV, and Part V, line 1	34		Х			
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a					
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256					
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20	x				
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<del>                                     </del>			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	1			
		37		x			
20	Part VI		$\vdash$	<del>                                     </del>			
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х				
	19. Note. All 1 of th 330 mers are required to complete Schedule O		990	(2014			

Form	990 (2014)		F	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	<u> </u>	
		(S. 25 M S 197)	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		<b>1</b>	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1.	
	reportable gaming (gambling) winnings to prize winners?	1c	2 6 T 2 K	8 8 8 B
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		*	
		300	***	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Ladia:	.eA.::
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		C. O. O.	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<u> </u>
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶	14.9	N.Y	XX.
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		100	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
_	gifts were not tax deductible?	6b	<u> </u>	. –
	Organizations that may receive deductible contributions under section 170(c).	A starting	*	83 B
а			- <del>L</del>	X
h	and services provided to the payor?			,
	Did the organization sell, 'exchange, or otherwise dispose of tangible personal property for which it was		,	
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		31.00	7 4 45 5
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		مر در و	1.4-
_	sponsoring organization have excess business holdings at any time during the year?	1000 ( )	š	12 7 55
9	Sponsoring organizations maintaining donor advised funds.	_	<u> </u>	12.3
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		1
10	Section 501(c)(7) organizations. Enter	30		keyi &
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		4.1	
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )		<b>1</b>	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<b>1976</b>	100	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	80×90 A	16.44. es
_	Note. See the instructions for additional information the organization must report on Schedule O.	是沒		
b	Enter the amount of reserves the organization is required to maintain by the states in which		i ş	
	the organization is licensed to issue qualified health plans 13b 13b	100 P. C.	6. 64	

PAGE 5

14b

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 16 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х 8ь Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 X 14 Did the organization have a written document retention and destruction policy?......... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: > 20

Form 990 (2014)

BOOKKEEPER, 600 NEW HAMPSHIRE AVE, NW SUITE 10-A WASHINGTON, DC 20037

202-331-8686

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

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

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

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

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

(A)

(B)

Average hours per week (list any officer and a director/trustee)

(C)

(B)

Average hours per week (list any officer and a director/trustee)

(C)

(D)

(E)

Reportable compensation from related organization compensation of trustee)

Name and Title	Average hours per week (list any	box,	unies	s pe	rson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee ;	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	_
_(1)DAVID_TREADWELL	1.00	,			-						•
DIRECTOR	1 00	Х			-			С	0		0
(2)WILLIAM H. DENT, JR. DIRECTOR	1.00	x						C	0		0
(3)NATALIE KORTNYK FORRESTER DIRECTOR	1.00	x							0		0
(4)PEGGY GARRETT DIRECTOR	1.00	х		••••	-			(	0		0
(5)ALEXANDER KRAVETZ DIRECTOR	1.00	х						(	0		0
(6)JENNIFER HARA DIRECTOR	1.00	х						(	0		0
(7)SHAUN ENGLISH DIRECTOR	1.00	х						(	0		0
(8)ROBERT WATSON DIRECTOR	1.00	х						(	0		0
(9)STEVEN ADKINS DIRECTOR	1.00	х						(	0		0
(10)ANDREW COOK OMBUDSMAN	1.00			х					0		0
(11)DONALD MARX IMMEDIATE PAST PRESIDENT	1.00			х				(	0		0
(12)JOAN BRISTOL SECRETARY	1.00			х				(	) 0		0
(13)HOWARD DAVIS PRESIDENT	1.00			x				(	) 0		0
(14)MONICA BONER SERGEANT-AT-ARMS	1.00			х				(	) 0		0

Form 990 (2014)

Name and tide    Average   Connection of the chorace base on a both surface of the chorace base on a both surface of the chorace base of the compensation from the companion of the connection o	Part VII Section A. Officers, Directors, Tru (A)	(B)	y Em	ıpıo		es, C)	and F	ııg	nest Compensat	ed Emplo	yees (c	ontinued) (F)	
15) DAVID KLAUS  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  1.00  VICE PRESIDENT  0 0 0  VICE PRESIDENT  1.00  VICE PRESIDENT	Name and title	hours per week (list any hours for	box,	not ch unles	Pos neck is pe	more rson lirect	ıs both or/trust	an ee)	Reportable compensation from	Reporta compensati relate	on from d	Estimated amount of other compensation	n
VICE PRESIDENT   X		organizations below dotted	ndividual trustee or director		Officer	Key employee	npensa	Former	1 -	(W-2/1099	-MISC)	organization and related	
16) PATRICK KAVANAUGH 1.00  TREASURER  0 0 0  18  Sub-total 10 Sub-total 10 Total from continuation sheets to Part VII, Section A 10 Total (add lines 1b and 1c) 11 Total from continuation sheets to Part VII, Section A 10 Total (add lines 1b and 1c) 11 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Poly 11 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Poly 12 Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0002 if "Yes." complete Schedule J for such individual for services rendered to the organizations greater than \$150,0002 if "Yes." complete Schedule J for such person 11 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 12 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization report compensation from the organization from the org	15) DAVID KLAUS	1.00											
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines to and tc)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If *Yes," complete Schedule J for such individual is any foreign and the compensation and other compensation from the organization and related organizations greater than \$150,000? If *Yes," complete Schedule J for such individual is not individual in the organization of it is received more than \$100,000 of the year of the organization in the organization organization in the organization organization in the organization organiz	16) PATRICK KAVANAUGH	1.00				-			0		0		0
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received			-		Λ								
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received			,										
c Total from continuation sheets to Part VII, Section A							, ,						
c Total from continuation sheets to Part VII, Section A			-				,						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	ection A						<b>*</b>	0		0		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	liste					eceived more than	\$100,000			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compens	sated	1.5 ×6.7	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gre	eater than	\$15	50,0	007	11	"Yes	s, "	complete Schedu	le J for	such	1 1 1	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on	fron	n any	un	related organization	on or indiv	ıdual		
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  (B)  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received									N- 4	- 1b 04 O			
None  None  Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report of	ompensati	on fo	the	e ca	len	dar ye	ear e	ending with or with	nin the org	anizatio	n's tax	
2 Total number of independent contractors (including but not limited to those listed above) who received		fress								ervices	(		
	NONE						-	-					
								F					
more than \$100,000 in compensation from the organization ► 0					nite	d to		se I	isted above) who	received	14.0		)

Par	Tt VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
	" #4. " * * * * * * * * * * * * * * * * * * *	onedk ii ddileddie d dd	See		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	tabove . 1b	78,955. <b>▶</b>	78,955.			1				
Program Service Revenue	2a b c d e f	All other program service rev	enue ,	Business Code	0							
	3 4 5	Investment income (income and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	381,550. 0			381,550				
	6a b	Gross rents	(i) Real	(II) Personal			\{ b					
	d 7a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 3,584,846.	(ii) Other	0		, , , , , , , , , , , , , , , , , , ,	* 34,				
ē	c d 8a	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundra			57,129.		×2, 434	57,129				
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c) a									
Oth	b c 9a	Less direct expenses  Net income or (loss) from fu  Gross income from gaming  See Part IV, line 19  Less direct expenses	ndraising events activities a		0			ζ,				
	10a	Net income or (loss) from g Gross sales of invent returns and allowances	aming activities. ory, lessa		0	**************************************		,				
	c b	Less cost of goods sold Net income or (loss) from sa Miscellaneous Rever	les of inventory		0	^,	, , ,					
	11a b c	All other recent										
	e 12	All other revenue  Total. Add lines 11a-11d .  Total revenue. See instruction			0 517,634.			438,679				

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp		e in this Part IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	263,976.	263,976.		
2	Grants and other assistance to domestic				
-	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	O			
	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0		· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes	0			
	Fees for services (non-employees)				
	Management	o			
	Legal	0			
	Accounting	11,400.		11,400.	
	Lobbying	0			
	Professional fundraising services See Part IV, line 17.	0	· · ·		
1	Investment management fees	62,039.		62,039.	l a
	Other (If line 11g amount exceeds 10% of line 25 column		,		
	(A) amount, list line 11g expenses on Schedule O)	0		·-···	
12	Advertising and promotion	0			
13	Office expenses	0			* * * * * * * * * * * * * * * * * * * *
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 050		0.050	
	Conferences, conventions, and meetings	9,859.		9,859.	
20	Interest	0			
21	Payments to affiliates	0			
22		0			
23	Insurance	4			
24					
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (O)	12 500		12 500	
_	ADMINISTRATIVE FEE	13,500. 3,635.	2 625	13,500.	
	SUPPLIES CAREER FAIR	7,018.	3,635. 7,018.		
-	DICTIONARY PROJECT	14,371.	14,371.		
		8,120.	6,200.	1,920.	· · · · · · · · · · · · · · · · · · ·
	All other expenses	393,918.	295,200.	98,718.	
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	333, 310.	293,200.	70,/10.	10.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	d			
ISA		<del></del>			<u> </u>

JSA 4E1052 1 000 Form **990** (2014)

Page **11** 

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year	]	(B) End of year
	1	Cash - non-interest-bearing	4,614.	1	27,270.
	2	Savings and temporary cash investments	181,464.	2	127,127.
- [	3	Pledges and grants receivable, net	Q	3	0
	4	Accounts receivable, net	Q	4	0
	5	Loans and other receivables from current and former officers, directors,			
i		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	d	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	O	7	0
Assets	8	Inventories for sale or use	0	8	0
~	9	Prepaid expenses and deferred charges	O	9	C
ļ	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a	-		
1	b			10c	0
	11	Investments - publicly traded securities	7,779,737.	11	7,378,290.
	12	Investments - other securities See Part IV, line 11	O	12	0
	13	Investments - program-related See Part IV, line 11		13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	4,560.		2,910.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,970,375.	16	7,535,597.
	17	Accounts payable and accrued expenses	C	17	4,345.
	18	Grants payable	21,000.	18	13,286.
ŀ	19	Deferred revenue	C	19	0
	20	Tax-exempt bond liabilities	C	20	0
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	C	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
abi		trustees, key employees, highest compensated employees, and			
		disqualified persons Complete Part II of Schedule L	C	22	C
- 1	23	Secured mortgages and notes payable to unrelated third parties	C	23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	C
$\perp$	26	Total liabilities. Add lines 17 through 25	21,000.	26	17,631.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	5,734,881.		5,451,609.
Ba	28	Temporarily restricted net assets	2,214,494.	28	2,066,357.
힏	29	Permanently restricted net assets	(	29	C
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	7,949,375.		7,517,966.
	34	Total liabilities and net assets/fund balances	7,970,375.	34	7,535,597.
					Form <b>990</b> (201

Form **990** (2014)

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orm 99	90 (2014)				Pag	ge <b>12</b>	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	17,6	534.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				918.	
3	Revenue less expenses Subtract line 2 from line 1	3				716.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,9	49,3	375.	
5	Net unrealized gains (losses) on investments	5		-555,125			
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				Ö	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		7,5	17,9	966.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	<u> </u>				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	n in				
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or				
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both		_				
	X Separate basis Consolidated basis Both consolidated and separate basis			.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	aht	ļ.			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O	Apian					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	h in				
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3ь			

JSA 4E1054 1 000 Form **990** (2014)

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

RO?	rar:	FOUNDATION OF WAS	HINGTON, D.C	•			52-	-6040639					
Рa	rt i	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	rt.) See instructions						
The	orga	anization is not a private four											
1		A church, convention of chu				-	_						
2		A school described in section											
3		A hospital or a cooperative	hospital service of	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).						
4		A medical research organiz		_				(iii). Enter the					
		hospital's name, city, and st		•	•		, ,, ,, ,	,					
5		An organization operated f		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in					
		section 170(b)(1)(A)(iv). (C		_	-	·	, ,						
6		A federal, state, or local go	vernment or gover	nmental unit describe	d in sect	ion 170(	b)(1)(A)(v).						
7		An organization that norma				,		m the general public					
		described in section 170(b)				_							
8		A community trust describe	d in section 170(b	)(1)(A)(vi). (Complete	Part II)								
9		An organization that norma	ally receives (1) m	ore than 331/3% of i	ts suppo	ort from	contributions, member	ership fees, and gross					
		receipts from activities rela	ated to its exempt	t functions - subject	to certa	ın excep	tions, and (2) no mo	re than 331/3 % of its					
		support from gross invest	ment income and	d unrelated business	taxable	income	e (less section 511	tax) from businesses					
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10													
11	X	An organization organized a											
		one or more publicly suppo				•							
	<u></u>	the box in lines 11a through					·	•					
· -a	Type I is a specially by giving												
	• •	the supported organization			lect a m	ajority o	f the directors, or trust	ees of the supporting					
	_	organization You must co						t i					
b	L												
		control or management of			the sam	e persor	s that control or man	age the supported					
		ு organization(s) You must											
С	L	$\stackrel{ ext{Y}}{=}$ Type III functionally integrates						ly integrated with,					
	ļ	its supported organization											
d	L	☐ Type III non-functionally											
		that is not functionally inte						l an attentiveness					
_	Г	requirement (see instruct											
е	_	_ Check this box if the orga						ı, Type III					
f	En	functionally integrated, or ter the number of supported	• •		porting c	organizat	ion						
		ovide the following information	-				• • • • • • • • • • • •						
9		ame of supported organization			(iv) to the	organization	(v) Amount of monetary	(vi) Amount of					
	(,,	and or outported diganization	(17, 2.11	(described on lines 1-9	listed in yo	ur governing	support (see	other support (see					
				above or IRC section (see instructions))	docui	ment?	instructions)	instructions)					
7	ATT!	ACHMENT 1		(555 3.53.253.51,7)	Yes	No							
(A)													
·=\							<del> </del>						
(B)					ļ								
····								119.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
(C)													
(D)													
, D)					<u></u>								
(E)		·											
·- <i>,</i>				-									
_													
Tota	al			<u> </u>	L	<u> </u>	295,200.						

Part II

Page 2

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on I	ine 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	· · · · · · · · · · · · · · · · · · ·					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4						1
	tion B. Total Support	T	T	ī		1	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		1			<del> </del>	<u> </u>
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						, -
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					•	
11	Total support. Add lines 7 through 10		<u> </u>			1	
12	Gross receipts from related activities, etc. (					12	
13	First five years. If the Form 990 is organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·		nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3) ▶
	tion C. Computation of Public Sup					1	
14	Public support percentage for 2014 (I						<u>%</u>
15	Public support percentage from 2013						<u> </u>
тьа	331/3% support test - 2014. If the o	-					
<b>L</b>	this box and stop here. The organization 331/3% support test - 2013. If the			-			
D	check this box and <b>stop here</b> . The org	-			•		
17a	10%-facts-and-circumstances test -	•	•				
	10% or more, and if the organization		•				
	Part VI how the organization meets					•	•
	organization			_	•		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org		_		-		
	Explain in Part VI how the organizat						-
	supported organization				•	•	
18	Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17a	a, or 17b, checl	k this box and se	e
	instructions	<u> </u>			<u></u>	<u></u>	▶ 📋
						Schedule A (Form	990 or 990-EZ) 2014

Part III	Support Schedule 1	for Organization	ons Described in Se	ection 509(a)(2)
----------	--------------------	------------------	---------------------	------------------

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

aler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Tota
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")		L			İ		
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
•	unrelated trade or business under section 513							
4								
4						1		
	organization's benefit and either paid							
_	to or expended on its behalf				<del>                                     </del>			
5	The value of services or facilities		}			ŀ		
	furnished by a governmental unit to the						}	
	organization without charge			ļ	ļ			
6	Total. Add lines 1 through 5		ļ		ļ			
7 a	Amounts included on lines 1, 2, and 3			1				
	received from disqualified persons			<b>_</b>	1			
D	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of \$5,000						-	
	or 1% of the amount on line 13 for the year							<u></u>
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from						•	,
	line 6 )			<u></u>			.1	
ec	tion B. Total Support							: • • •
alei	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	.' (f) Tota
9	Amounts from line 6			_			· 1	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
	sources		ļ					
þ	Unrelated business taxable income (less						Ĭ	
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income Do not include gain or							
	loss from the sale of capital assets						}	
	(Explain in Part VI)		}					
3	Total support. (Add lines 9, 10c, 11,							
	and 12.)		1			1		
4	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax year a	s a sect	ion 501(	c)(3)
	organization, check this box and stop here				•		•	
ec	tion C. Computation of Public Sup							
5	Public support percentage for 2014 (line 8			mn (f))	<del></del>	15		
6	Public support percentage from 2013 Sche					16		
	tion D. Computation of Investmen					<u>: •</u>	<del></del>	
7	Investment income percentage for 2014 (III			13 column (f))		17		
8	Investment income percentage from 2013					18		
							31/20/ -	nd line
Jd	331/3% support tests - 2014. If the org							
	17 is not more than 331/3%, check th							
b	33 1/3 % support tests - 2013. If the orga							
_	line 18 is not more than 331/3 %, check							
10 SA	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19l				
						- CDOMIIIA	a iromn 9f	90 or 990-EZ

# Part IV

Supporting Organization	Supr	orting	Organiz	ations
-------------------------	------	--------	---------	--------

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ectio	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	_1_	х	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	х	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	х	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	х	
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		x
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	,	X
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
6	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		x
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		х
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		х
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		x
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

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JSA 4E1230 2 000 Schedule A (Form 990 or 990-EZ) 2014

3a

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com			
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-
	•		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see		• • • • • • • • • • • • • • • • • • • •	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<u> </u>		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	, , , , , , , , , , , , , , , , , , ,	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<del>, .</del> .	,
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		,
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7	,	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	****	
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	$\dashv$		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	v-integr	ated Type III supporting	organization (see
- Lander to the current year is the organizations must as a non-inductional	y-integr	ated Type III supporting	y organization (See

Schedule A (Form 990 or 990-EZ) 2014

Part '	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity		<u>.</u> .	- <del></del>
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	····
4	Amounts paid to acquire exempt-use assets			<u></u>
5	Qualified set-aside amounts (prior IRS approval required)	W. L		
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6	-		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		<del>-</del>	
_3	Excess distributions carryover, if any, to 2014			
a				
b			<u></u>	
c		<u> </u>		
d				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u> _	Applied to underdistributions of prior years	3		
<u>h</u>	Applied to 2014 distributable amount			
_ <u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years  Applied to 2014 distributable amount		•	
b	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if			
5	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
·	and 4b from line 1 (if amount greater than zero, see	-		
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3			
•	and 4c.			
8	Breakdown of line 7			
a				
b				
d	Excess from 2013			
е	Excess from 2014			
		<del></del>	·	·

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

PART IV, SECTION A, LINE 3B

THE ORGANIZATION OBTAINED A COPY OF THE IRS DETERMINATION LETTER FROM THE SUPPORTED ORGANIZATION AND PERFORMED THE SUPPORT CALCULATION TO VERIFY THE SUPPORT TEST WAS MET.

PART IV, SECTION A, LINE 3C

THE ORGANIZATION HAS INSTITUTED THE BENEFITS AWARD COMMITTEE THAT IS

COMPOSED OF THE BOARD MEMBERS OF BOTH THE ORGANIZATION AND THE SUPPORTED

ORGANIZATION. SUCH JOINT COMMITTEE IS TASKED WITH THE RESPONSIBILITIES

TO SCREEN THE AWARD RECIPIENTS FOR ELIGIBILITY AND APPROVE THE FINAL

PAYMENTS TO ENSURE THAT THE ORGANIZATION'S ASSETS ARE USED EXCLUSIVELY

FOR CHARITABLE PURPOSES.

PART IV, SECTION E, LINE 2A

SUBSTANTIALLY, ALL OF THE ORGANIZATION'S ACTIVITIES DURING THE TAX YEAR

DIRECTLY FURTHERED THE EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATION, THE

ROTARY CLUB OF WASHINGTON, D.C., INC. APPROXIMATELY 75% OF THE

ORGANIZATION'S TOTAL EXPENSES FOR THE TAX YEAR WERE DEDICATED TO THE

DIRECT FURTHERANCE ACTIVITIES.

PART IV, SECTION E, LINE 2B

THE ORGANIZATION HOLDS INVESTMENT ASSETS WHOSE EARNING ARE USED PRIMARILY FOR CHARITABLE PURPOSES IN KEEPING WITH THE EXEMPT PURPOSE OF THE SUPPORTED ORGANIZATION.

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED	ORGANIZATI	ONS		
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ROTARY CLUB OF WASHINGTON, D.C., INC.	53-0135280	501(C)(4)	x	295,200.	0
TOTAL AMOUNT OF SUPPORT				295,200.	0

Schedule A (Form 990 or 990-EZ) 2014

JSA

#### SCHEDULE D (Form 990)

Department of the Treasury

#### Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Employer identification number ROTARY FOUNDATION OF WASHINGTON, D.C. 52-6040639 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a P, 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Page	2

Par	t III Organizations Maintainir	ng Collections of	Art, Historic	cal Tr	easures,	or Oth	er Similar As	sets (cor	itinued)	)
2	Lloung the organization's convertion		46	مام ماد	and of Ab	- f-!!	46	C1		
3	Using the organization's acquisition		iner records,	cneck	any or the	e follow	ing that are a	significant	use of i	ts
_	collection items (check all that appl	(y)	<b>.</b> .							
a	Public exhibition				exchange	-				
b	Scholarly research	4	e [] (	other _				<del>-</del>	<del>-</del>	_
C	Preservation for future gener									
4	Provide a description of the organ XIII	nization's collections	and explain i	now th	ey turtner	the org	janization's exe	mpt purpos	se in Pa	art
5	During the year, did the organization	n solicit or receive d	onations of an	t, histoi	rıcal treası	ures, or d	other similar			
	assets to be sold to raise funds rath	er than to be mainta	ained as part o	f the or	rganızatıor	n's collec	tion?	. TYes		νo
Par	t IV Escrow and Custodial Ar			organiz	zation ans	wered '	"Yes" to Form	990, Part	IV, line	9,
	or reported an amount or	n Form 990, Part X	, line 21.							
1a	Is the organization an agent, truste									
	included on Form 990, Part X?							. Yes	<b>^</b>	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the follow	ing tabl	e					
							Amour	nt		
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance				1f					
	Did the organization include an am								1	No
	If "Yes," explain the arrangement in									
Par	t V Endowment Funds. Com	plete if the organi	zation answe	red "Y	es" to Fo	rm 990	, Part IV, line 1	0		
		(a) Current year	(b) Prior yea		(c) Two yea		(d) Three years ba		r years bac	
	Beginning of year balance	7,949,375.				,509.	6,265,86		417,5	
	Contributions	78,955.	227,	539.	25	,887.	28,74	9.	23,4	90
С	Net investment earnings, gains,						<u>.</u>	- ,		
	and losses	-116,446.				,667.	-128,76		127,5	
	Grants or scholarships	263,976.	240,0	055.	229	,482.	251,00	0.	201,1	38
е	Other expenditures for facilities									
	and programs	31,224.		526.		770.	37,19	l l	23,2	
f	Administrative expenses	98,718.		161.	79	,868.	77,14		78,4	07
g	End of year balance	7,517,966.				943.	5,800,50	9. 6,	265,8	66
2	Provide the estimated percentage	of the current year e	nd balance (lir	ne 1g, d	column (a)	) held as				
а	Board designated or quasi-endown		_%							
þ	Permanent endowment		_							
C	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of th	ne organization	n that a	are held ar	nd admin	istered for the			
	organization by								Yes N	10
	(i) unrelated organizations							. 3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related or	ganizations listed as	required on Sc	hedule	R?			3b		
4	Describe in Part XIII the intended to		tion's endowm	ent fund	ds			<u></u>		
Par	t VI Land, Buildings, and Equ	ipment.	-!! 4-   5 04	00 D-		44 . 0			40	_
	Complete if the organiza  Description of property	(a) Cost or								
			tment)		other basis her)		umulated eciation	(d) Book va	nue	
1a	Land									
b	Buildings									_
C	Leasehold improvements									_
d	Equipment				- <u>-</u> -					
е	Other									
Tota	I. Add lines 1a through 1e (Column	(d) must equal Form	n 990, Part X, c	column	(B), line 10	O(c))	>			_
			· · · · · ·					hedule D (Fo	rm 990) 2	2014

n	2
Page	: 3

Part VII	Investments - Other Securities.			_
	Complete if the organization answer		Part IV, line 11b. See Form 990, Part X, line 13	2
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
1) Financı	al derivatives			
	-held equity interests			
<u> </u>		-		
(B)				
_(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
. <u>. (H)</u>				
-	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII				_
	Complete if the organization answer	ed "Yes" to Form 990	, Part IV, line 11c See Form 990, Part X, line 1	3
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)_				
(7)				
(8)	•			
(9)		į.		
(9) Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )		,	
Total (Colum	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets.			
	Other Assets.	ed "Yes" to Form 990		5
Total (Colum	Other Assets. Complete if the organization answer	ed "Yes" to Form 990	, Part IV, line 11d See Form 990, Part X, line 1	
Part IX	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
Part IX (1)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
Part IX  (1) (2)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer		, Part IV, line 11d See Form 990, Part X, line 1	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a)	Description	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column	Other Assets. Complete If the organization answer (a)	Description	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete If the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (B)  Other Liabilities.	Description  B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer  (a)  Jumn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the organization answer line 25	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer	Description  B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. Part X)  1. (1) Fede (2)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X  1. (1) Fede (2) (3)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X  1. (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X  1. (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colored X)  1. (1) Fedee (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colored X)  1. (1) Fedee (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Control X)  1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer  (a)  Iumn (b) must equal Form 990, Part X, col (E)  Other Liabilities. Complete if the organization answer line 25  (a) Description of liability	B) line 15)	, Part IV, line 11d See Form 990, Part X, line 1  (b) Book va	lue

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JSA

Schedule D (Form 990) 2014

4JB05U C021

#### Part XIII Supplemental Information (continued)

PART V, LINE 4

BOARD-DESIGNATED ENDOWMENT FUND IS ESTABLISHED FOR CHARITABLE PURPOSES AND GENERAL ADMINISTRATION OF THE ORGANIZATION.

PART V, LINE 4

TERM ENDOWMENT FUNDS ARE ESTABLISHED PRIMARILY FOR CHARITABLE DISTRIBUTIONS AND ALSO TO FUND A CERTAIN PROGRAM.

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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

dule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 52-6040639

Inspection

μη ► Information about Sche		ROTARY FOUNDATION OF WASHINGTON, D.C.	Part   General Information on Grants and Assistance
Department of the Treasury Internal Revenue Service	Name of the organization	FOUNDA	Genera
Department Internal Rev	Name of the	ROTARY	Part

General Information on Grants and Assistance

å X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? . . .

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYS AND GIRLS CLUB OF GREATER WASHINGTON							Autority Transfer
4103 BENNING ROAD NE WASHINGTON, DC 20019	53-0236759	501 (C) (3)	83,500.				GENERAL SUPPORT
(2) CENTER FOR NONPROFIT ADVANCEMENT							
1666 K STREET, NW #440 WASHINGTON, DC 20006	52-1139669	501(C)(3)	10,000.				GENERAL SUPPORT
(3) HOPE AND A HOME	ı						
1439 R STREET, NW WASHINGTON, DC 20009	20-2869184	501(C)(3)	20,000.				GENERAL SUPPORT
(4) CENTRAL UNION MISSION							
1350 R STREET, NW WASHINGTON, DC 20009	53-0218650	501 (C) (3)	20,000.				GENERAL SUPPORT
(5)							
	Ī						
(9)							
	1						
(2)							
(8)							
	1						
(6)							
	1						
(10)							
(11)	ı						
(12)	<del>- "</del> 1		i				
2 Enter total number of section 501(c)(3) and government or	d governmen	t organizations l	rganizations listed in the line 1 table	able		<b>A</b>	4.
3 Enter total number of other organizations listed in the line	isted in the lir	ne 1 table				•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 9	90.				Sch	Schedule I (Form 990) (2014)
₹ Q							

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Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

		3)3)				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
m						
4						
2						
ဖ						
7				,		
Dart IV	Supplemental Information Complete this part to provide the information required in Part I line 2. Part III. column (b) and any other additional	e nart to pro	who the informat	מו הפתוווים מסו	Part   line 2 Part	column (b) and any other additional

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

PART I, LINE 2

THE ORGANIZATION REQUIRES PERIODIC REPORTS FROM RECIPIENTS TO ENSURE THAT

THE GRANT FUNDING IS USED ONLY FOR THE INTENDED PURPOSES.

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

# Supplemental Information to Form 990 or 990-EZ

2014
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ROTARY FOUNDATION OF WASHINGTON, D.C.

Employer identification number 52-6040639

FORM 990, PART VI, LINE 12C

MONITORING AND COMPLIANCE IS FACILITATED BY COMPLETION AND SUBMISSION ON AN ANNUAL BASIS OF A WRITTEN DISCLOSURE FORM BY ALL DIRECTORS AND OFFICERS, PROVIDING IN DETAIL ANY EVENTS THAT GIVE RISE TO CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 19

THE ORGANIZATION CONSIDERS ALL REQUESTS FOR DOCUMENTS WHICH ARE NOT REQUIRED TO BE MADE PUBLIC.

FORM 990, PART VI, LINE 7A

MEMBERS OF THE RELATED ORGANIZATION, ROTARY CLUB OF WASHINGTON, DC, INC., RESERVE THE RIGHT TO ELECT UP TO SIX BOARD MEMBERS, AND THE PRESIDENT AND THE VICE PRESIDENT. THE REST OF THE BOARD MEMBERS ARE APPOINTED BY THE BOARD.

FORM 990, PART VI, LINE 11B

FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND REVIEWED BY THE PRESIDENT BEFORE DISSEMINATING TO THE BOARD OF DIRECTORS AND FILING WITH THE IRS.

FORM 990, PART VI, LINES 15A AND 15B

THE ORGANIZATION DOES NOT HAVE ANY COMPENSATED EMPLOYEES.

FORM 990, PART III, LINE 4D

ADDITIONAL CONTRIBUTIONS TO PROGRAMS SPONSORED BY THE FOUNDATION.

Name of the organization
ROTARY FOUNDATION OF WASHINGTON, D.C.

Employer identification number 52-6040639

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSES OF THE FOUNDATION ARE TO ENGAGE IN WORKS OF CHARITY OF EVERY DESCRIPTION AND TO COLLECT, HOLD AND ADMINISTER FUNDS TO CARRY ON CHARITABLE ACTIVITIES. THE FOUNDATION DISTRIBUTES GRANTS TO CHARITABLE ORGANIZATIONS BASED ON THE RECOMMENDATION OF THE FOUNDATION'S BENEFITS AWARDS COMMITTEE.

FORM 990, PART VIII - INVESTMENT INCO	OME		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	381,55	00.		381,550.
TOTALS	381,55	50.		381,550.

ATTACHMENT 3

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
GOVERNMENT AND GOVT AGENCIES	176.		FMV
CORPORATE DEBT	2,410,052.	2,521,063.	FMV
EQUITIES	4,964,579.	4,437,739.	FMV
ETFS AND CEFS	404,930.	419,488.	FMV
TOTALS	7,779,737.	7,378,290.	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ROTARY FOUNDATION OF WASHINGTON, D.C.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public 201

Employer identification number 52-6040639

(f) Direct controlling entity identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Partl (2) (9) 4 E 2 ପ

	3	(3)	ŧ	(0)	e	9	
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	No
(1) ROTARY CLUB OF WASHINGTON, DC, INC. 52-6040639 600 NEW HAMPSHIRE AVE NW #10-A WASHINGTON, DC 20037	SOCIAL CLUB	DC	501(C)(4)		N/A		×
(2)							
(3)						-	
(4)							
(5)							
(9)							į
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2014	R (Form 9	90) 2014

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Schedule R (Form 990) 2014

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 Percentage ownership Percentage ownership (j) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets (I)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Disproportorate sibostora? Yes No (g) Share of end-ofyear assets ö line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (e)
Type of entity
(C corp. S corp. or (f) Share of total (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign (a) (a) Adress, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV Part III 2 <u>ල</u> 9 (2) (2) ପ୍ର (4) 9 9 3 Ξ 9 3 Ξ

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

<b>Note.</b> Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions.with one or more related organizations listed in Parts II-IV?	sactions with one or more r	elated organizations lis	ited in Parts II-IV?		į.	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			<u>-</u>	1a	^
<b>b</b> Gift, grant, or capital contribution to related organization(s)		•	•		1b	^
c Gift, grant, or capital contribution from related organization(s)					10	^
d Loans or loan guarantees to or for related organization(s)					19	~
Loans or loan guarantees by related organization(s)				<u>-</u>	1e	^
					<u>۔</u> ا	
f Dividends from related organization(s),	•	•	•	:	11	×
g Sale of assets to related organization(s)					1g	<b> ^</b> .
				-	1h	~
i Exchange of assets with related organization(s)					1:	×
j Lease of facilities, equipment, or other assets to related organization(s)					1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				<u>-                                    </u>	<del>*</del>	~
I Performance of services or membership or fundraising solicitations for related organization(s)	d organization(s)			:	11	~
m Performance of services or membership or fundraising solicitations by related organization(s)	d organization(s),			<u>-</u> :	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s)	•	•	-	1n X	
o Sharing of paid employees with related organization(s)				:	10 X	
				:	1p	~
q Reimbursement paid by related organization(s) for expenses				:	19	~
				•		7
				<u>-                                     </u>	<u>-</u>	<   >
_					2	١,
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	in on who must complete t	is line, including cove	red relationships and trans	action thresh	Spic	
(a) Name of related organization		(b) Transaction type (a-s)	(C) Amount involved	(d) Method of determining amount involved	l) fetermining involved	<b>D</b>
(1)						Į.
(2)	-,					- [
(3)						
						ŀ
(4)						- [
(9)						ŀ
(9)						
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) Are all partners Share of Share of State or foreign income (related, excluded country) unrelated, excluded organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) hare of d-of-year assets	(h) Oisproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 10E)	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No	_	Yes No	
(1)										•
(2)										
(3)									_	
							-		-	
(4)										
(5)										
(9)										
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Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).