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

OMB No 1545-0052

2015

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-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	lendar year 2015, or tax year beginning	, 2015,	, and ending	,	
	foundation		[4	A Employer identification nui	mber
Smit Number 8	hers Patriot Foundation I and street (or PO box number if mail is not delivered to s	nc street address)	Room/suite	26-1097880  B Telephone number (see instr	uctione
	N. Buchanan Street	,	T TOOM SOILE	(703) 533-188	
City or to	wn, state or province, country and ZIP or foreign postal of	code			
<u>Arli</u>	ngton		22201	C If exemption application is	pending, check here 🕨 📘
G Ch	eck all that applyInitial return	Initial return of a forme	er public charity	D 1 Foreign organizations, che	ck here · ►
	Final return	Amended return	1	5 5	اللا
	Address change	Name change		2 Foreign organizations mee here and attach computation	
H Ch		n 501(c)(3) exempt private fou		nere and andon compais.	<i>"</i> " · · · · · ·
	Section 4947(a)(1) nonexempt charitable		<del></del>	E If private foundation status under section 507(b)(1)(A)	
	r market value of all assets at end of year m Part II, column (c), line 16)	Accounting method X C	ash Accrual	under Section 307(b)(1)(A)	, check here
(1100 ► 5		Other (specify)		F If the foundation is in a 60-	
	231,203.	Part I, column (d) must be on c	asn basis )	under section 507(b)(1)(B)	, cneck nere
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces	s- expenses per books	income	income	for charitable purposes
	sarily equal the amounts in column (a)				(cash basis only)
	(see instructions))  1 Contributions offs grants etc received (attach schedule)	520,000.			
	1 Contributions, gifts grants etc received (attach schedule) 2 Ck lit the foundation is not required to attach				
	In the roundings is required to analy				
	3 Interest on savings and temporary cash investments	. 754.	754		
	4 Dividends and interest from securities 5 a Gross rents	3,770.	3,770		
	<b>b</b> Net rental income	4,600.	4,600	·	
В	or (loss)		L-6a Stmt		
R E	<b>b</b> Gross sales price for all 522 50		T-09 SEWE		
V E	7 Capital gain net income (from Part IV line 2)			-	
N	8 Net short-term capital gain			DECE	750
U	9 Income modifications				70
E	10 a Gross sales less returns and			93	2016
	allowances · · b Less Cost of			AUG 1	2016
	goods sold			[82]	IG .
	c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)			OGDE	H. UT
	The other medical deficiency				<u></u>
	12 Total Add lines 1 through 11	496,179.	9,124		
	13 Compensation of officers directors trustees et		3/10	<del></del>	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
A D	16 a Legal fees (attach schedule)	•			
M	<b>b</b> Accounting fees (attach sch) L-16b St		860		
N	c Other prof fees (attach sch) I16C St	0.	0	<u>-                                     </u>	
O I S T R A T	17 Interest	Stmt			
P S T R A A T T	19 Depreciation (attach	71.	71	•	<del></del>
ÎŢ	schedule) and depletion	.			
N V G E	<b>20</b> Occupancy · · · · · · · · · · · · · · · · · · ·	• • •			
_	21 Travel conferences, and meetings	·			
A E N X D P	22 Printing and publications				<del></del>
E	Za Omer expenses (enach schedule)				
N S	24 Total operating and administrative			<del></del>	<u> </u>
E S	expenses Add lines 13 through 23	931.	931		
	25 Contributions gifts grants paid	95,500.			95,500.
	26 Total expenses and disbursements	06.433	221		25.522
	Add lines 24 and 25	96,431.	931	-	95,500.
	a Excess of revenue over expenses				
	and disbursements	400,348.			
	<b>b</b> Net investment income (if negative enter -0-)		8,193		
	C Adjusted net income (if negative, enter 0-)	·			

D	$\overline{}$	Attached schedules and amounts in the description	Beginning of year		:nu oi ye	aı
Рап	11	Balance Sheets column should be for end-of year amounts only (See instructions )	(a) Book Value	(b) Book Value	((	) Fair Market Value
	1	Cash – non-interest-bearing	276,132.	64,9		64,924.
	2	Savings and temporary cash investments	70,497.	188,1		188,190.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
	-	Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
A		Less allowance for doubtful accounts				
A S E T	8	Inventories for sale or use				
E	9	Prepaid expenses and deferred charges				
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)				
	1	b Investments — corporate stock (attach schedule) I=10b Stmt.	184,209.	684,8	69.	684,869.
		c Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
	:	Less accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans		<del></del>		
	13	Investments – other (attach schedule)		····		
	14	Land, buildings, and equipment basis		······································		
		Less accumulated depreciation (attach schedule)				
	15 16	Other assets (describe				
	'	see the instructions. Also, see page 1, item I)	530,838.	937,9	83.	937,983.
Ŀ	17	Accounts payable and accrued expenses				
A	18	Grants payable .				
В	19	Deferred revenue				
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons				
ŀ	21	Mortgages and other notes payable (attach schedule)				
T	22	Other liabilities (describe )				
E	23	Total liabilities (add lines 17 through 22) .				
<u>s</u>	23	Foundations that follow SFAS 117, check here		<del></del> -		
		and complete lines 24 through 26 and lines 30 and 31.				
N F E U T N	24	Unrestricted				
ΤŇ	25	Temporarily restricted				
A D	26	Permanently restricted				ب
A S B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
EL	27	Capital stock, trust principal, or current funds .	530,838.	937,9	83.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
O E	29	Retained earnings, accumulated income, endowment, or other funds				
ŔŚ	30	Total net assets or fund balances (see instructions)	530,838.	937,9	83.	
	31	Total liabilities and net assets/fund balances (see instructions)	530,838.	937,9		
Par	t 111	Analysis of Changes in Net Assets or Fund Balanc		231,2	02.1	<del></del>
		I net assets or fund balances at beginning of year — Part II, column (		th I		
'	end-	of-year figure reported on prior year's return)	a), line 50 (must agree wi	տ	1	530,838.
2	Ente	er amount from Part I, line 27a			2	400,348.
3		r increases not included in line 2 (itemize) Reverse adjust	ment for 2014		3	6,797.
4	Add	lines 1, 2, and 3			4	937,983.
5	Decre	eases not included in line 2 (itemize)			5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) – P.	art II, column (b), line 30		6	937,983.

Part		osses for Tax on Investmen				
	(a) List and describe	the kind(s) of property sold (e g , real e e, or common stock, 200 shares MLC (		(b) How acq P — Purcha D — Donat	ase (mo,day yr)	ed (d) Date sold (mo day, yr)
1 a						
b						
<u>c</u>					<del></del>	
d		<del></del>	<del></del>			<del></del>
е	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gaın (e) plus (f)	or (loss) minus (g)
a	<u> </u>					
b						
С						
d						
е						
	<del></del>	ng gain in column (h) and owned by the			(I) Gains	(Col (h)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k than -0-) or Losse	
a						
b	<del>-</del>					
C						
d						
ее						
2.	Capital gain net income or (net o		enter in Part I, line 7 ir -0- in Part I, line 7		2	
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and	J (6)	1		
	If gain, also enter in Part I, line 8	B, column (c) (see instructions) If (loss	), enter -0-	-		
	ın Part I, line 8	<u> </u>	<u> </u>		3	
Part	V Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investr	nent Inco	ome	
	tion 4940(d)(2) applies, leave thi he foundation liable for the secti	s part blank on 4942 tax on the distributable amoui	nt of any year in the base p	eriod?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	es No
If 'Yes	s,' the foundation does not qualif	y under section 4940(e). Do not compl	ete this part		ـــا	L_1
1	Enter the appropriate amount in	each column for each year, see the in	structions before making a	ny entries		
(	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets		d) tion ratio y col (c))
	2014	106,875.	··· , <del></del> ,-	0.		0.000000
	2013	130,943.		0.		0.000000
	2012	115,036.		0.		0.000000
	2011					
	2010	89,144.	··	0.		0.000000
2	Total of line 1, column (d)				2	0.000000
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the ears		3	0.00000
4	Enter the net value of noncharit	able-use assets for 2015 from Part X,	line 5		4	0.
5	Multiply line 4 by line 3 .				5	0.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	82.
7	Add lines 5 and 6				7	82.
8	Enter qualifying distributions fro	·			8	95,500.
	If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete that part	using a 1%	tax rate See the	

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10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		x
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5 for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	) .	9		Х
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b		Х
	VA - Virginia				
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, col (c), and Part XV	•	7	X	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	•	6		Х
	By language in the governing instrument, or				ĺ

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	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per		. 12		
13	advisory privileges? If 'Yes,' attach statement (see instructions).  Did the foundation comply with the public inspection requirements for its annual returns and exemption applic		13		X
13		auon		!	
14	Website address · · · · · N/A  The books are in care of Matilda J. Smithers Telephone	no • (703)	 533	 -188	
	Located at 3412 N. Buchanan St Arlington VA ZIP+4	22207			<u> </u>
15	<del>-</del>			, -	
	and enter the amount of tax-exempt interest received or accrued during the year	. • 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	over a		Yes	No
	bank, securities, or other financial account in a foreign country?		16		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.				
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			}
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐Yes ⊠No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	Yes XNo			
1	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b		
	Organizations relying on a current notice regarding disaster assistance check here	► □			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		. 1 c		<u>x</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
4	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d				
	and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes X No		}	
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			ŀ	
1	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)				-
	(relating to incorrect valuation of assets) to the year's undistributed incorne? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions )		2 b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			<u>'</u>	<del> </del>
	► 20 _ , 20 _ , 20 _ , 20 _				
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐Yes ⊠No			
	<b>b</b> If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation				
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to				
	determine if the foundation had excess business holdings in 2015).		. 3 b	,	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its				1
·	charitable purposes?		. 4 a	-	X
	<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of				
-	the tax year beginning in 2015?		. 4 t		<u>  x</u>
BA	4		Form 99	0-PF	(2015)

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Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)	· · · · · · · · · · · · · · · · · · ·	
5 a During the year did the foundation pay or incur a	•				
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?.	· · · Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495 n drive?		Yes X	No	
(3) Provide a grant to an individual for travel, stu	dy, or other similar purpo	oses?	· · Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions)	a charitable, etc, organia	ration described	. Yes X	No	
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, lite of cruelty to children or ar	rary, or nimals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	transactions fail to qualify current notice regarding	y under the exceptions disaster assistance		5 b	X
Organizations relying on a current notice regarding	ng disaster assistance ch	neck here	▶ □		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	ion from the	. Yes	No	
If 'Yes,' attach the statement required by Regular	, ,	<i>(</i> )		'	
6 a Did the foundation, during the year, receive any on a personal benefit contract?	funds, directly or indirectl	y, to pay premiums	Yes X	No	
<b>b</b> Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit con	tract?	6 b	X
If 'Yes' to 6b, file Form 8870			<u></u>	,	
7 a At any time during the tax year, was the foundati				No 75	
b If 'Yes,' did the foundation receive any proceeds  Part VIII Information About Officers, D				7 b	L
and Contractors	irectors, rrustees,	roundation Manag	gers, migniy Paid i	=mpioyee:	>,
1 List all officers, directors, trustees, foundatio	n managers and their c	ompensation (see inst	ructions).	····	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account, lowances
Matilda J. Smithers 3412 N. Buchanan Street Arlington VA 22207	President	0.	0.		0.
				l l	
			10		
			<u> </u>		
Compensation of five highest-paid employee     (a) Name and address of each employee	(b) Title, and average			T	
paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	lowances
None			Compensation	<del></del>	<del></del> .
					<del></del>
				<del>                                     </del>	
Total number of other employees paid over \$50,000	1	<u> </u>		ļ	
Total number of other employees paid over \$50,000		· · ·	· · · · · ·	<u> </u>	None

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Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid	
3 Five highest-paid independent contractors for professional services (see ins	tructions) If none enter 'NONE'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None	(3) 1)	
		į
<b>Total</b> number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	None
Part IX-A Summary of Direct Charitable Activities		
		T
List the foundation's four largest direct charitable activities during the lax year. Include relevant statistical inf organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1		
		ļ
2		-
		-
3		
		-
, <del></del>		
4		-
		-
Part IX-B   Summary of Program-Related Investments (see instruct	······	
		· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		-
		-
2		
All other program-related investments Sec instructions		
3		-
		-
Total. Add lines 1 through 3		<del></del>

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Far	see instructions.)		
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	<del></del> _
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
·	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► and do not complete this part.)	foundati	ons
1	Minimum investment return from Part X, line 6	1	0.
2 a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI) 2 b		
С	Add lines 2a and 2b	2 c	82.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
	t XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a _	95,500.
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes $\dots$	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required).	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	95,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	82.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,418.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	
BAA		F	orm <b>990-PF</b> (2015)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20			0.	
3 Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012 115, 076				
<b>d</b> From 2013				
e From 2014	~			
f Total of lines 3a through e	543,120.			
4 Qualifying distributions for 2015 from Part				<u></u>
XII, line 4  \$ 95,500.				
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	95,500.			· · · · · · · · · · · · · · · · · · ·
<b>5</b> Excess distributions carryover applied to 2015 .				
(If an amount appears in column (d), the same amount must be shown in column (a) )				· · · · · · · · · · · · · · · · · · ·
Same amount must be shown in column (a) )				-
6 Enter the net total of each column as		:		
indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	638,620.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from				· · · · · · · · · · · · · · · · · · ·
line 2a Taxable amount — see instructions .			0.	
f Hadistational manager ( 2015 O. 1)				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions) .			i	
8 Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions)	89,152.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	549,468.			
10 Analysis of line 9				
a Excess from 2011 . 101,000.				
<b>b</b> Excess from 2012 . 115,076.				
<b>c</b> Excess from 2013 . 130, 990.	<del></del>			
<b>d</b> Excess from 2014 106, 902.	<del>-</del>			
e Excess from 2015 95, 500.	_		<u> </u>	
A A	···			

Form 990-PF (2015) Smithers Patr	iot Foundation	Inc		26-1097880	Page 10
Part XIV   Private Operating Fou			<del></del>		N/A
1 a If the foundation has received a ruling of its effective for 2015, enter the date of the	ne ruling			• [	
b Check box to indicate whether the foun	<del></del>	ting foundation descri		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1 2012	(-) <del>-</del> (-)
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		;			
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Informa assets at any time during			foundation ha	d \$5,000 or more	in
1 Information Regarding Foundation N					
a List any managers of the foundation whe close of any tax year (but only if they have	no have contributed more that ave contributed more that	e than 2% of the total in \$5,000) (See secti	contributions received to the contributions (2) (2) (2) (3)	ed by the foundation be	efore the
b List any managers of the foundation what a partnership or other entity) of which the partnership or other entity.	no own 10% or more of the he foundation has a 10%	ne stock of a corporat o or greater interest	tion (or an equally la	irge portion of the owne	ership of
2 Information Regarding Contribution					
Check here X if the foundation or requests for funds. If the foundation macomplete items 2a, b, c, and d	nly makes contributions takes gifts, grants, etc (se	o preselected charita e instructions) to indi	ble organizations ar viduals or organizati	nd does not accept unso ons under other conditi	olicited ons,
a The name, address, and telephone nur	nber or e-mail address of	f the person to whom	applications should	be addressed	
		·	,,		
b The form in which applications should l	ne submitted and info	ation and materials 45	overhouse to start		
~ The form in which applications should t	be submitted and informe	ation and materials in	ey should include		
c Any submission deadlines				<del></del>	
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable f	ields, kinds of institu	itions, or other factors	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid Du	ring the Ye	·	ure Paymen	<u>t</u>	
Recipient		If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or busine	ss)	substantial contributor	recipient		<u> </u>
a Paid during the year		i			
Yellow Ribbon Fund		1	}	Fellowships &	
7200 Wisconsin Ave #310				Assistance	
Bethesda MD	20814		Grant		3,000.
Wounded Warrior Project	^			Fellowships &	
7020 A.C. Skinner Pkw #10 Jacksonville FL	32256		C t-	Assistance,	10 000
Segs4Vets	32236		Grant	<pre>Iraq troops Fellowships &amp;</pre>	10,000.
500 Fox Ridge Road				Assistance	
St. Louis MO	63131		Grant	ASSISTANCE	10,000.
Freedom Alliance	03131		Granc	Fellowships &	10,000.
22570 Markey Ct. #240				Assistance	
Dulles VA	20166		Grant	his state of the s	15,000.
The Aleethia Foundation				Fellowships &	15,000.
1718 M Street, NW #1170				Assistance	
Washington, DC	20036		Grant		5,000.
Salute America's Heroes				Fellowships &	
P.O. Box 1073				Assistance	
Springfield VA	22151	1	Grant		20,000.
Blinded Veterans Assn				Fellowships &	
477 H Street, NW				Assistance	
Washington, DC	20005		Grant		500.
USO				Fellowships &	
P.O. Box 96860				Assistance	
	20071		Grant		2,000.
Paralyzed Veterans of Ame	rıca			Fellowships &	
801 18th Street, NW	00010		_	Assistance	
_	20018		Grant		500.
See Line 3a statement					
					29,500.
					29,300.
b Approved for future payment			ı	···_ · · · · · · · · · · · · · · · · ·	95,500.
2 ripproved for fatare payment					
					Ì
					1
				}	
				]	
				1	+
Tabel	<del></del>	<u> </u>			
Total	<u> </u>				b

# Part XVI-A Analysis of Income-Producing Activities

r gross amounts unless otherwise indicated	Unrelated b			section 512, 513, or 5	
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions
Program service revenue			code		<del>-</del>
<u> </u>					
)			<del> </del>		
			<del>  </del>		
j					
)			·		
			<del>  </del>		
Fees and contracts from government agencies			I———		
Membership dues and assessments .			ļ		
Interest on savings and temporary cash investments	522100	754.	<del> </del>		
Dividends and interest from securities	522100	3,770.	<u> </u>		_
Net rental income or (loss) from real estate			ļ. <u>.     </u>		
Debt-financed property		····	<u> </u>		
Not debt-financed property					
Net rental income or (loss) from personal property .			<u> </u>		
Other investment income .	211110	4,600.			
Gain or (loss) from sales of assets other than inventory	211110	-32,345.			
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					``
		-23,221.			
Subtotal Add columns (b), (d), and (e)		-23,221.		1:	3 -23,2
Total Add line 12, columns (b), (d), and (e) . worksheet in line 13 instructions to verify calculation			•		3 -23,2
Subtotal Add columns (b), (d), and (e) .  Total Add line 12, columns (b), (d), and (e) .  worksheet in line 13 instructions to verify calculations to verify calculations.  TXVI-B Relationship of Activities to the No. Explain below how each activity for which in	he Accomplis	hment of Exem	pt Purpo	ses	to the
Subtotal Add columns (b), (d), and (e) .  Total Add line 12, columns (b), (d), and (e) .  worksheet in line 13 instructions to verify calculations to the line 13 instructions to verify calculations.  TXVI-B Relationship of Activities to the No. Explain below how each activity for which in	he Accomplis	hment of Exem	pt Purpo	ses	to the
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Total Add line 12, columns (b), (d), and (e) . worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to t	he Accomplis	hment of Exem	pt Purpo	ses	to the
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Subtotal Add columns (b), (d), and (e) .  Total Add line 12, columns (b), (d), and (e) .  worksheet in line 13 instructions to verify calculations to verify calculations.  EXPLAIN DELOTED TO SUBJECT OF THE COLUMN ACTIVITY OF Which III.	he Accomplis	hment of Exem	pt Purpo	ses	to the
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in section 501(c) of	the Code (o								rganız • •	ations		• •	•	. Yes	X	No
		<del></del> -	41.5													
vame of organization	<u> </u>		<b>(b)</b> Typ	be of or	rganiza	tion				(c)	Descr	ption of	relati	ionship		
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adhan of names 1 dest :	that I have a															
	ndation directly or inc in section 501(c) of implete the following Name of organization	ndation directly or indirectly affiliation section 501(c) of the Code (c) mane of organization	ndation directly or indirectly affiliated with, in section 501(c) of the Code (other than somplete the following schedule  Name of organization	ndation directly or indirectly affiliated with, or relate in section 501(c) of the Code (other than section 501) make of organization (b) Type the following schedule (c) Name of organization (b) Type the following schedule (c) Type the following schedule	ndation directly or indirectly affiliated with, or related to, or in section 501(c) of the Code (other than section 501(c)) omplete the following schedule  Name of organization  (b) Type of organization  (c) Name of noncharitable exempling affiliated with, or related to, or in section 501(c) of the Code (other than section 501(c)) omplete the following schedule  Name of organization  (b) Type of organization	nother assets, or services given by the reporting foundation. If the action or sharing arrangement, show in column (d) the value of the	ndation directly or indirectly affiliated with, or related to, one or more tain section 501(c) of the Code (other than section 501(c)(3)) or in section paganization  (b) Type of organization  (c) Name of noncharitable exempt organization  (d) the value of the go noncharitable exempt organization  (e) Name of noncharitable exempt organization  (f) Name of noncharitable exempt organization  (g) Name of noncharitable exempt organization  (h) Type of organization  (h) Type of organization	ndation directly or indirectly affiliated with, or related to, one or more tax-exe in section 501(c) of the Code (other than section 501(c)) or the Code (other than section 501(c)) or ganization  (b) Type of organization  (c) Name of noncharitable exempt organization  (d) Amount involved  (c) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization  (d) Amount involved  (e) Name of noncharitable exempt organization	ndation directly or indirectly affiliated with, or related to, one or more tax-exempt or in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Indiation directly or schedule  Name of organization  (b) Type of organization  (c) Name of noncharitable exempl organization  (d) Description  (d) Description  (d) Description  (e) Name of noncharitable exempl organization  (d) Description  (d) Description  (e) Description  (d) Description  (e) Description  (f) Description  (f) Description  (h) Type of organization	ndation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Indiana (b) Type of organization (b) Type of organization (c) Type of organization (d) Type of organization (d) Type of organization (e) Type of organization (b) Type of organization (b) Type of organization	, other assets, or services given by the reporting foundation. If the foundation received less the action or sharing arrangement, show in column (d) the value of the goods, other assets, or sen (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trans  (d) Description of trans  (d) Description of trans  (d) Description of trans  (e) Amount involved (c) Name of noncharitable exempt organization (d) Description of trans  (f) Amount involved (d) Description of trans  (h) Amount involved (d) Description of trans  (e) Description of trans  (f) Description of trans  (h) Description	adation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations in section 501(c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)). Type of organization (c) Describes and statements, and to the best of my.	other assets, or services given by the reporting foundation if the foundation received less than fair market vaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions (d) Description of transfers, transactions (d) Description of transfers, transactions and transfers transactions (e) Description of transfers transactions (d) Description of transfers transactions (d) Description of transfers transactions (e) Description of transfers transactions (d) Description of transfers transactions (e) Description of the Code (other than section 501(c)(3)) or in section 527?	other assets, or services given by the reporting foundation. 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(d) Description of transfers, transactions, and sharing arrangements.  (d) Description of transfers, transactions, and sharing arrangements.  (e) Name of noncharitable exempl organization.  (d) Description of transfers, transactions, and sharing arrangements.  (e) Name of interesting arrangements of the goods, other assets, or services received.  (d) Description of transfers, transactions, and sharing arrangements.  (e) Name of interesting arrangements of the goods, other assets, or services received.  (d) Description of transfers, transactions, and sharing arrangements.  (e) Description of relationship in section 501(c) (3) or in section 527?  (e) Description of relationship in section 501(c) Description of relationship in section 527.  (e) Description of relationship in section 527.  (f) Description of relationship in the properties of the goods.

M.Ti. Colon -1. May the IRS discuss

Sign Here

"/alleda & Muh	108/12/16	Trustee
Signature of officer or trustee	Date	Title
Print/Type preparer s name	in Propager Smarte anderso	Date

			this return with the preparer shown belo (see instructions)?			w		
						Yes		No
Check		ıf	P	TIN				
self-employed P			P00117409					

(703) 243-0605

Paid
Preparer
Use Only

BAA

Richard L. Firm's name R L ANDERSON COMPANY Firm's address 4620 LEE HWY STE 240

ARLINGTON VA 22207-3412 Firms EIN - 54-1576820

Phone no

Form **990-PF** (2015)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

Name of the organization		Employer identification number
Smithers Patriot Foundation In	nc	26-1097880
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pr	ivate foundation
	501(c)(3) taxable private foundation	
	ou ((o)(o) taxable private fulldation	
Check if your organization is covered by the Gene	ral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organize	ation can check boxes for both the General Rule and a Sp	pecial Rule. See instructions
General Rule		
For an organization filing Form 990, 990-EZ, of property) from any one contributor. Complete I	r 990-PF that received, during the year, contributions total Parts I and II. See instructions for determining a contributo	ing \$5,000 or more (in money or r's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	e)(3) filing Form 990 or 990-EZ that met the 33-1/3% supporthat checked Schedulc A (Form 990 or 990-EZ), Part II, linguage, total contributions of the greater of (1) \$5,000 or (2) 2/2, line 1 Complete Parts I and II	ne 13, 16a, or 16b, and that
For an organization described in section 501(c during the year, total contributions of more that purposes, or for the prevention of cruelty to ch	c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr n \$1,000 <i>exclusively</i> for religious, charitable, scientific, lite ildren or animals. Complete Parts I, II, and III	om any one contributor, rary, or educational
during the year, contributions exclusively for re \$1,000 If this box is checked, enter here the to charitable, etc., purpose. Do not complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that received freeligious, charitable, etc., purposes, but no such contribution otal contributions that were received during the year for an of the parts unless the <b>General Rule</b> applies to this organ etc., contributions totaling \$5,000 or more during the year	ns totaled more than exclusively religious, nization because
990-PF), but it <b>must</b> answer 'No' on Part IV, line 2	e General Rule and/or the Special Rules does not file Sch , of its Form 990, or check the box on line H of its Form 99 ng requirements of Schedule B (Form 990, 990-EZ, or 990	00-FZ or on its Form 990-PF

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-E2, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
Name of org		' '	r identification number
Part I	Contributors (see instructions) Use duplicate copies of Part Lif additional space		097880
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Tillie J. Smithers  3412 N. Buchanan Street  Arlington VA 22207	\$ <u>520,000</u> .	Person Payroll Noncash X  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   \$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
BAA	TEEA0702 10/12/15	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2015

1 of Part I

Page

1 to

1 of Part II

Name of organization

Smithers Patriot Foundation Inc

Employer identification number

26-1097880

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive	
Condomination 1111 191 Arlingto	nium Th Street N, Unit 1905 On, Virginia 22209		08/06/15	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Name

#### **Net Gain or Loss From Sale of Assets**

2015

Employer Identification Number 26-1097880 Smithers Patriot Foundation Inc Asset Information: Description of Property . . . . . Condo #1905, 1111 19th St, Arlington, VA 22209 Date Acquired 08/06/15 How Acquired Donated Date Sold Name of Buyer 11/06/15 Elio & Margaret Demeira Cost or other basis (do not reduce by depreciation) Sales Price . 522,500. 520,000. Sales Expense . 34,845. Valuation Method · Fair Market Value Total Gain (Loss) . -32, 345. Accumulation Depreciation . . . 0. Description of Property . . . How Acquired Date Acquired . Date Sold Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense Valuation Method Accumulation Depreciation . . Total Gain (Loss) . . Description of Property . Date Acquired . How Acquired . . Date Sold . . Name of Buyer Sales Price . . Cost or other basis (do not reduce by depreciation) . Valuation Method . Sales Expense . Accumulation Depreciation . . . Total Gain (Loss) Description of Property . Date Acquired . How Acquired Date Sold Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Accumulation Depreciation . . Total Gain (Loss) Description of Property . Date Acquired . How Acquired Date Sold . Name of Buyer Sales Price . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Total Gain (Loss) . . Accumulation Depreciation . . Description of Property . . . Date Acquired How Acquired Date Sold Name of Buyer Sales Price . Cost or other basis (do not reduce by depreciation) . Valuation Method . . . . Sales Expense . . Accumulation Depreciation . . . \_\_\_\_\_ Total Gain (Loss) Description of Property . . . Date Acquired How Acquired Date Sold Name of Buyer . Sales Price . Cost or other basis (do not reduce by depreciation) Sales Expense . . Valuation Method Total Gain (Loss) Accumulation Depreciation . . . Description of Property . Date Acquired . How Acquired Date Sold Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) . Sales Expense . . Valuation Method . . . Total Gain (Loss) Accumulation Depreciation . . .

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
US Treasury User Fee				
Virginia SCC registration	25.	25.		
Arlington Clerk of Court	46.	46.		

Total	71.	71.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox	
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount	
a Paid during the year					
Kip West Outdoors, Inc			Fellowships &	Person or	
PO Box 1003			Assistance	Business	
Wakefield VA 23888		Grant		10,000.	
Navy Safe Harbor Foundation			Fellowships &	Person or	
3631 Ransom Place			Assistance	Business	
Alexandria VA 22306		Grant		0.	
Northern Virginia Alliance League			Fellowships &	Person or	
3200 N. Woodrow Street			Assistance	Business	
Arlington VA 22207		Grant		0.	
Fisher House Foundation			Fellowships &	Person or	
111 Rockville Pike #420			Assistance	Business	
Rockville MD 20850		Grant		500.	
Disabled Americans Veterans			Fellowships &	Person or	
3725 Alexandria Pike			<u>Assistance</u>	Business	
Cold Spring KY 410/6	· · · · · · · · · · · · · · · · · · ·	Grant		1,000.	
Semper F1 Fund			Fellowships &	Person or	
825 College Boulevard			Assistance	Business	
Oceanside CA 92057		Grant		0.	
Gene Vance Jr. Foundation			Fellowships &	Person or	
P.O. Box 912			Assistance	Business	
Rutherfordton NC 28139	··	Grant		0.	
College of William and Mary Foundation			Veterans Counseling	Person or X	
PO Box 1693			Center	Business	
Williamsburg VA 23187		Grant		0.	
Heal The Warriors			Lyperbaric therapy	Person or X	
129 W. Virginia Beach Blvd			Warriors with	Business	
Norfolk VA 23510		Grant	Brain Injury	3,000.	
Virginia Hospital Center 1701 N. George Mason Dr.			Treats combat	Person or X	
Arlington VA 22205			wounded with	Business	
San Diego WW Tennis Program		Grant	adciction problems	10,000.	
			Tennis camps	Person or X	
2221 Morley Field Drive			for wounded	Business	
San Diego CA 92104	I	Grant	Warriors	5,000.	

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement**  Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				

Total

29,500.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RL Anderson Co.	Tax prepration	860.			

Total

860.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
US Post Office	Postage	0.			

Total

0.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
Fidelity Investments #7/1-724912	684,869.	684,869.	
Total	684,869.	684.869	

#### Supporting Statement of:

Form 990-PF, pl/Line 1(a)

	Description	Amount
		520,000.
Total		520,000.

#### **Supporting Statement of:**

Form 990-PF, pl/Line 5a(a)

Description				Amount	
Unit 1905,	Condo	rental	income,	8/6/15-11/6/15	4,600.
Total					4,600.

#### Supporting Statement of:

Form 990-PF, pl/Line 5b

Description	Amount
Rental income of condo, Unit 1905, 8/6/15-11/6/15	4,600.
Total	4,600.

#### **Supporting Statement of:**

Form 990-PF, p2/Line 1(a)

Description	Amount
Wells Fargo Bank, Checking #2000049335608 United Bank, Checking #70077045	37,577. 238,555.
Total	276,132.

#### **Supporting Statement of:**

Form 990-PF, p2/Line 2(a)

Description	Amount
Wells Fargo bank, Savings #200003469363	70,497.

Continued

		-
Supporting	Statement	ot.

Form 990-PF, p2/Line 2(a)

	Description	Amount
Total		70,497.

#### Supporting Statement of:

Form 990-PF, p2/Line 1(b)

Description	Amount
Wells Fargo Bank #2000049335608608	26,046.
United Bank, Checking #70077045	38,878.
Total	64,924.

#### **Supporting Statement of:**

Form 990-PF, p2/Line 1(c)

Description	Amount
Wells Fargo Bank, Checking #2000049335608 United Bank, Checking #70077045	26,046. 38,878.

#### **Supporting Statement of:**

Form 990-PF, p2/Line 2(b)

Description	Amount
Wells Fargo Bank, Savings #200003469363 Capital One Bank, Savings #00001373956941	37,436. 150,754.
Total	188,190.

#### **Supporting Statement of:**

Form 990-PF, p2/Line 2(c)

Description	Amount
Wells Fargo Bank, Savings #200003469363	37,436.

Supporting Statement of:	Continue
Form 990-PF, p2/Line 2(c)	
Description	Amount
Capital One Bank, Savings #00001373956941	150,754.
otal	188,190.
Supporting Statement of:	
Form 990-PF,p12/Line 3 Column (b)	
Description	Amount
Capital One Bank, Savings #00001373956941	754.
Fotal	754.
Supporting Statement of:	
	Amount
Form 990-PF,p12/Line 4 Column (b)  Description	<b>Amount</b> 3,770.
Form 990-PF,p12/Line 4 Column (b)  Description  Fidelity Investments #A71-724912	
Supporting Statement of:  Form 990-PF,p12/Line 4 Column (b)  Description  Fidelity Investments #A71-724912  Total  Supporting Statement of:	3,770.
Description  Fidelity Investments #A71.724912  Total  Supporting Statement of:	3,770.
Description  Fidelity Investments #A71.724912  Total  Supporting Statement of:	3,770.
Description  Fidelity Investments #A71.724912  Total  Supporting Statement of:  Form 990-PF,p12/Line 7 Column (b)	3,770.

### Supporting Statement of:

Sch. B, page 2 (Copy 1)/Contribution amount-1

Description	Amount
Condo #1905, 1111 19th St. Arlington, VA 22209	520,000.

Total

520,000.