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EXTENDED TO NOVEMBER 15, 2016
Return of Private Foundation

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

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

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

_		dar year 2015 or tax year beginning APR		, and ending	MAR 31, 201	6
		foundation			A Employer identification	n number
		FOUNDATION				_
		DR. DAVID M. REILE, TR			52-210963	0
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<b>^1</b> 2
		D EMORY CHURCH ROAD	notal anda	<u>C</u>	301-774-2	
		own, state or province, country, and ZIP or foreign pole EY, MD 20832	ostal code		C If exemption application is	pending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns check here
•	HOOK	Final return	Amended return	armor public charity		
		Address change	Name change		2 Foreign organizations macheck here and attach of	neeting the 85% test, computation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation st	
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(	
l Fa	ır ma	rket value of all assets at end of year   J   Accounting	ng method: Cash	X Accrual	F If the foundation is in a	a 60-month termination
(fr	om F		her (specify)		under section 507(b)(	
		97,466. (Part I, colu	mn (d) must be on cash b	oasis)		T 48
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	124,800.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
eve	7	Capital gain net income (from Part IV, line 2)		0 .	,	
Œ	8	Net short-term capita Par CENVED				
	9	Income modifications————————————————————————————————————				
	10a	Gross sales lesemeturns and allowances ALOV 0 0 2010				
		Less Cost of Costs sold NOV 2 3 2016  Gross profit or (loss).			<del>                                     </del>	
	11	Gross profit or (loss)	4,171.	0 .		STATEMENT 1
	12	Total. Add lines 1 through 11	128,971.	0 .	<del></del>	
	13	Compensation of officers, directors, trustees, etc	0.	0 .	······································	0.
	14	Other employee salaries and wages				
"	15	Pension plans, employee benefits				
Se	I	Legal fees				
Der	I	Accounting fees STMT 2	6,656.	0.	•	0.
e Ü	ı	Other professional fees				
ativ	17 18	Interest Taxes				
istra	19	Depreciation and depletion				
E.	20	Occupancy				
3	21	Travel, conferences, and meetings	369.	0 .		0.
25	22	Printing and publications				
<b>€</b>	23	Other expenses STMT 3	290.	0	•	0.
Operating and Wilministrative Expenses	24	Total operating and administrative				
La G		expenses. Add lines 13 through 23	7,315	<u> </u>	-	97.055
	25	Contributions, gifts, grants paid	97,055.		-	97,055.
	26	Total expenses and disbursements Add lines 24 and 25	104,370.	0		97,055.
SCANNED	27	Subtract line 26 from line 12:	20-27-01-01			57,055.
S.		Excess of revenue over expenses and disbursements	24,601.			
S	l	Net investment income (if negative, enter -0-)		0		
	c	Adjusted net income (if negative, enter -0-)			N/A	
5235 11-2	01 4-15	LHA For Paperwork Reduction Act Notice, see	instructions.			Form <b>990-PF</b> (2015)

523511 11-24-15

Part I\	/ Capital Gains an	d Losses for Tax on Ir	vestment	Income						
		e the kind(s) of property sold (e.g nouse, or common stock, 200 sha			( <b>b)</b> H	low ac - Purc - Don	cquired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a										
_b	NONE	<u> </u>		<del></del>						
_C	<del></del>									
<u>d</u>										
<u>e</u>					L	-				
(e	) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (	
<u>a</u>									<del></del>	<del></del>
_b										
_C										
<u>d</u>										
<u>e</u> Comn	lete only for assets showing o	gain in column (h) and owned by	the foundation	on 12/31/69	<u></u>			N Gaine /C	'ol (h) gain	minue
- 001115	late only for assets showing g	(j) Adjusted basis		cess of col. (i)					col. (h) gain not less thar	
(ı) F	.M V as of 12/31/69	as of 12/31/69		col. (j), if any					(from col. (	
a										
b								·		
<u>C</u>										
ď										
е		<del> </del>				-	Γ			
3 Net sho	gain net income or (net capita ort-term capital gain or (loss) a also enter in Part I, line 8, col ), enter -0- in Part I, line 8	as defined in sections 1222(5) ar		7	}	2			<del></del>	
		der Section 4940(e) for	Reduced	Tax on Net	Inv		ent In	come		<del></del>
		undations subject to the section								
(i oi optioi	iai use by domestic private to	undations subject to the section	4340(a) lax oli	net mvestment m	COMIC	••)				
If section 4	4940(d)(2) applies, leave this	part blank.								
		1 4942 tax on the distributable am		•	od?					Yes X No
		under section 4940(e) Do not co h column for each year; see the ii			ntries	:			·	
Littor	(a)	/h)	130 4000013 200	iore making any c		•		1	<u>.</u>	(d)
Calenda	Base periód years ar year (or tax year beginning i	Adjusted qualifying dis	tributions	Net value of no	(c) nchar	ıtable-	use assets	3	Distrib (col. (b) div	ution ratio ided by col. (c))
- Odioriac	2014		2,807.			5	9,33		(00.1 (2) 0.1	2.069723
	2013		0,698.				2,67			1.626056
	2012		9,121.				1,41			3.289396
	2011		5,744.				4,71			1.602323
	2010	2	8,103.			7	0,10	5.		.400870
2 Total o	of line 1, column (d)							2		8.988368
	• •	ear base period - divide the total	on line 2 by 5.	or by the number	of ve	ars		-	<del></del>	0.,,00,00
_	ndation has been in existence		o		o, , o.	u. 0		3		1.797674
<b>4</b> Enter t	he net value of noncharitable-	use assets for 2015 from Part X,	line 5					4		76,093.
5 Multipl	y line 4 by line 3							5		136,790.
6 Enter 1	% of net investment income (	1% of Part I, line 27b)		-		_		6		0.
7 Add lin	es 5 and 6							7		136,790.
8 Enter o	ualifying distributions from Pa	art XII, line 4						8		97,055.
	B is equal to or greater than line Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax	rate.			

Form 990-PF (2015)   C/O DR DAVID M. REILE, TREASURER   52-2109630   Tart VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction    1a Exempt operating foundations described in section 4940(d)(2), check here   I and enter "N/A" on line 1. Date of ruling or determination letter:   (attach copy of letter if necessary-see instructions)    b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   I and enter 1%   I of Part I, line 27b   I and enter 1%   I of Part I, line 27b   I and enter 1%   I of Part I, line 12, col. (b).    2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   2   3   Add lines 1 and 2   3   3      4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   5   Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-   5     6a	0. 0. 0. 0. 0. No
1a Exempt operating foundations described in section 4940(d)(2), check here   □ and enter "N/A" on line 1.  □ Date of ruling or determination letter:  (attach copy of letter if necessary-see instructions)  b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  □ and enter 1%  of Part I, line 27b  c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d	0. 0. 0. 0.
Date of ruling or determination letter:	0. 0. 0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  of Part I, line 27b  c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d	0. 0. 0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d	0. 0. 0.
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  Credits/Payments  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  Total credits and payments. Add lines 6a through 6d	0. 0. 0.
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7	0. 0. 0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credits/Payments  a 2015 estimated tax payments and 2014 overpayment credited to 2015  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d	0. 0. 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7	0. 0. No
6 Credits/Payments a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7	0. 0. No
a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d  7	0 . No
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d  7	0 . No
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 7	0 . No
d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  7	0 . No
7 Total credits and payments. Add lines 6a through 6d 7	0 . No
	0 . No
o chief any benativitor underbayment of estimated tax. Check here i i il formi zzzu is attachen i k i	No
	No
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10   10	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	
Part VII-A Statements Regarding Activities	
any political campaign?	41
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
distributed by the foundation in connection with the activities.	
c Did the foundation file Form 1120-POL for this year?	Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 .	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
managers ► \$ 0 .	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u>X</u>
If "Yes," attach a detailed description of the activities	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4a 4a	<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A 4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  [5]	<u>X</u>
If "Yes," attach the statement required by General Instruction T  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
Are the requirements of section 300(e) (relating to sections 4941 through 4943) satisfied either.      By language in the governing instrument, or	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	
remain in the governing instrument?	Х
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	
The state of the s	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	
MD	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	
of each state as required by General Instruction G? If "No," attach explanation  8b 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	v
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10	$\frac{\mathbf{x}}{\mathbf{x}}$
Form 990-PF	

	990-PF (2015) C/O DR. DAVID M. REILE, TREASURER 52-210	<u>9630</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
	·	ļ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► <u>NA</u>			
14	The books are in care of ► DR. DAVID M. REILE Telephone no. ► 301-7			
	Located at ► 3100 EMORY CHURCH ROAD, SUITE C, OLNEY, MD ZIP+4 ►2	0832		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.7	· / 3	لــا
40	and enter the amount of tax-exempt interest received or accrued during the year  15	N	/A Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	40	res	_
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			ĺ
P	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			L
<u></u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.	During the year did the foundation (either directly or indirectly):		163	140
11	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			1
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
1	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ł
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			1
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			l
	before the first day of the tax year beginning in 2015?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			1
	defined in section 4942(j)(3) or 4942(j)(5)):		:	1
;	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			1
	before 2015? Yes X No			
	If "Yes," list the years \( \sum_{in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
I				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		]	
	statement - see instructions.)  N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			ĺ
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3:				
	during the year?  Yes X No			
	o 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,	26		
·,	Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A	3b		Х
	i Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4 <u>a</u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
		orm <b>99</b>	0-PF	
		J		(-010)

Form 990-PF (2015)

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

523561 11-24-15

Form **990-PF** (2015)

Form	990-PF (2015) C/O DR. DAVID M. REILE, TREASURER	52-2109630	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions.)	,
		I I I I I I I I I I I I I I I I I I I	<u> </u>
	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	1a	0. ,252.
	Average of monthly cash balances		<u>,252.</u>
	air market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d 77	,252.
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0.		
2 /	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3 5	Subtract line 2 from line 1d		,252.
4 (	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 1	<u>,159.</u>
5 1	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 76	,093.
6 !	Minimum investment return Enter 5% of line 5	6 3	,805.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here 🕨 🔃 and do not complete this part.)		
1 /	Minimum investment return from Part X, line 6	1 3	,805.
2a 1	Fax on investment income for 2015 from Part VI, line 5		-
<b>b</b> 1	ncome tax for 2015. (This does not include the tax from Part VI.)		
c A	Add lines 2a and 2b	2c	0.
3 [	Distributable amount before adjustments. Subtract line 2c from line 1		,805.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4		,805.
	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		,805.
Pa	et VII		7000.
	Qualifying Distributions (see instructions)		
1 /	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 97	,055.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:	2	
		00	
	Suitability test (prior IRS approval required)	3a	·
	Cash distribution test (attach the required schedule)	3b 97	,055.
	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	97	,055.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		Λ
	ncome. Enter 1% of Part I, line 27b	5 07	<u>0.</u> ,055.
	Adjusted qualifying distributions Subtract line 5 from line 4		,055.
1	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	quaimes for the section	

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				3,805.
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:				
3 Excess distributions carryover, if any, to 2015:		0.		
1				
a From 2010 24,598.				
b From 2011 131,508. c From 2012 166,550.				
dFrom 2013 146,064.				
e From 2014 119,840.	E00 E60			
f Total of lines 3a through e	588,560.		·	
4 Qualifying distributions for 2015 from				
Part XII, line 4 > \$ 97,055.			0	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.	<del>-</del>	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U.			2 005
d Applied to 2015 distributable amount	93,250.			3,805.
e Remaining amount distributed out of corpus	93,250.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	681,810.			
<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		0.	·	
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 instr.			0.	
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				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		- <del></del>	
8 Excess distributions carryover from 2010	24 500			
not applied on line 5 or line 7	24,598.			
9 Excess distributions carryover to 2016	657 212			
Subtract lines 7 and 8 from line 6a	657,212.		75.7	<del></del>
10 Analysis of line 9: a Excess from 2011 131,508.				
a Excess from 2011 131,508. b Excess from 2012 166,550.				
c Excess from 2013 146,064.				
d Excess from 2014 119,840.				
e Excess from 2015 93, 250.				
<u> </u>				<del></del>

523581 11-24-15

Form **990-PF** (2015)

Form **990-PF** (2015)

Form 990-PF (2015) C/O DR. DAVID

C/O DR. DAVID M. REILE, TREASURER

52-2109630 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year CAMP BLUE RIDGE NONE PUBLIC CHARITY CREATE AN AWARENESS OF 529 OLD MILL RD THE NEEDS OF EDUCATION MONTEBELLO VA 24464 10,000. EPILEPSY FOUNDATION OF AMERICA NONE PUBLIC CHARITY CREATE AN AWARENESS OF 8301 PROFESSIONAL PLACE, # 200 THE NEEDS OF EDUCATION LANDOVER, MD 20785 FOR EPILEPSY 250. FLORIDA STATE UNIVERSITY FOUNDATION NONE PUBLIC CHARITY CREATE AN AWARENESS OF 2010 LEVY AVENUE BLDG B STE 300 THE NEEDS OF EDUCATION TALLAHASSEE, FL 32310 750. GHROW FOUNDATION INC NONE PUBLIC CHARITY CREATE AN AWARENESS OF PO BOX 6815 THE NEEDS OF EDUCATION COLUMBIA, MD 21045 17,483, HOPE SABBATH SCHOOL NONE PUBLIC CHARITY CREATE AN AWARENESS OF 12501 OLD COLUMBIA PIKE THE NEEDS OF EDUCATION SILVER SPRING MD 20904 2.000. SEE CONTINUATION SHEET(S) Total ▶ 3a 97,055 b Approved for future payment NONE Total **▶** 3b Form 990-PF (2015)

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\*\* SEE PURPOSE OF GRANT CONTINUATIONS

#### Part XVI-A ` Analysis of Income-Producing Activities

	Unrelati	ed business income	Evel	ided by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
å	-				
<b>b</b>	-		<del> </del>		· · · · · · · · · · · · · · · · · · ·
<u> </u>			-		
d			<del> </del>		
f					
g Fees and contracts from government agencies			<del>                                     </del>		
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash					· <u>-</u>
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1		
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory		,			
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			I		
11 Other revenue					
a REIMBURSED TRAVEL					
b EXPENSE					4,171.
C					
d					······································
e			ļ		
12 Subtotal Add columns (b), (d), and (e)		0.	<u> </u>	0.	4,171.
13 Total Add line 12, columns (b), (d), and (e)				13	4,171.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemp	ot Purposes	
Explain below how each activity for which income the foundation's exempt purposes (other than			A contri	buted importantly to the accom	plishment of
11 REIMBURSED TRAVEL EXPE		mas for each parpososy.			
TI KHIMDONDHO TIQIVEE BALL B	110110				
				<del></del>	
				,	· · · ·
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	_				
i					
<del></del>		-			Form <b>990-PF</b> (2015

orm 990-PF		R. DAVID M. REI.			109630		ge 13
Part XV	Information Re Exempt Organi		ind Transactions a	nd Relationships With Non	cnaritable	•	
1 Did the		ectly engage in any of the following	g with any other organization	n described in section 501(c) of		Yes	No
		(3) organizations) or in section 52					
	•	tion to a noncharitable exempt org					
(1) Ca			,		1a(1)		X
	ner assets				1a(2)		<u>X</u>
٠,,	ansactions:						
-	les of assets to a noncharitab	ile exempt organization			1b(1)		X
` '		charitable exempt organization			1b(2)		X
	ntal of facilities, equipment, o				1b(3)		X
\ - <i>I</i>	imbursement arrangements				1b(4)		X
	ans or loan guarantees				1b(5)		X X X X X
	=	mbership or fundraising solicitatio	ns		1b(6)		X
		ling lists, other assets, or paid emi			1c		X
		<del>-</del>		vays show the fair market value of the go	ods, other ass	ets,	
				e in any transaction or sharing arrangem			
		other assets, or services received.					
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transaction	s, and sharing arr	angeme	nts
		N/A					
			,				
2a is the t	oundation directly or indirect	lly affiliated with, or related to, one	or more tax-exempt organiz	zations described		_	
	<del>-</del>	than section 501(c)(3)) or in sect			Yes	X	No
	" complete the following sche						
<u><b>D</b></u> 11 103	(a) Name of org		(b) Type of organization	(c) Description of rela	ationship		
	N/A						
Ur	nder penalties of perjury, I declare t	that I have examined this return, includir	ng accompanying schedules and	statements, and to the best of my knowledge	May the IRS	discuss	this
Sign ar	d belief, it is true, correct, and con	nplete Declaration of preparer (other tha	in taxpayer) is based on all inform	nation of which preparer has any knowledge	return with the	e prepai	rer
Here	Have	M.\ <ul< td=""><td>1 1/11/16</td><td>Managin Director</td><td>  <b> </b>   </td><td></td><td>ÖNo</td></ul<>	1 1/11/16	Managin Director	<b> </b>		ÖNo
	Signature of officer or trustee		Date / /	Title			
	Print/Type preparer's na	<del></del>		Date Check If	PTIN		
	LEESA J. E		an	Date   Check   If   self- employed			
Paid	CPA	120	Allina	- PL	P00120	725	, <del>-</del> -
Prepare		PIN, OWEN & SAX	DSTROM, P.A.	Firm's EIN ► 52			
Use On		, 5 514	<i>y</i> =,	1			
		01 NATIONAL DRI	VE SUITE 260	1:			
	•		20866-1189		1-421-1	330	!
					Form <b>99</b> 0		

# 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, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

R/S FOUNDATION

Employer identification number

C	O DR. DAVID M. REILE, TREASURER	52-2109630					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II	, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III						
year, contributior is checked, enter purpose Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Name of organization

Employer identification number

R/S FOUNDATION

C/O DR. DAVID M. REILE, TREASURER

52-2109630

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAREER DEVELOPMENT ALLIANCE, LLC  3100 EMORY CHURCH ROAD, SUITE C  OLNEY, MD 20832	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID REILE & BARBARA SUDDARTH  3100 EMORY CHURCH ROAD  OLNEY, MD 20832	\$24,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Onncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	- (c) Total contributions	- (d) - Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

R/S FOUNDATION

Employer identification number

C/O DR. DAVID M. REILE, TREASURER

52-2109630

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

523454 10-26-15

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor OLNEY ADVENTIST PREPATORY SCHOOL NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF EDUCATION 4100 OLNEY-LAYTONSVILLE RD., 64,505. OLNEY, MD 20832 PUBLIC CHARITY CREATE AN AWARENESS OF OLNEY SEVENTH-DAY ADVENTIST CHURCH NONE 4100 OLNEY-LAYTONSVILLE RD., THE NEEDS OF RELIGION 500, OLNEY MD 20832 NONE PUBLIC CHARITY CREATE AN AWARENESS OF POTOMAC ADVENTIST 12004 CHERRY HILL RD THE NEEDS OF EDUCATION 59. SILVER SPRING MD 20904 PUBLIC CHARITY CREATE AN AWARENESS OF SHELBURNE FARMS NONE THE NEEDS OF EDUCATION 1611 HARBOR RD SHELBURNE VT 05482 258. NONE PUBLIC CHARITY CREATE AN AWARENESS OF SPENCERVILLE SEVENTH DAY ADVENTIST THE NEEDS OF RELIGION CHURCH 16325 NEW HAMPSHIRE AVE 1,250. SILVER SPRING, MD 20905 Total from continuation sheets 66,572.

FORM 990-PF	OTHER	INCOME		STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REIMBURSED TRAVEL EXPENSE	_	4,171.	0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	4,171.	0.	
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES CONTRACT LABOR	4,516 2,140			0.
TO FORM 990-PF, PG 1, LN 16B	6,656	. 0		0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
OFFICE SUPPLIES AND EXPENSE BANK SERVICE CHARGES PERSONAL PROPERTY TAX DUES & SUBSCRIPTIONS	141 95 35 19	. 0	•	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	290	. 0	•	0.

			· · · · · · · · · · · · · · · · · · ·
BORROWER'S NAME AND TITLE			
CAREER DEVELOPMENT ALLIANCE,	LLC		
DATE OF MATURITY NOTE DATE TERMS OF	REPAYMENT	INTEREST RATE	ORIGINAL LOAN AMOUNT
		.00%	C
SECURITY PROVIDED BY BORROWER	PURPOSE (	OF LOAN	
	TRAVEL A	DVANCES	
DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE	FMV OF LOAN
REPAID 11/08/2016	1,478.	1,478.	1,478
TOTAL TO FORM 990-PF, PART II	, LINE 6	1,478.	1,478
FORM 990-PF	OTHER LIABILITIES		STATEMENT
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO CDA, LLC CHASE CREDIT CARD		475. 2,324.	475 2,942
CHADE CREDIT CARD	T T3TD 00	2,799.	3,417
TOTAL TO FORM 990-PF, PART II	, LINE 22		

DAVID M. REILE

BARBARA H. SUDDARTH