

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC.**

Employer identification number
13-3747789



Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Nonfunctionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

COPY

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	7,636.	1,250.	8,886.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3				7,636.	1,250.	8,886.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4.						8,886.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				7,636.	1,250.	8,886.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,308.	13,112.	13,742.	13,982.	15,247.	66,391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						75,277.

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	11.80%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	21.40%

- 16a 33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

COPY

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

 b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

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PART II, SECTION C.- LINE 17A

THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC., (THE "FOUNDATION"), QUALIFIES AS PUBLICLY SUPPORTED BECAUSE IT MEETS THE 10% FACTS-AND-CIRCUMSTANCES TEST UNDER TREAS. REG 1.170A-9(E)(3) IN THE FOLLOWING RESPECTS: 10% OF SUPPORT LIMITATION - THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE FOR 2014 EXCEEDED 10%. ATTRACTION OF PUBLIC SUPPORT AND PUBLIC MISSION - THE FOUNDATION IS ENGAGED IN THE PROMOTION OF ADVANCED RESEARCH AND CLINICAL STUDY OF EYE DISEASES AND DEFECTS IN VISUAL DEVELOPMENT FOUND IN CHILDREN AROUND THE WORLD. ITS PURPOSE IS TO INCREASE PUBLIC AWARENESS OF THESE PEDIATRIC VISUAL DEFECTS AND DISEASES AND THE CONTINUING MEDICAL AND SCIENTIFIC EFFORTS TO PROVIDE EARLY DIAGNOSIS, TREATMENTS AND CURES. THE FOUNDATION IS ENGAGED IN THE PROMOTION OF ADVANCED RESEARCH, CLINICAL STUDY, AND THE DEVELOPMENT OF TELEMETRIC DIAGNOSIS AND MONITORING OF TREATMENT OF EYE DISEASES AND DEFECTS IN VISUAL DEVELOPMENT FOUND IN CHILDREN AROUND THE WORLD. THE FOUNDATION'S GOAL IS TO REDUCE CHILDHOOD BLINDNESS AND VISUAL IMPAIRMENT THROUGH SUPPORT OF ADVANCED CLINICAL RESEARCH, CLINICAL PROGRAMS, AND SYMPOSIA FOR THE BENEFIT OF RESEARCHERS AND PRACTITIONERS. THE FOUNDATION'S PURPOSE WILL BE ACCOMPLISHED THROUGH GIFTS AND GRANTS TO CAREFULLY SELECTED INDIVIDUALS AND ORGANIZATIONS SUCH AS TAX-EXEMPT UNIVERSITIES, HOSPITALS, CLINICS, AND SYMPOSIA WHICH CONDUCT OR DISSEMINATE AND PUBLISH THE RESULTS OF MEDICAL, SCIENTIFIC AND CLINICAL RESEARCH IN THE AREA OF CHILDREN'S EYE DISEASE AND DEFECTS. IN ADDITION, THE FOUNDATION WILL DISSEMINATE RELEVANT INFORMATION THROUGH ITS OWN PUBLICATIONS AND WEBSITE. THE FUND-RAISING ACTIVITIES OF THE FOUNDATION INCLUDE THE SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, CORPORATIONS,

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

COPY

GOVERNMENT AGENCIES AND PRIVATE FOUNDATIONS THROUGH FUNDRAISING EVENTS,
DIRECT SOLICITATIONS, AND ITS WEBSITE. SOURCES OF SUPPORT - THE
FOUNDATION'S FUNDING COMES FROM DIVERSE SOURCES OF SUPPORT, INCLUDING
PRIVATE FOUNDATIONS AND OTHER ORGANIZATIONS AND INDIVIDUALS THAT SUPPORT
ITS PURPOSES. REPRESENTATIVE GOVERNING BODY - THE FOUNDATION'S
ACTIVITIES ARE GOVERNED BY A BOARD OF DIRECTORS, REFLECTING A BROAD RANGE
OF INDIVIDUALS WITH SPECIAL BACKGROUND AND EXPERTISE IN MANAGING AND
OPERATING A NONPROFIT ORGANIZATION. AVAILABILITY OF PUBLIC FACILITIES OR
SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES - THE FOUNDATION
ENGAGES IN A VARIETY OF CHARITABLE AND EDUCATIONAL ACTIVITIES THAT ARE
CONDUCTED DIRECTLY FOR THE BENEFIT OF THE PUBLIC ON A CONTINUING BASIS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

Name of the organization **THE BERNADOTTE FOUNDATION**
FOR CHILDREN'S EYECARE, INC.

Employer identification number
13-3747789

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	15,247.
TOTAL	<u><u>15,247.</u></u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

WEBSITE COSTS	57.
INVESTMENT MANAGEMENT FEES	3,211.
ASSOCIATION DUES	1,723.
CREDIT CARD FEES AND BANK CHARGES	426.
INSURANCE	481.
FILING AND REGISTRATION FEES	161.
BOARD MEETING COSTS	223.
TOTAL	<u><u>6,282.</u></u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS	14,961.
TOTAL	<u><u>14,961.</u></u>

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	23,996.	10,138.
INVESTMENTS - SECURITIES	300,731.	337,878.
TOTALS	<u><u>324,727.</u></u>	<u><u>348,016.</u></u>

Name of the organization **THE BERNADOTTE FOUNDATION
FOR CHILDREN'S EYECARE, INC.**

Employer identification number
13-3747789

ATTACHMENT
COPY
END

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES OR DEFERRED CHARGES	1,539.	1,033.
TOTALS	<u>1,539.</u>	<u>1,033.</u>

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FOUNDATION IS ENGAGED IN THE PROMOTION OF ADVANCED RESEARCH AND CLINICAL STUDY OF EYE DISEASES AND DEFECTS IN VISUAL DEVELOPMENT FOUND IN CHILDREN AROUND THE WORLD. ITS PURPOSE IS TO INCREASE PUBLIC AWARENESS OF THESE PEDIATRIC VISUAL DEFECTS AND DISEASES AND THE CONTINUING MEDICAL AND SCIENTIFIC EFFORTS TO PROVIDE EARLY DIAGNOSIS, TREATMENTS AND CURES. THE FOUNDATION IS ENGAGED IN THE PROMOTION OF ADVANCED RESEARCH, CLINICAL STUDY, AND THE DEVELOPMENT OF TELEMETRIC DIAGNOSIS AND MONITORING OF TREATMENT OF EYE DISEASES AND DEFECTS IN VISUAL DEVELOPMENT FOUND IN CHILDREN AROUND THE WORLD.

THE FOUNDATION'S GOAL IS TO REDUCE CHILDHOOD BLINDNESS AND VISUAL IMPAIRMENT THROUGH SUPPORT OF ADVANCED CLINICAL RESEARCH, CLINICAL PROGRAMS, AND SYMPOSIA FOR THE BENEFIT OF RESEARCHERS AND PRACTITIONERS.

THE FOUNDATION'S PURPOSE WILL BE ACCOMPLISHED THROUGH GIFTS AND GRANTS TO CAREFULLY SELECTED INDIVIDUALS AND ORGANIZATIONS SUCH AS TAX-EXEMPT UNIVERSITIES, HOSPITALS, CLINICS, AND SYMPOSIA WHICH CONDUCT OR DISSEMINATE AND PUBLISH THE RESULTS OF MEDICAL, SCIENTIFIC AND CLINICAL RESEARCH IN THE AREA OF CHILDREN'S EYE DISEASE AND DEFECTS. IN ADDITION, THE FOUNDATION WILL DISSEMINATE RELEVANT INFORMATION THROUGH ITS OWN PUBLICATIONS AND WEBSITE. THE FUND-RAISING ACTIVITIES OF THE FOUNDATION INCLUDE THE SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, CORPORATIONS, GOVERNMENT AGENCIES AND PRIVATE FOUNDATIONS THROUGH FUNDRAISING EVENTS, DIRECT SOLICITATIONS, AND ITS WEBSITE.

THE BERNADOTTE FOUNDATION

13-3747789

ATTACHMENT 7

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE 1099-MISC)
MARIANNE BERNADOTTE ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	FOUNDER 1.00	0
PETER W. WILLIAMS, ESQ. ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	PRESIDENT 1.00	0
JOHN T. FLYNN, MD ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	CO-CHAIR 1.00	0
MARILYN MILLER, MD ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	CO-CHAIR 1.00	0
LESTER S. GARFINKEL ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	TREASURER 1.00	0
LOUISE B. ANDREN ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	ASSISTANT TREASURER 1.00	0
P. WHITRIDGE WILLIAMS, JR., ESQ.	SECRETARY	



THE BERNADOTTE FOUNDATION

13-3747789
 ATTACHMENT 7 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
EVAN MALIK	DIRECTOR	0	0
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
KENNETH R. NORGAN	DIRECTOR	0	0
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
KATHY SPAHN	DIRECTOR	0	0
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
MARIANNA J. BAKER	DIRECTOR	0	0
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
PHAEDRA CHROUSOS	DIRECTOR	0	0
ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405	DIRECTOR 1.00	0	0
ROBERT M. JORDAN	DIRECTOR	0	0
	1.00	0	0



FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

TITLE AND
AVERAGE HOURS
PER WEEK DEVOTED
TO POSITION

NAME AND ADDRESS

ONE BATTERY PARK PLAZA, 7TH FLOOR NEW YORK, NY 10004-1405

GRAND TOTALS

0

0

0



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions. THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 13-3747789
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE BATTERY PARK PLAZA, 7TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004-1405	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ LESTER S. GARFINKEL, 10 WEST 66TH STREET, APT. 9D, NEW YORK, NY 10023-
Telephone No. ▶ 212 873-3349 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 07/15, 20 15 .
- 5 For calendar year _____, or other tax year beginning 09/01, 20 13, and ending 08/31, 20 14 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTIVELY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ _____ Date ▶ _____