FORM 990-PF

Tax Return Carryovers to 2016

NAME: THE	PETER G. DODGE FOUNDATION, INC.		ID	Number:	46-4148229
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			653,643

Form **990-PF**Department of the Treasury Internal Revenue Service

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.irs.gov/form990pf.

OMB No. 1545-0052

2015
Open to Public Inspection

For	caler	ndar year 2015 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identificati	on number
T	HE	PETER G. DODGE FOUNDAT	TION, INC.		46-414822	9
		and street (or P.O. box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
		0 CHESTNUT AVE		347	(410)246-	1498
		own, state or province, country, and ZIP or foreign ${ t rack}{ t TIMORE, MD} 21211$	postal code		C If exemption application is	s pending, check here
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns, check here
		Final return	Amended return		2	
		Address change	Name change		2. Foreign organizations r check here and attach	computation test,
H (_	type of organization: X Section 501(c)(3) e			E If private foundation s	
			Other taxable private founda		under section 507(b)(1)(A), check here
		·	ing method: X Cash	Accrual	F If the foundation is in	
		Part II, col. (c), line 16) 0 134 , 681 . (Part I, colu	ther (specify)	agoio)	under section 507(b)(1)(B), check here
	·\$ art l	-	1 1		(a) Adicatadas	(d) Disbursements
F	11 L I	(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	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	677,150.		N/A	
	2	Check if the foundation is not required to attach Sch. B Interest on savings and temporary				
	3	cash investments	23.	23.		STATEMENT 1
	4	Dividends and interest from securities	4,518.	4,518.		STATEMENT 2
	ı	Gross rents				
	١.	Net rental income or (loss)	4.			
ne	l oa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all secrets on line 60 4 •	7.			
Revenue	7	assets on line 6a ± • Capital gain net income (from Part IV, line 2)		4.		
Be	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	681,695.	4,545.		
	13	Compensation of officers, directors, trustees, etc.	70,000.	0.		0.
	14	Other employee salaries and wages	99,501.	0.		0.
es		Pension plans, employee benefits	15,325.	0.		0.
nse	IDA	Legal fees Accounting fees STMT 3	4,815.	0.		0.
×be	, ו	Other professional fees STMT 4	5,407.	0.		0.
e E			3/10/1			
ati	18	Interest STMT 5	14,108.	0.		0.
istr	19	Depreciation and depletion	9,935.	0.		
Ē	20	Occupancy	11,273.	0.		0.
Ad	21	Travel, conferences, and meetings	2,310.	0.		0.
and	22	Printing and publications	3,830.	0.		0.
ng	23	Other expenses STMT 6	89,774.	0.		0.
Operating and Administrative Expens	24	Total operating and administrative	206 275	•		_
Dpe		expenses. Add lines 13 through 23	326,278.	0.		0.
J	25	Contributions, gifts, grants paid	356,360.			356,360.
	26	Total expenses and disbursements.	602 620	^		356 360
	07	Add lines 24 and 25	682,638.	0.		356,360.
		Subtract line 26 from line 12:	-943.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	7 = 3 •	4,545.		
	ı	Adjusted net income (if negative, enter -0-)		1,313.	N/A	

21 -15 LHA For Paperwork Reduction Act Notice, see instructions.

Form 9	990-PF (2015) THE PETER G. DODGE FOUND.		46-4	148229 Page 2
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year (a) Book Value	(b) Book Value	year (c) Fair Market Value
$\neg \neg$	Cash - non-interest-bearing	(4) 2001. 14.40	(2) 2 con raide	(e) r an manter rande
	Savings and temporary cash investments	28,313.	29,881.	29,881.
	Accounts receivable			
	Less: allowance for doubtful accounts			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts			
5	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts ▶			
<u>ه</u> ا	Inventories for sale or use			
	Prepaid expenses and deferred charges			
۲ ۱۵	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	25,608.	27,059.	27,878.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other STMT 8	52,007.	55,078.	54,532.
14	Land, buildings, and equipment: basis ► 37, 228.			
	Less: accumulated depreciation STMT 9 15,642.	26,298.	21,586.	21,586.
15	Other assets (describe ► STATEMENT 10)	3,027.	804.	804.
16	Total assets (to be completed by all filers - see the			_
	instructions. Also, see page 1, item I)	135,253.	134,408.	134,681.
17	Accounts payable and accrued expenses			
18	Grants payable			
န္မ 19	Deferred revenue			
∄ 20	· · · · · · · · · · · · · · · · · · ·			
Liabilities 20	Mortgages and other notes payable			
ے ₂₂	Other liabilities (describe ► STATEMENT 11)	0.	98.	
23	Total liabilities (add lines 17 through 22)	0.	98.	
	Foundations that follow SFAS 117, check here			
ဖွ	and complete lines 24 through 26 and lines 30 and 31.			
ည် 24				
Fund Balances				
<u>m</u> 26	· · · · · · · · · · · · · · · · · · ·			
<u>.</u>	Foundations that do not follow SFAS 117, check here > X			
≒ I	and complete lines 27 through 31.	0	0	
St 27		0.	0.	
Net Assets		135,253.	134,310.	
¥ 29	· · · · · · · · · · · · · · · · · · ·	135,253.	134,310.	
₹ 30	Total net assets or fund balances	133,233.	134,310.	
31	Total liabilities and net assets/fund balances	135,253.	134,408.	
Par		•	,	
	al net assets or fund balances at beginning of year - Part II, column (a), line 30		1 1	
	and a superior of the superior	1	1	135,253.
•	er amount from Part I, line 27a			-943.
- 011	and a second and the short did the so (the second s			

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		T	
·	(must agree with end-of-year figure reported on prior year's return)	1		135,253.
2	Enter amount from Part I, line 27a	2	Τ	-943.
3	Other increases not included in line 2 (itemize)	3	T	0.
4	Add lines 1, 2, and 3	4	Τ	134,310.
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		134,310.

Part IV Capital Gains	and Lo	sses for Tax on Inv	vestment	Income			_			
		nd(s) of property sold (e.g., or common stock, 200 shs.			(b) H	ow acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a CAPITAL GAINS			,			Donation	-			
b										
c d										
e										
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		at or other basis xpense of sale				ain or (loss) s (f) minus (
a 4.									4.	
b c										
d										
е										
Complete only for assets showi								Col. (h) gain not less thar		
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col. (h)) ´	
b					_				4.	
C										
d										
е					_					
2 Capital gain net income or (net c	apital loss	If gain, also enter i $ \begin{cases} & \text{If (loss), enter -0-} \end{cases} $. }[2			4.	
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (C).			. }	3		N/A		
		Section 4940(e) for					come			
(For optional use by domestic privat	e foundati	ons subject to the section 49	940(a) tax on	net investment in	icome.)				
If section 4940(d)(2) applies, leave t	his part bl	ank.								
Was the foundation liable for the sec If "Yes," the foundation does not qua	lify under	section 4940(e). Do not con	nplete this pa	rt.					Yes X No	
1 Enter the appropriate amount in	each colu		structions bef	fore making any e					(d)	
Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying distr		Net value of no	(c) inchari			Distributión ratio (col. (b) divided by col. (c))		
2014 2013		314	1,500.			190,10	5.		1.654349	
2013										
2011										
2010										
2 Total of line 1, column (d)							2		1.654349	
3 Average distribution ratio for the the foundation has been in existe	-	•		•			3		1.654349	
4 Enter the net value of noncharita	ble-use as	sets for 2015 from Part X, lii	ne 5				4		156,142.	
5 Multiply line 4 by line 3							5		258,313.	
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		45.	
7 Add lines 5 and 6							7		258,358.	
8 Enter qualifying distributions from							8		356,360.	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, ch	neck the box in Part VI, line 1	lb, and comp	lete that part usin	g a 1%	tax rate.				

Part VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4940(e), or 49	948 - see	instru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and e	enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	1			45.
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). 丿				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0	thers enter -0-)	2			0.
3 Add lines 1 and 2		3			45.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			45.
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	6d				
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			45.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	> [10			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded ▶	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis		n		Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for the definition)	?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials published	d or			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. ► \$ (2) On foundation managers	s. > \$0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation				
managers. ▶ \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the I	RS?		2		X
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					
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?		5		Х
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 e	ither:				
By language in the governing instrument, or					
 By state legislation that effectively amends the governing instrument so that no mandator 					
remain in the governing instrument?			6	X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col. (c), and Part XV		7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►				
MD	_				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A					
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					77
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," of			9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ule listing their names and addresses	<u></u>	10		Х

P	art VII-A Statements Regarding Activities (continued)			
			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		Х
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	L	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.PGDF.ORG	14.6	1 40	
14	The books are in care of ELIZABETH WADE CAIRNS Telephone no. (410)	446-	149	8
	Located at ► 3000 CHESTNUT AVE, BALTIMORE, MD ZIP+4 ►23			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		► [/A	• 🗀
40	and enter the amount of tax-exempt interest received or accrued during the year	1/	Yes	Na
10	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	16	165	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		22
	foreign country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)? $igspace igspace igsp$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	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			77
•	before the first day of the tax year beginning in 2015?	1c		X
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)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years ▶			
	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		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? $oxed{oxed}$ Yes $oxed{f X}$ No			
	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	3b	igsquare	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	igsquare	Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			77
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1 1	X

Part VII-B	Statements Regarding Activities for Which F	form 4720 May Be R	Required (cont	tinued)		
5a During the ye	ar did the foundation pay or incur any amount to:					
(1) Carry on	propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		Yes X No		
(2) Influence	e the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter	r registration drive?			Yes X No		
	a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	a grant to an organization other than a charitable, etc., organizatior					
4945(d)((4)(A)? (see instructions)		L	Yes X No		
(5) Provide f	for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				
the preve	ention of cruelty to children or animals?			Yes X No		
	is "Yes" to $5a(1)$ -(5), did \boldsymbol{any} of the transactions fail to qualify und					
section 53.49	145 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations	relying on a current notice regarding disaster assistance check h	ere		▶□		
	is "Yes" to question $5a(4)$, does the foundation claim exemption fr					
expenditure r	esponsibility for the grant?	N	/A	Yes No		
If "Yes," atta	ach the statement required by Regulations section 53.4945	5-5(d).				
	lation, during the year, receive any funds, directly or indirectly, to p	, i				
a personal be	nefit contract?			Yes X No		
b Did the found	lation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
	b, file Form 8870.					
7a At any time d	uring the tax year, was the foundation a party to a prohibited tax s	helter transaction?		Yes X No		
	ne foundation receive any proceeds or have any net income attribu				7b	
Part VIII	nformation About Officers, Directors, Trusto	ees, Foundation Ma	nagers, High	nly		
	Paid Employees, and Contractors					
1 List all office	rs, directors, trustees, foundation managers and their			l (a)		
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensatio (If not paid,	n (d) Contributions to employee benefit plans and deferred	(c	e) Expense count, other
	` '	to position	`enter`-0-)´	and deferred compensation	1	allowances
PETER G.		CHAIRMAN/PRES	IDENT			
	VER RESEARCH 1700 K ST NW, 8T					
	ON, DC 20006	10.00	0			0.
		EXEC DIR/SECR	ETARY/TR	.EAS		
	STNUT AVE, SUITE 347					
BALTIMORI	E, MD 21211	30.00	70,000	. 0.		0.
2 Compensation	on of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name	and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensatio	n (d) Contributions to employee benefit plans and deferred) (e) Expense count, other allowances
(a) Namo	and address of each employee paid more than 400,000	devoted to position	(C) Compensation	and deferred compensation	1 6	allowances
NOI	NE					
Total number of o	ther employees paid over \$50,000			>		C

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(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		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the ed, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 N/A		
2		
All other program related investments. See instructions		
All other program-related investments. See instructions. 3		
Takel Add lines 1 through 2		0

Page 8

P	Minimum Investment Return (All domestic foundations	must complete this pa	art. Foreign four	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes:			
	Average monthly fair market value of securities	1a	81,797.		
	Average of monthly cash balances			1b	76,723.
	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	158,520.
е	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	0.
3	Subtract line 2 from line 1d			3	158,520.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	2,378.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and c			5	156,142.
6	Minimum investment return. Enter 5% of line 5			6	7,807.
P	Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here and do not complete this part	and (j)(5) private operatir		d certain	
1	Minimum investment return from Part X, line 6			1	7,807.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	45.		
	Income tax for 2015. (This does not include the tax from Part VI.)				
	Add lines 2a and 2b			2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	7,762.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	7,762.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par			7	7,762.
	Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu			4.	356 360
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	356,360. 0.
	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	256 260
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a			4	356,360.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invincome. Enter 1% of Part I, line 27b			5	45.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	356,315.
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years				
	4940(e) reduction of tax in those years.	when calculating whethe	i iiie ivuiiuaiivii y	Juaillies IVI III	ช จังบันปไไ

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7				7,762.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
5 0040				
a From 2010 b From 2011				
c From 2012				
d From 2013				
eFrom 2014 305,045.				
f Total of lines 3a through e	305,045.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: \triangleright \$ 356, 360.				
a Applied to 2014, 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 2015 distributable amount				7,762.
e Remaining amount distributed out of corpus	348,598.			
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	653,643.			
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		0		
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				0.
be distributed in 2016				0.
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 2010	-			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	653,643.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 305, 045.				
e Excess from 2015 348,598.				

523581 11-24-15

Part XIV	Private Operating F	oundations (see ins	tructions and Part VII-	-A, question 9)	N/A				
1 a If the foundation has received a ruling or determination letter that it is a private operating									
foundati	foundation, and the ruling is effective for 2015, enter the date of the ruling								
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
	e lesser of the adjusted net	Tax year		Prior 3 years	(), ()	(),()			
income	from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total			
	ent return from Part X for								
	ar listed								
	line 2a								
	ng distributions from Part XII,								
	r each year listed								
	s included in line 2c not								
	ectly for active conduct of								
	activities								
	ng distributions made directly								
	e conduct of exempt activities.								
	t line 2d from line 2c								
3 Complet	te 3a, b, or c for the								
alternati	ve test relied upon:								
	alternative test - enter:								
	ue of all assets								
	ue of assets qualifying								
	ler section 4942(j)(3)(B)(i) ment" alternative test - enter								
	ninimum investment return								
	n Part X, line 6 for each year								
	t" alternative test - enter:								
	al support other than gross estment income (interest,								
	dends, rents, payments on								
sec	urities loans (section								
	2(a)(5)), or royalties)								
(2) Sup	pport from general public I 5 or more exempt								
org	anizations as provided in								
sec	tion 4942(j)(3)(B)(iii)								
` '	gest amount of support from								
	exempt organization								
	ss investment income					<u> </u>			
Part XV	Supplementary Info			if the foundation	nad \$5,000 or mo	ore in assets			
	at any time during t		uctions.)						
	ation Regarding Foundatio	-							
	managers of the foundation who it only if they have contributed m			ributions received by the f	foundation before the clos	se of any tax			
	it offig if they have contributed if	iore man \$5,000). (See Se	sciion 507 (u)(2).)						
NONE									
	managers of the foundation who			or an equally large portio	n of the ownership of a pa	artnership or			
	tity) of which the foundation has	a 10% of greater filteres	L						
NONE									
	ation Regarding Contributi			-					
Check h		nly makes contributions to							
the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.									
a The nan	a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:								
~									
	SEE STATEMENT 12								
b The form	n in which applications should b	e submitted and informat	ion and materials they sh	ould include:					
c Any sub	mission deadlines:								
		_							
d Anv rest	trictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	ther factors:				

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BALTIMORE CLAYWORKS SUPPORT ART THERAPY NONE ÞС 5707 SMITH AVE PROGRAM AT TUERK HOUSE BALTIMORE, MD 21209 AFTERCARE FACILITY 10,000. CHRIST SCHOOL ALUMNUS PC SCHOLARSHIP IN HONOR 500 CHRIST SCHOOL RD OF DAVID DODGE, GIFT ARDEN, NC 28704 TO ANNUAL FUND 100,000. PINHEAD INSTITUTE NONE PC FUND INTERNSHIP IN P.O. BOX 2905 ADDICTION MEDICINE TELLURIDE, CO 81435 5,000. TELLURIDE FOUNDATION NONE РC SUPPORT BRIGHT FUTURES 220 E COLORADO AVE, #106 EARLY CHILDHOOD TELLURIDE, CO 81435 PROGRAM AND THE TRI COUNTY HEALTH NETWORK 25,000. WASHINGTON ANIMAL RESCUE LEAGUE NONE SPONSOR 101 GALA PC. 71 OGLETHORPE ST NW WASHINGTON, DC 20011 25,000. SEE CONTINUATION SHEET(S) ightharpoonup3a 356,360. Total **b** Approved for future payment NONE Total ➤ 3b

Part XVI-A	Analysi	s of Income	e-Producing	Activities
------------	---------	-------------	-------------	------------

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)	
g g.	(a)	usiness Amount		(d)	Related or exempt	
1 Program service revenue:	code	Amount	sion code	Amount	function income	
a						
b						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	23.		
4 Dividends and interest from securities			14	4,518.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
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			14	4.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0.		4,545.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	4,545.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form 99					FOUNDATION,		46-414			ıge 13
Part 2	XVII	Information Re Exempt Organ		nsfers To	and Transactions	s and Relat	tionships With Noncha	ıritable	Э	
1 Did	the or	<u>.</u>		of the followi	ng with any other organiz	ation described	in section 501(c) of		Yes	No
					27, relating to political or		555 55 1(5) 51			
		from the reporting found	, , , - ,			S				
		, ,			•			1a(1)		Х
										Х
		sactions:								
(1)	Sales	of assets to a noncharita	able exempt organiza	ation				1b(1)		Х
(2)	Purch	ases of assets from a no	oncharitable exempt	organization				1b(2)		Х
(3)	Renta	l of facilities, equipment,	, or other assets					1b(3)		Х
(4)	Reim	bursement arrangements	S					1b(4)		Х
(5)	Loans	s or loan guarantees						1b(5)		Х
(6)	Perfo	rmance of services or me	embership or fundra	ising solicitati	ons			1b(6)		X
c Sha	aring o	f facilities, equipment, ma	ailing lists, other ass	ets, or paid en	nployees			. 1c		Х
		•		•	` '	•	e fair market value of the goods,		sets,	
						/alue in any tran	saction or sharing arrangement,	show in		
) the value of the goods,								
(a)Line n	10.	(b) Amount involved	(c) Name o		le exempt organization	(d) De	scription of transfers, transactions, and	sharing an	rangeme	nts
				N/A						
	_									
-			 							
	_									
			+							
			+							
			+							
-										
			+							
			+							
			1							
-								-		
-										
2a Ist	he four	ndation directly or indirec	ctly affiliated with, or	related to, on	e or more tax-exempt org	anizations desci	ribed			
in s	section	501(c) of the Code (other	er than section 501(c	c)(3)) or in sec	ction 527?		[Yes	X] No
b If "\	Yes," co	mplete the following sch			_					
		(a) Name of org	ganization		(b) Type of organization	n	(c) Description of relations	ship		
		N/A	_							
	Lindor	popultion of parium. I dealers	that I have evenined th	nio roturn, includi	ing accompanying achadulas	and statements on	d to the best of my knowledge			
Sian					an taxpayer) is based on all in			ay the IRS of	discuss t	:his er
Sign Here					1		31	own below	(see ins	tr.)? □
11010	Sign	ature of officer or trustee			l Date	Title	R/SECRETARY [X Yes		∐ No
	l oigi	Print/Type preparer's n		Preparer's		Date	Check if PTIN			
		Jpo proparor 3 III		1.100010101	5.ga.a. 0	54.0	self- employed			
Paid		GAIL E. CH	IAMBERS					0631	932	
Prepa	arer			Y, HORN	N & JOHNSON	LTD.	Firm's EIN ► 54 – 0			
Use (,	, ======		 ·	Thin o' Link P G I	- · • •	. •	

(703)281-4880

Firm's address ► 3998 FAIR RIDGE DRIVE, SUITE 360 FAIRFAX, VA 22033-2907

Phone no.

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) 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 PILOT SCIENTIFIC STUDY DAVID LYNCH FOUNDATION NONE 216 E. 45TH STREET, STE 1301 TO TEST WHETHER NEW YORK, NY 10017 MEDITATION CAN HELP PREVENT RELAPSE IN INPATIENT ALCOHOL 100,000. YOUNG PEOPLE IN RECOVERY NONE PROGRAMMING AT PC 2500 MAGNOLIA STREET NATIONAL LEADERSHIP DENVER, CO 80207 CONFERENCE FOR PEER TO PEER YOUTH FOCUSED SUBSTANCE ABUSE 10,000. INCREASED ACCESS TO NATIONAL COUNCIL OF ALCOHOLISM AND NONE PC DRUG ABUSE - ST LOUIS AREA TREATMENT REFERRAL 9355 OLIVE BLVD SERVICE/SCREENING BY ST. LOUIS, MO 63132 LOWERING CLIENT FEES 8,750. NEW DAY CAMPAIGN - BALTIMORE NONE PC HOSTED A PANEL PERFORMANCE KITCHEN DISCUSSION ON P.O. BOX 65165 TREATMENT OPTIONS FOR BALTIMORE, MD 21209 ALCOHOLISM 1,500. SAMARITAN HOUSE NONE PC SPONSORED EXCERCISE 2610 GREENBRIAR LANE PROGRAM FOR RESIDENTS ANNAPOLIS, MD 21403 AT AFTERCARE FACILITY 5,000. UNITE TO FACE ADDICTION NONE SUPPORTED WASHINGTON PC 100 MILL PLAIN ROAD, 3RD FLOOR DC RALLY TO END STIGMA DANBURY, CT 06811 ASSOCIATED WITH DRUG AND ALCHOHOL DEPENDENCE 1,000. ST. JUDE CHILDREN'S RESEARCH HOSPITAL NONE ЬC PLEDGE FOR PGDF GOLF 135 W. MUHAMMAD ALI BLVD, STE B INVITATIONAL LOUISVILLE, KY 40202 64,610. PAWS2CARE NONE PC SPONSOR FUN TO RUN BENEFIT ORG P.O. BOX 6702 FALLS CHURCH, VA 22040 500. Total from continuation sheets 191,360.

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.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

THE PETER G. DODGE FOUNDATION, INC. 46-4148229

Organization type (check one):

organization type (check one).					
Filers of	:	Section:			
Form 990	or 990-EZ	501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
Caution	An organization the	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),			

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

THE PETER G. DODGE FOUNDATION, INC.

46-4148229

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HANOVER RESEARCH COUNCIL, LLC 4401 WILSON BLVD, 4TH FLOOR ARLINGTON, VA 22203	\$\$	Person X Payroll
(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 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
523452 10-2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE PETER G. DODGE FOUNDATION, INC.

46-4148229

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
—		<u> </u>	
23453 10-26-			990, 990-EZ, or 990-PF) (201

Employer identification number

Name of organization

THE PE	TTER G. DODGE FOUNDATIO	N TNC		46-4148229
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations described columns (a) through (e) and the follo	wing line entry. For organization:	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		less for the year. (Enter this info. once.) •
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER E	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME	3
WELLS FARGO BANK			23.		23.		
TOTAL TO PART I, LI	NE 3		23.		23.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
DIVIDENDS AND INTEREST	4,522		4.	4,518.	4,51	8.	
TO PART I, LINE 4	4,522	•	4.	4,518.	4,51	8.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		IVEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING		4,815.		0.			0.
TO FORM 990-PF, PG	1, LN 16B =	4,815.		0.			0.
TO FORM 990-PF, PG :	-	4,815. THER PROFES				STATEMENT	0.
	-		SIONAL (E	FEES	(C) ADJUSTED NET INCOM	(D) CHARITAE	4
FORM 990-PF	-	THER PROFES (A) EXPENSES	SIONAL (FOR THE SECONDAL SECO	FEES 3) IVEST-	ADJUSTED	(D) CHARITAE	4

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
PAYROLL EXCISE	14,058. 50.	0.		0.
TO FORM 990-PF, PG 1, LN 18	14,108.	0.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
INSURANCE REPAIRS & MAINTENANCE UTILITIES REGISTRATION STIPENDS POSTAGE WEBSITE OFFICE ST. JUDE GOLF EVENT AMORTIZATION TO FORM 990-PF, PG 1, LN 23	1,613. 1,823. 2,184. 189. 31,600. 608. 6,700. 1,762. 41,926. 1,369.	0. 0. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0. 0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE
CAREY WATERMARK INVESTORS			27,059.	27,878.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		27,059.	27,878.

FORM 990-PF OTH	HER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CORPORATE CAPITAL TRUST - REIT CNL HEALTHCARE PROPERTIES - REIT MONEY MARKET FUNDS	COST COST COST	28,217. 26,712. 149.	25,398. 28,986. 148.
TOTAL TO FORM 990-PF, PART II, LIN	NE 13	55,078.	54,532.
FORM 990-PF DEPRECIATION OF ASSE	ETS NOT HELD FOR	RINVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
3 COMPUTERS 1 LAPTOP LEASEHOLD IMPROVEMENT WEBSITE LOGO BLOG DEVELOPMENT IPAD	2,263. 1,423. 3,200. 22,500. 1,250. 6,063. 529.	830. 309. 2,933. 10,000. 260. 1,213. 97.	1,433. 1,114. 267. 12,500. 990. 4,850. 432.
TOTAL TO FM 990-PF, PART II, LN 14	37,228.	15,642.	21,586.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SECURITY DEPOSIT BLOG	402. 2,625.	804.	804.
TO FORM 990-PF, PART II, LINE 15	3,027.	804.	804.

FORM 990-PF OTHER LIABILITIES		STATEMENT 11
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
CREDIT CARD PAYABLE	0.	98.
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	98.

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ELIZABETH CAIRNS 3000 CHESTNUT AVE, STE 347 BALITMORE, MD 21211

TELEPHONE NUMBER

410-246-1498

EMAIL ADDRESS

ECAIRNS@PGDF.ORG

FORM AND CONTENT OF APPLICATIONS

APPLICANTS SHOULD DESCRIBE HOW THEY WOULD USE THE FUNDS IF AWARDED AND HOW THE PROJECT RELATES TO THE FOUNDATION'S MISSION. THERE SHOULD ALSO BE A TIMELINE FOR PROJECT COMPLETION, ESTIMATED BUDGET, PROJECT GOALS, AND PROOF OF NON-PROFIT 501C3 STATUS.

ANY SUBMISSION DEADLINES

NONE FOR 2015. OCTOBER 1ST FOR 2016.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

24

Asset No.	Description	Date Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	3 COMPUTERS	0219	14	SL	5.00	16	2,263.			2,263.	377.		453.
	1 LAPTOP LEASEHOLD	1204	114	SL	5.00	16	1,423.			1,423.	24.		285.
		0301	14	SL	2.00	16	3,200.			3,200.	1,333.		1,600.
4	WEBSITE	0827	14	SL	3.00	16	22,500.			22,500.	2,500.		7,500.
5	LOGO	0501	14	197	96 M	43	1,250.			1,250.	104.		156.
8	BLOG DEVELOPMENT	0115	15		60M	42	6,063.			6,063.			1,213.
		0131	15	SL	5.00	16	529.			529.			97.
	* TOTAL 990-PF PG 1 DEPR & AMORT						37,228.		0.	37,228.	4,338.	0.	11,304.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

990-PF

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

Identifying number

THE	PETER G. DODGE FOU	NDATION,	INC.	FOR	м 990-	PF PAGE	1	46-4148229
Par	t I Election To Expense Certain Propert	y Under Section 1	79 Note: If you	u have any lis	sted propert	y, complete Par	t V before	you complete Part I.
1 M	aximum amount (see instructions)						1	500,000.
2 To	otal cost of section 179 property place							
	nreshold cost of section 179 property		2,000,000.					
	eduction in limitation. Subtract line 3 fr							
5 Do	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filir	ng separately, see	instructions	·····	5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use only)	(c) Electe	d cost	
7 Li	sted property. Enter the amount from	line 29			7			
	otal elected cost of section 179 proper							
9 Te	entative deduction. Enter the smaller of	of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	line 13 of your 2	014 Form 456	32			10	
11 B	usiness income limitation. Enter the sn	naller of business	s income (not	less than zer	ro) or line 5		11	
12 Se	ection 179 expense deduction. Add lin	es 9 and 10, but	do not enter	more than lir	ne 11 <u></u>		12	
	arryover of disallowed deduction to 20				🕨 13			
	Do not use Part II or Part III below for	listed property.	Instead, use F	Part V.				
Par	II Special Depreciation Allowar	ice and Other D	epreciation (Do not inclu	de listed pro	perty.)		
14 S	pecial depreciation allowance for quali	fied property (oth	ner than listed	d property) pl	aced in serv	rice during		
th	e tax year						14	
15 Pi	roperty subject to section 168(f)(1) elec	ction					15	
							16	9,935.
Par	t III MACRS Depreciation (Do not	include listed pr	operty.) (See	instructions.)			
				ction A				
17 M	ACRS deductions for assets placed in	service in tax ye	ears beginning	g before 201	5		<u></u> 17	
18 If y	you are electing to group any assets placed in servi							
	Section B - Assets I	(b) Month and		depreciation	Using the G	ieneral Depreci	ation Sys	tem
	(a) Classification of property	year placed in service	(business/in	vestment use nstructions)	(d) Recove period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
<u>g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs	. MM	S/L	
	riosidential rental property	/			27.5 yrs	. MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	,	/				MM	S/L	
	Section C - Assets PI	aced in Service	During 2015	Tax Year U	sing the Alt	ernative Depre	ciation Sy	rstem
<u>20a</u>	Class life						S/L	
b	12-year				12 yrs.		S/L	
_ c	40-year	/			40 yrs.	MM	S/L	
Par								
	sted property. Enter amount from line						21	
	otal. Add amounts from line 12, lines 1	- ·			-			0.005
	nter here and on the appropriate lines	-	=		tions - <u>see ir</u>	nstr	22	9,935.
	or assets shown above and placed in s							
р	ortion of the basis attributable to section	on 263A costs			23			

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment

•	recreation, or a	mùsement.)				•		,		. ,		,			,
			hich you are usi , all of Section E					or dedu	ucting leas	se expen	se, com	plete on	ly 24a, 2	24b, colu	ımns
_			on and Other In					nstruc	tions for li	mits for	passeno	er autor	nobiles.)	
24	a Do you have evidence to s						es		24b If "Y					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	oth	(d) Cost or her basis	Bas	(e) is for depresiness/inve	eciation estment	(f) Recovery period	(Me	g) thod/ rention	Depre	h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed p	roperty	placed	in servi	ce durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								. 25				
26 Property used more than 50% in a qualified business use:															
		: :	%												
		: :	%												
		: :	%												
27	Property used 50% or le	ess in a quali	fied business u	se:											
		1 1	%	+		_				S/L -					
		1 1	%							S/L -					
		: :	%							S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column									. 29					
					3 - Infor										
	mplete this section for ve											-			S
to	your employees, first ansv	wer the ques	stions in Sectior	n C to s	see if you	ı meet a	an excep	otion to	complet	ing this s	ection f	or those	vehicles	S.	
				_	_	_				1			_		
	T			(a) (b) (c) (d) Vehicle Vehicle Vehicle				(e)		(f)					
30	Total business/investment r		~ _	Veh	iicle	Ver	Vehicle Ve		'ehicle Vehicle		nicle	Vehicle		Vehicle	
٠.	year (do not include comn		_												
	Total commuting miles of														
32	Total other personal (nor	_	•												
22	driven Total miles driven during														
55	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
U-1	during off-duty hours?		—	163	140	163	140	163	140	163	110	163	140	163	140
35	Was the vehicle used pr														
55	than 5% owner or relate														
									+						
36	Is another vehicle availa	nie tor nersa													

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about		
D	art VI Amortization		

Part VI Amortization										
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or per		(f) Amortization for this year				
42 Amortization of costs that begins during your 2015 tax year:										
BLOG DEVELOPMENT	011515 6,063.		60M			1,213.				
	: :									
43 Amortization of costs that began before your 2	43	156.								
44 Total. Add amounts in column (f). See the inst	44	1,369.								

Form 4562 (2015) 516252 12-28-15

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -THE PETER G. DODGE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	3 COMPUTERS	021914	SL	5.00	16	2,263.			2,263.	377.		453.
	1 LAPTOP	120414	SL	5.00	16	1,423.			1,423.	24.		285.
	LEASEHOLD IMPROVEMENT	030114	SL	2.00	16	3,200.			3,200.	1,333.		1,600.
4	WEBSITE	082714	SL	3.00	16	22,500.			22,500.	2,500.		7,500.
5	LOGO	050114	197	96 M	43	1,250.			1,250.	104.		156.
8	BLOG DEVELOPMENT	011515		60 M	42	6,063.			6,063.			1,213.
		013115	SL	5.00	16	529.			529.			97.
	* TOTAL 990-PF PG 1 DEPR & AMORT					37,228.		0.	37,228.	4,338.	0.	11,304.
		Ш										