TENDED TO FEBRUARY 15, 20 Return of Private Foundation

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

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

| partment of the Treasury | social security numbers on m 990-PF and its separate | | | / ZU IU |
|--|--|---|---|--|
| | R 1, 2016 | , and ending | MAR 31, 2017 | Open to Public Inspection |
| ame of foundation | . 1, 2010 | 1000000 | A Employer identification | |
| R/S FOUNDATION | | | | |
| | REASURER | | 52-2109630 |) |
| imber and street (or P O box number if mail is not delivered to stree | t address) | Room/suite | B Telephone number | |
| 3100 EMORY CHURCH ROAD | | <u> C </u> | 301-774-20 | |
| ry or town, state or province, country, and ZIP or foreign | postal code | | C If exemption application is i | pending, check here |
| DLNEY, MD 20832 | | | | |
| Check all that apply: Initial return Final return | Initial return of a fo | rmer public charity | D 1 Foreign organization | s, check here |
| Address change | Name change | | 2 Foreign organizations m check here and attach c | eeting the 85% test, |
| Check type of organization: X Section 501(c)(3) e | | 91 | | |
| Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | - " | E If private foundation sta under section 507(b)(1 | |
| air market value of all assets at end of year J Account | | X Accrual | F If the foundation is in a | |
| rom Part II, col. (c), line 16) | ther (specify) | | under section 507(b)(1 | |
| | ımn (d) must be on cash b | asis) | | <u> </u> |
| Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| necessarily equal the amounts in column (a)) | expenses per books | income | income | (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 51,591. | | N/A | |
| 2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary | | | | |
| 3 cash investments 4 Dividends and interest from securities | | | | |
| ¹³ 5a Gross rents | | · · · · · · · · · · · · · · · · · · · | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| Gross sales price for all assets on line 6a | | | | |
| b Net gain or (loss) from sale of assets not on line 10 Cross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) | | 0 | | |
| Net Snort-term capital gain | | | ļ | |
| 9 Income modifications Gross sales less returns | - | | | |
| 10a and allowances | | · · · · · · · · · · · · · · · · · · · | - | |
| b Less Cost of goods sold c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total Add lines 1 through 11 | 51,591. | 0 | | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0 | | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees b Accounting fees c Other professional fees | 0.000 | | | |
| b Accounting fees STMT 1 | 8,993. | 0 | • | 0. |
| | | | | |
| 17 Interest | | | | |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy JAN 7 5 2018 | | | | |
| 21 Traver conferences, and meetings | 3,561. | 0 | , | 0. |
| 22 Printing and publications | | | | |
| 1 | 269. | 0 | • | 0. |
| 24 Total operating and administrative | | | | |
| 23 Other expenses 22 STMT 2 24 Total operating and administrative expenses Add lines 13 through 23 | 12,823. | 0 | | 0. |
| 25 Contributions, girls, grants paid | 80,683. | | - | 80,683. |
| 26 Total expenses and disbursements | 02 506 | • | | 90 (03 |
| Add lines 24 and 25 | 93,506. | 0 | · | 80,683. |
| 27 Subtract line 26 from line 12: | <41,915. | | | |
| Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | V#1,910. | 0 | | |
| c. Adjusted net income (it negative enter -0-) | | · | N/A | |

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

Part III Analysis of Changes in Net Assets or Fund Balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|---|-----------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 94,049. |
| 2 | Enter amount from Part I, line 27a | 2 | <41,915.> |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 52,134. |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 52,134. |

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | (b) | low acquired - Purchase - Donation | | acquired lay, yr.) | (d) Date sold (mo., day, yr.) | |
|--|---------------|---|--|--------------------------------------|--|-----------------|------------------------|----------------------------------|-------------------------|
| 1a | | | | | <u> </u> | | | | |
| b NO | NE | | | | ↓ | | | | |
| C | | | | | | | | | |
| d | | | | | ┼ | | ļ | | |
| <u>e</u> | 10.5 | | | | ٠ | | 4.0 | | |
| (e) Gross sales price | , , , | epreciation allowed (or allowable) | (() | st or other basis expense of sale | | | | ain or (loss) s (f) minus (| |
| a b | | | | | | | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| Complete only for assets showin | ng gain in c | olumn (h) and owned by | the foundation | on 12/31/69 | | | | Col. (h) gain | |
| (i) F.M.V. as of 12/31/69 | |) Adjusted basis as of 12/31/69 | | cess of col. (I) col (I), If any | | С | ol. (k), but Losses | not less than (from col. (I | n -0-) or n)) |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | | | ļ | | | | | | |
| е | | | | | | | | | |
| 2 Capital gain net income or (net ca | ipital loss) | If gain, also ente If (loss), enter -C | er in Part I, line D- in Part I, line | 7 7 | } | 2 | | | |
| 3 Net short-term capital gain or (los | ss) as defin | • | | | | | | | |
| If gain, also enter in Part 1, line 8, | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3 | | | | |
| If (loss), enter -0- in Part I, line 8 | | 12 40 404) 6 | | | ال | 3 | | | |
| | | ection 4940(e) for | | | | | come | | |
| (For optional use by domestic private | e foundatioi | ns subject to the section | 4940(a) tax on | net investment ir | ncome |) | | | |
| If section 4940(d)(2) applies, leave th | his part blai | nk. | | | | | | | |
| | | | | oor in the base no | r1040 | | | | Yes X No |
| Was the foundation liable for the sect if "Yes," the foundation does not qual | | | • • | - | 11007 | | | | L 162 LA NO |
| Enter the appropriate amount in a | | | | | entries | | | | |
| (a) Base period years | | (b) | | <u></u> | (c) | | | Distrib | (d) ution ratio |
| Base period years Calendar year (or tax year beginnir | ng in) | Adjusted qualifying dis | stributions | Net value of no | onchar | itable-use asse | ts | (col. (b) divi | ided by col. (c)) |
| 2015 | | 9 | 7,055. | | | 76,09 | 3. | | 1.275479 |
| 2014 | | | 22,807. | | | 59,33 | | | 2.069723 |
| 2013 | | | 0,698. | | | 92,67 | | | 1.626056 |
| 2012 | | | 59,121. | | | 51,41 | | | 3.289396 |
| 2011 | | 13 | 35,744. | · | | 84,71 | 7. | | <u> 1.602323</u> |
| 2 Total of line 1, column (d) | | | | | | | 2 | | 9.862977 |
| 3 Average distribution ratio for the 5 | 5-year base | e period - divide the total | on line 2 by 5, | or by the number | r of yea | ırs | - | | |
| the foundation has been in exister | - | | • | · | | | 3_ | | 1.972595 |
| 4 Enter the net value of noncharitab | ole-use asse | ets for 2016 from Part X, | line 5 | | | | 4 | L | 79,861. |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 157,533. |
| | ne (1% of E | Part I, line 27h) | | | | | 6 | | 0. |
| 6 Enter 1% of net investment incom | 110 U170 U1F | arci, mic 270) | | | | | | | |
| | | | | | | | | | 167 577 |
| 7 Add lines 5 and 6 | | | | | | | 7 | <u> </u> | 137,333. |
| | n Part XII, I | ine 4 | | | | | 8 | | |
| 7 Add lines 5 and 6 8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions. | | | e 1b, and comp | olete that part usir | ng a 1% | 6 tax rate. | | | 80,683. |

| Eorm | R/S FOUNDATION 1990-PF (2016) C/O DR. DAVED M. REILE, TREASURER 52-210 | 2630 | ı | Dono 4 |
|----------|---|----------|-------|--------------|
| | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instrı | ıctio | Page 4 |
| | 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% | | | 0. |
| - | of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| | Add lines 1 and 2 | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | | 0. |
| 6 | Credits/Payments: | | | |
| a | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | |
| đ | Backup withholding erroneously withheld 6d 6d | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | <u>0.</u> |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| | Enter the amount of line 10 to be Credited to 2017 estimated tax | | | |
| | rt VII-A Statements Regarding Activities | | V | NI. |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | <u> </u> | Yes | |
| | any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | 1b | | <u>X</u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | ı |
| _ | distributed by the foundation in connection with the activities | | | v |
| | Did the foundation file Form 1120-POL for this year? | 1c | | _ <u>X</u> _ |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0. | 1 | | l |
| | (1) On the foundation. \$\(\bigcup 0 \). (2) On foundation managers. \$\\ \bigcup 5 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 | | ı |
| E | managers. > \$0 . | | ļ | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| - | 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 |) | | İ |
| • | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | _X_ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5_ | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | İ | | |
| | 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? | 6 | | _X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | |
| | | ĺ | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| h | MD If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| U | of each state as required by General Instruction G? If "No," attach explanation | 8b | x |] |
| 9 | | - J | | |
| • | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | | X 4 |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |
| <u> </u> | | rm 990 |)_DE | (2016) |

Form 990-PF (2016) C/O DR. DAVID M. REILE, Part VII-A | Statements Regarding Activities (continued)

| 52-2109630 | Page 5 |
|------------|--------|
| | |
| Ye | s No |

| | | | Yes | No |
|----|--|---------------|--------|----------|
| 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 | | 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 | Х | |
| | Website address ► NA | | | |
| 14 | The books are in care of ► DR. DAVID M. REILE Telephone no. ► 301-77 | 4-2 | 013 | |
| | Located at ► 3100 EMORY CHURCH ROAD, SUITE C, OLNEY, MD ZIP+4 ► 20 | 832 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | <u>X</u> |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| _ | foreign country | | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | V | NI - |
| , | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | 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 X No | | | |
| | | | } | |
| | | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | 1 | |
| | termination of government service, if terminating within 90 days) | | | |
| 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)? | 1b | | |
| | 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 | | ļ | |
| | before the first day of the tax year beginning in 2016? | 1c | | <u> </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)): | | | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2016? Yes X No | | | |
| | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | | | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| r | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | -20 | | |
| | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2016 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 2016) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| 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 2016? | 4b | | <u> </u> |
| | For | m 99 0 |)-PF (| 2016) |

Form **990-PF** (2016)

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

| Form 990-PF (2016) C/O DR. DAVID M. REILE, TREASUR | ER 52-2 | 2 <u>109630</u> Page 7 |
|--|---|------------------------|
| Part VIII . Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | lation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, ent | ter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u> </u> |
| —————————————————————————————————————— | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr | istical information such as the oduced, etc | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year o | on lines 1 and 2 | Amount |
| 1 N/A | | - Tunount |
| | | |

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
|---|----------|--------|
| 1 N/A | | |
| | | |
| 2 | | |
| All other program-related investments. See instructions. 3 | | |
| | | |
| | | |
| Total, Add lines 1 through 3 | • | 0. |

Page 8

| Part X Minimum Investment Re | turn (All domestic foundations n | nust complete this part | Foreign founda | itions, see | instructions) |
|--|---|---------------------------------------|--------------------|--------------|---------------|
| 1 Fair market value of assets not used (or held for | r use) directly in carrying out charitable | e, etc., purposes: | | _ | - |
| a Average monthly fair market value of securities | , | ., , , , | 1 | a | 0 - |
| b Average of monthly cash balances | | | | b | 0. 81,077. |
| c Fair market value of all other assets | | | F- | c | 02/01/0 |
| d Total (add lines 1a, b, and c) | | | — | d | 81,077. |
| e Reduction claimed for blockage or other factors | s reported on lines 1a and | | | | |
| 1c (attach detailed explanation) | · | 1e | 0. | ļ | |
| 2 Acquisition indebtedness applicable to line 1 as: | sets | - AZ -1 | 1 2 | 2 | 0. |
| 3 Subtract line 2 from line 1d | | | | | 81,077. |
| 4 Cash deemed held for charitable activities. Enter | r 1 1/2% of line 3 (for greater amount, | see instructions) | | | 1,216. |
| 5 Net value of noncharitable-use assets Subtra | | · · · · · · · · · · · · · · · · · · · | | | 79,861. |
| 6 Minimum investment return. Enter 5% of line 5 | | - , - | - | | 3,993. |
| Part XI Distributable Amount (see foreign organizations check here | e instructions) (Section 4942(j)(3) and and do not complete this part.) | d (j)(5) private operating | oundations and c | ertain | |
| 1 Minimum investment return from Part X, line 6 | | | 1 | 1 | 3,993. |
| 2a Tax on investment income for 2016 from Part V | /I, line 5 | 2a | | | , |
| b Income tax for 2016. (This does not include the | tax from Part VI.) | 2b | | | |
| c Add lines 2a and 2b | - | | 2 | c | 0. |
| 3 Distributable amount before adjustments Subtr | act line 2c from line 1 | | 3 | | 3,993. |
| 4 Recoveries of amounts treated as qualifying dist | tributions | | 4 | | 0. |
| 5 Add lines 3 and 4 | | | 5 | ; | 3,993. |
| 6 Deduction from distributable amount (see instru | uctions) | | 6 | | 0. |
| 7 Distributable amount as adjusted. Subtract line | 6 from line 5. Enter here and on Part | XIII, line 1 | 7 | - | 3,993. |
| Part XII Qualifying Distributions (s | see instructions) | | | | |
| 1 Amounts paid (including administrative expense | es) to accomplish charitable, etc., purp | oses: | | | |
| a Expenses, contributions, gifts, etc total from F | | | 1: | a | 80,683. |
| b Program-related investments - total from Part IX | | | 11 | b | 0. |
| 2 Amounts paid to acquire assets used (or held fo | or use) directly in carrying out charitab | le, etc., purposes | 2 | | |
| 3 Amounts set aside for specific charitable project | · · · · · · · · · · · · · · · · · · · | | | | |
| a Suitability test (prior IRS approval required) | | | 3 | a | |
| b Cash distribution test (attach the required sched | dule) | | 31 | b | |
| 4 Qualifying distributions Add lines 1a through 3 | | d Part XIII, line 4 | 4 | | 80,683. |
| 5 Foundations that qualify under section 4940(e) | - | • | | | |
| income Enter 1% of Part I, line 27b | | | 5 | | 0. |
| 6 Adjusted qualifying distributions. Subtract line | 5 from line 4 | | 6 | | 80,683. |
| Note: The amount on line 6 will be used in Part 4940(e) reduction of tax in those years. | V, column (b), in subsequent years wi | nen calculating whether th | e foundation quali | fies for the | |

Part XIII Undistributed Income (see instructions)

| • | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|--|---------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 3,993. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | | - 0. | - | |
| a From 2011 131,508. | | | | |
| b From 2012 166,550. | | | | |
| c From 2013 146,064. | | | | |
| dFrom 2014 119,840. | | | | |
| e From 2015 93,250. | | | | |
| f Total of lines 3a through e | 657,212. | | | |
| 4 Qualifying distributions for 2016 from | | Í | | |
| Part XII, line 4 ⁻ ► \$ 80,683. | | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | | | | 3,993. |
| e Remaining amount distributed out of corpus | 76,690. | | | |
| 5 Excess distributions carryover applied to 2016 (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 | 733,902. | | | |
| 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 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2017 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | _ | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 131,508. | | | |
| 9 Excess distributions carryover to 2017 | | | | |
| Subtract lines 7 and 8 from line 6a | 602,394. | | | |
| 0 Analysis of line 9 | | | | |
| a Excess from 2012 166,550. | | } | | |
| b Excess from 2013 146,064. | | | | |
| c Excess from 2014 119,840. | | | | |
| d Excess from 2015 93, 250. | | 1 | | |
| e Excess from 2016 76,690. | | | | Corm 990-PE (2016) |

R/S FOUNDA

Form 990-PF (2016) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GHROW FOUNDATION INC NONE PUBLIC CHARITY CREATE AN AWARENESS OF PO BOX 6815 THE NEEDS OF EDUCATION COLUMBIA, MD_21045 15.876. PUBLIC CHARITY CREATE AN AWARENESS OF NATIONAL CAREER DEVELOPMENT NONE ASSOCIATION THE NEEDS OF EDUCATION 305 N. BEECH CIRCLE BROKEN ARROW, OK 74012 5,700. OLNEY ADVENTIST PREPATORY SCHOOL NONE PUBLIC CHARITY CREATE AN AWARENESS OF 4100 OLNEY-LAYTONSVILLE RD., THE NEEDS OF EDUCATION OLNEY MD 20832 35,905, OLNEY SEVENTH-DAY ADVENTIST CHURCH NONE PUBLIC CHARITY CREATE AN AWARENESS OF 4100 OLNEY-LAYTONSVILLE RD.. THE NEEDS OF RELIGION OLNEY, MD 20832 13,714. SHENANDOAH VALLEY ACADEMY NONE PUBLIC CHARITY CREATE AN AWARENESS OF 234 W LEE HWY THE NEEDS OF EDUCATION NEW MARKET, VA 22844 6 000 SEE CONTINUATION SHEET(S) 3a Total 80,683. b Approved for future payment NONE Total **▶** 3b

R/S FOUNDA ON C/O DR. DAVID M. REILE, TREASURER

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

| Enter cross amounts unless otherwise indicated | Unrelated b | usiness income | Excluded | by section 512, 513, or 514 | (0) |
|---|---------------------|------------------------|--|-----------------------------|---------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) | (C) Exclu- sion | (d) | (e) Related or exempt |
| 1 Program service revenue: | code | Amount | code | Amount | function income |
| a | | | \perp | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | · |
| 2 Membership dues and assessments | | | | | · |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | <u> </u> | | |
| 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 | | | | | |
| 11 Other revenue: | | | | | |
| a | | | 1 1 | | |
| b | i I | | | | |
| C | 1 1 | | | | |
| d | | | | | |
| e | | | | - | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 0. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Accom | plishment of E | xempt P | urposes | |
| Line No Explain below how each activity for which inco | ma is reported in a | olumn (a) of Part V/I. | A contributo | d importantly to the accom | olichment of |
| the foundation's exempt purposes (other than | | | 4 CONTINUE | u importantly to the accomp | plismillent of |
| 11 REIMBURSED TRAVEL EXPE | | Tor dadir purpoded). | | | |
| II KEIMDORDED IRAVED ERIE | HOED | | | | |
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| 623621 11-23-16 | | | | | Form 990-PF (2016) |

C/O DR. DAVID M. REILE, TREASURER Form 990-PF (2016)

| Ir | nformation | Regar | ding Tra | ansfer | s To and | Transactions and | Relationship | s With Noncharitable | |
|----|------------|-------|----------|-----------|----------|------------------|--------------|----------------------|---------|
| 6) | C/O | DR. | DA V 1 | <u>M.</u> | REILE | TREASURER | | 52-2109630 | Page 13 |
| | 11, 0 | 1 001 | .1223 | 7+1 | | | | | |

| | | Exclipt Organi | 120110113 | | | | | | | |
|----------|-------------|---------------------------------------|---------------------------|--------------------|------------------------------------|---|-----------------------------------|--------------------|-------------|----------|
| 1 | Did the or | ganization directly or indir | rectly engage in any | of the following | ng with any other organizati | on described in sec | tion 501(c) of | | Yes | No |
| | the Code (| other than section 501(c) | (3) organizations) or | r in section 52 | 27, relating to political orgai | nizations? | | | | |
| а | Transfers | from the reporting founda | ation to a noncharita | ble exempt or | ganization of: | | | | | |
| | (1) Cash | | | | | | | 1a(1) | | X |
| | (2) Other | assets | | | | | | 1a(2) | | X |
| b | Other tran | sactions. | | | | | | 1 | | |
| | (1) Sales | of assets to a noncharital | ble exempt organizat | lion | | | | 1b(1) | | X |
| | (2) Purch | nases of assets from a nor | ncharitable exempt o | rganization | | | | 1b(2) | | X |
| | (3) Renta | ıl of facılıtıes, equipment, (| or other assets | | | | | 1b(3) | | <u> </u> |
| | (4) Reimi | bursement arrangements | | | | | | 1b(4) | | _X_ |
| | (5) Loans | s or loan guarantees | | | | | | 1b(5) | | X |
| | (6) Perfo | rmance of services or me | mbership or fundrais | sing solicitatio | ons | | | 1b(6) | | X |
| | - | f facilities, equipment, mai | • ' | | • | | | 1c | | X |
| d | If the ansv | ver to any of the above is | "Yes," complete the f | following sche | edule. Column (b) should al | lways show the fair i | market value of the goods, o | ther ass | ets, | |
| | or service | s given by the reporting fo | oundation. If the four | ndation receiv | ed less than fair market vali | ue in any transactioi | n or sharing arrangement, s | how in | | |
| | column (d |) the value of the goods, | | | | | | | | |
| a) Lii | ne no | (b) Amount involved | (c) Name of | noncharitable | e exempt organization | (d) Descriptio | n of transfers, transactions, and | haring ar | rangeme | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
| | | | <u> </u> | | | | | | | |
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| | | | | | · | | | | | |
| 22 | | ndation directly or indirect | ly affiliated with or r | elated to one | or more tax-exempt organ | izations described | | | | |
| | | 501(c) of the Code (other | | | · · · | 22.10110 000011200 | | ☐ Yes | x | No |
| | | emplete the following sche | | (0)) 01 111 000 | | | _ | | | _ 140 |
| <u>.</u> | 11 100, 00 | (a) Name of orga | | | (b) Type of organization | | (c) Description of relationsh | un | | |
| | | N/A | | | (-) //- | | (0) | ·· <u>P</u> | | |
| · | | N/B | | | | | | | | |
| | | | | | - ''- | | | | | |
| | _ | | | | | | <u></u> - | | | |
| | | · | | | | 1 | | _ | | |
| - | Under | penalties of perjury. I declare t | that I have examined this | s return, includir | ng accompanying schedules and | statements, and to the | best of my knowledge | | | |
| Sig | 1 | | | | n taxpayer) is based on all inform | • | r has any knowledge retu | the IRS on with th | e prepare | er |
| He | | ()- (A) | 11/5 | () | NIVIN | | sho | vn below | (see inst | 7 1 |
| | | nature of officer or trustee | μ | <u> </u> | Date Date | Title | | Yes | | J No ∣ |
| | | Print/Type preparer's na | me | Preparer's s | | Date | Check If PTIN | | | |
| | | | | , Topardi 3 3 | and the second | 1-4-17 | self- employed | | | |
| Pai | id | LEESA J. E | . OWEN, | 101 | Allon a | 201 | , , | 1120 | 705 | |
| | eparer | CPA CUA | DIN OUT | | COTABEC S | | | $\frac{120}{120}$ | | |
| | e Only | Firm's name > CHA | PIN, OWEN | & ASS | OCIATES, P.A | ۸. | Firm's EIN ► 52-12 | 449/ | 11 | |
| US | Comy | Firm's address > 3.0 | 01 377 77 657 | 31 557 | TIE CUITER OCC | <u>, - </u> | - | _ | | |
| | | | | | VE SUITE 260 | J | 204 44 | | 222 | |
| | | <u>BU</u> | RTOMSVILL | E, MD | 20866-1189 | | Phone no. 301-42 | | | |
| | | | | | | | Fo | rm 99 0 |)-PF | (2016) |

C/O DR DAVID M. REILE, TREASURER

52-2109630 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient SPENCERVILLE SEVENTH DAY ADVENTIST NONE PUBLIC CHARITY CREATE AN AWARENESS OF THE NEEDS OF RELIGION CHURCH 16325 NEW HAMPSHIRE AVE 3,238, SILVER SPRING MD 20905 TEXAS SDA CHURCH NONE PUBLIC CHARITY CREATE AN AWARENESS OF P.O. BOX 800 THE NEEDS OF RELIGION 250, ALVARADO, TX 76009

623631 04-01-16

3.488.

Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

Name of the organization

R/S FOUNDATION

Schedule of Contributors



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

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

OMB No 1545-0047

Employer identification number

2016

| | O DR. DAVID M. REILE, TREASURER | 52-2109630 |
|---|--|---|
| Organization type (check o | 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 private foundation | |
| | 501(c)(3) taxable private foundation | |
| • • | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Specia | al Rule. See instructions |
| General Rule | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot one contributor. Complete Parts I and II. See instructions for determining a contribution of the co | |
| Special Rules | | |
| sections 509(a)(1) any one contribute | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the art, line 1. Complete Parts I and II | 16a, or 16b, and that received from |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received fi utions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or e cruelty to children or animals. Complete Parts I, II, and III | |
| year, contributions is checked, enter is purpose. | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fis exclusively for religious, charitable, etc., purposes, but no such contributions totale here the total contributions that were received during the year for an exclusively religionship in the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year | ed more than \$1,000 If this box gious, charitable, etc , |
| Caution: An organization the but it must answer "No" on certify that it doesn't meet to | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on ithe filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | B (Form 990, 990-EZ, or 990-PF), its Form 990-PF, Part I, line 2, to |

PF) (201

Name of organization

R/S FOUNDATION

Employer identification number

C/O DR. DAVID M. REILE, TREASURER

52-2109630

| Part I | Contributors (See instructions) Use duplicate copies of Part I if a | dditional space is needed | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | DAVID REILE & BARBARA SUDDARTH 3100 EMORY CHURCH ROAD OLNEY, MD 20832 | \$\$. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | 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) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash Complete Part II for noncash contributions) |

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

Name of organization

R/S FOUNDATION
C/O'DR. DAVID M. REILE TREASURER

52-2109630

| rt II Nonc | cash Property (See instructions) Use duplicate copies of F | Part II if additional space is needed | |
|------------------------------|--|--|-----------------------|
| (a) | | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom art 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. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | 000 000 E7 or 000 DE) |

Employer identification number

Name of organization

R/S FOUNDATION
C/O DR. DAVID M

52-2109630

| irt III | the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious | olumns (a) through (e) and the follo s, charitable, etc , contributions of \$1,000 o | I in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry. For organizations riess for the year (Enter this info once) | | | | |
|--------------------|--|---|--|--|--|--|--|
| No | Use duplicate copies of Part III if addition | al space is needed | | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| _ - | | | | | | | |
| _ | | (e) Transfer of git | th the second se | | | | |
| | Transferee's name, address, ar | - | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| No. om ort I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| _ - | | | | | | | |
| | Transfersale name address as | (e) Transfer of gif | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| _ - | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| - | | | | | | | |

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| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT 1 |
|--|------------------------------|-----------------------------------|----------------|----------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | |
| ACCOUNTING FEES CONTRACT LABOR | 8,057. 936. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 8,993. | 0 | | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 2 |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | |
| OFFICE SUPPLIES AND EXPENSE BANK SERVICE CHARGES PERSONAL PROPERTY TAX BUSINESS GIFTS | 87. 95. 34. 53. | 0 | • | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 269. | 0 | • | 0. |
| FORM 990-PF | OTHER LIA | BILITIES | | STATEMENT 3 |
| DESCRIPTION | | B(| TRUOMA YO | EOY AMOUNT |
| DUE TO CDA, LLC CHASE CREDIT CARD | | | 475. 2,942. | 475. 286. |
| TOTAL TO FORM 990-PF, PART II | I, LINE 22 | | 3,417. | 761. |
| FORM 990-PF | PART XV - L OF FOUNDATION | | , | STATEMENT 4 |

NAME OF MANAGER

DAVID M. REILE

BARBARA H. SUDDARTH

| AME: R/S | FOUNDATION C/O DR. DAVID M. REIL | TION C/O DR. DAVID M. REILE, TREASURER | | | |
|---------------------|----------------------------------|--|---------------------|-------------|--------------|
| Disallowing Form | Description | Originating Form | Entity/ Activity | St/ City | Amount |
| 90-PF | EXCESS DISTRIBUTIONS | 990-PF | | | 602,394 |
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