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CLIENT'S COPY

COPY

Tax Return Carryovers to 2016

NAME: THE FRANCES AND HENRY RIECKEN FOUNDATION

ID Number: 04-3500365

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			566396.

COPY

LONNY E. BASSIN AND COMPANY CPA LLC
19 BANFF DRIVE
WEST WINDSOR, NEW JERSEY 08550

CLIENT: RIECKEN001
OCTOBER 25, 2016

THE FRANCES AND HENRY RIECKEN FOUNDATION
4100 CATHEDRAL AVE., NW NO. 802
WASHINGTON, DC 20016
202-425-6227

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2015
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990-PF, RETURN OF PRIVATE FOUNDATION
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS
FORM 114A, RECORD OF AUTHORIZATION TO E-FILE FBARS
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
FORM 8938, STM SPECIFIED FOREIGN FINANCIAL ASSETS

TAX PREPARATION FEE

\$ 4400.00

LONNY E. BASSIN AND COMPANY CPA LLC
19 BANFF DRIVE
WEST WINDSOR, NEW JERSEY 08550

OCTOBER 25, 2016

THE FRANCES AND HENRY RIECKEN FOUNDATION
4100 CATHEDRAL AVE., NW NO. 802
WASHINGTON, DC 20016

THE FRANCES AND HENRY RIECKEN FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2015 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO MY OFFICE. I
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO ME BY
NOVEMBER 15, 2016.

FORM 990-PF HAS A BALANCE DUE OF \$54.

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX
PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE
AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT
1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME,
THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING
BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE
DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY
FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL
INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF
FUNDS.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS
DISTRIBUTION CARRYOVER OF \$566396. THIS MAY BE APPLIED TO
TAX YEAR 2016 AND SUBSEQUENT YEARS.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE
SIGN, DATE, AND RETURN FORM 114A TO MY OFFICE. I WILL THEN
TRANSMIT YOUR REPORT TO THE FINCEN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

LONNY BASSIN

COPY

LONNY E. BASSIN AND COMPANY CPA LLC
19 BANFF DRIVE
WEST WINDSOR, NEW JERSEY 08550

(609)799-6286

OCTOBER 25, 2016

THE FRANCES AND HENRY RIECKEN FOUNDATION
4100 CATHEDRAL AVE., NW NO. 802
WASHINGTON, DC 20016

THE FRANCES AND HENRY RIECKEN FOUNDATION:

ENCLOSED IS THE 2015 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2015 FORM 990-PF

2015 FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

INSTRUCTIONS FOR FILING THE ABOVE FORM ARE FURNISHED FOR EASY
REFERENCE. YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

LONNY BASSIN
MEMBER

Filing Instructions

Prepared for:

THE FRANCES AND HENRY RIECKEN FOUNDA
4100 CATHEDRAL AVE., NW NO. 802
WASHINGTON, DC 20016

Prepared by:

LONNY E. BASSIN AND COMPANY CPA LLC
19 BANFF DRIVE.
WEST WINDSOR, NJ 08550

2015 FORM 990-PF

FORM 990-PF HAS A BALANCE DUE OF \$54.

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO MY OFFICE. I WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO ME BY NOVEMBER 15, 2016.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO MY OFFICE. I WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

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FEDERAL INFORMATIONAL FORMS

COPY

LONNY E. BASSIN AND COMPANY CPA LLC
19 BANFF DRIVE
WEST WINDSOR, NEW JERSEY 08550

CLIENT: RIECKEN001
OCTOBER 25, 2016

THE FRANCES AND HENRY RIECKEN FOUNDATION
4100 CATHEDRAL AVE., NW NO. 802
WASHINGTON, DC 20016
202-425-6227

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2015
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990-PF, RETURN OF PRIVATE FOUNDATION
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS
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FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
FORM 8938, STM SPECIFIED FOREIGN FINANCIAL ASSETS

TAX PREPARATION FEE

\$ 4400.00

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0 0 0;">(See instructions below for completion)</p> <p style="margin: 5px 0 0 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0 0 0;">The form 114a may be digitally signed</p>	THEFRAN20150001
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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name THE FRANCES AND HENRY RIECKEN FOUNDATION	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2015 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity) * THIS IS NOT A FILEABLE COPY *	8. Date MM DD YYYY	9. Owner or entity TIN 043500365	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name BASSIN	16. Preparer first name LONNY	17. Preparer M.I.	18. Preparer PTIN P01201194
19. Address 19 BANFF DRIVE.	20. City WEST WINDSOR	21. State NJ	22. ZIP/postal code 08550
23. Country code US	24. Preparer's (item 15) employer's (Entity) name	25. Employer EIN	26. Preparer's signature LONNY BASSIN

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

THE FRANCES AND HENRY RIECKEN FOUNDATION

04-3500365

Name and title of officer

WILLIAM CARTWRIGHT PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due) and 2 columns (1b-5b). Row 4a is checked with 'X' and 4b contains '54'.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize LONNY E. BASSIN AND COMPANY CPA LLC to enter my PIN 41000. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ***** THIS IS NOT A FILEABLE COPY *** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20874408248 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature LONNY E. BASSIN AND COMPANY CPA LLC Date 10/25/16

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

THEFRAN20150001

Version Number: 1.1

FinCEN Form 114
OMB Control Number: 1506-0009
Effective January 1, 2014

Filing Name THE FRANCES AND HENRY RIECKEN FOUNDATION

Submission Type NEW

PIN NOT REQUIRED

Check here if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30th filing date may not be extended.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return
Do not use previous editions of this form

1 This report is for calendar
year ended 12/31
2015
Amended

Part I Filer information THEFRAN20150001

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type _____

3 U.S. Taxpayer Identification Number 043500365 <u>If filer has no U.S. Identification number complete item 4</u>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
--	---	--	--

6 Last name or organization name THE FRANCES AND HENRY RIECKEN FOUNDATION	7 First name	8 Middle initial	8a Suffix
---	--------------	------------------	-----------

9 Mailing address (number, street, and apt. or suite no.)

4100 CATHEDRAL AVE. , NW

10 City WASHINGTON	11 State DC	12 ZIP/Postal Code 20016	13 Country USA
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14 a) Does the filer have a financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
20 City	21 State, if known	22 Foreign postal code, if known	23 Country

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account		46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>			
Third Party Preparer Use Only	47 Preparer's last name BASSIN	48 First name LONNY	49 MI	50 Check <input checked="" type="checkbox"/> if self-employed	51 TIN P01201194	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. (609) 799-6286	52a Ext.	53 Firm's name		54 Firm's TIN	54a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) 19 BANFF DRIVE.		56 City WEST WINDSOR	57 State NJ	58 ZIP/Postal Code 08550	59 Country US

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

Part V Information on financial account(s) where filer is filing a consolidated report	FinCEN Form 114
---	-----------------

Page Number
2 of 2

Complete a separate block for each account

Add an additional Part V page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year <u>2015</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 043500365	6 Last name or organization name THE FRANCES AND HENRY RIECKEN FOUNDATION
---	--	---

15 Maximum value of account during calendar year	15a Amount unknown <input checked="" type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	---

17 Name of financial institution in which account is held
BANCO ATLANTIDA

18 Account number or other designation 120406095	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held PLAZA BANCATLAN, BLVD.
--	---

20 City CENTROAMERICA	21 State, if known	22 Foreign postal code, if known	23 Country HONDURAS
---------------------------------	--------------------	----------------------------------	-------------------------------

34 Organization name of account owner THE FRANCES AND HENRY RIECKEN F	35 Tax identification number of account owner 04-3500365	35a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
---	--	---

38 Mailing address (number, street, apt. or suite no.)
4100 CATHEDRAL AVENUE, NW

39 City WASHINGTON	40 State DC	41 ZIP/Postal Code 20016	42 Country
------------------------------	-----------------------	------------------------------------	------------

15 Maximum value of account during calendar year	15a Amount unknown <input checked="" type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	---

17 Name of financial institution in which account is held
BANCO INTERNACIONAL

18 Account number or other designation 8200022005	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held 5A CALLE PONIENTE NO.9
---	---

20 City ANTIGUA GUATEMALA	21 State, if known	22 Foreign postal code, if known	23 Country GUATEMALA
-------------------------------------	--------------------	----------------------------------	--------------------------------

34 Organization name of account owner THE FRANCES AND HENRY RIECKEN F	35 Tax identification number of account owner 04-3500365	35a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
---	--	---

38 Mailing address (number, street, apt. or suite no.)
4100 CATHEDRAL AVENUE, NW

39 City WASHINGTON	40 State DC	41 ZIP/Postal Code 20016	42 Country
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FILEABLE FORMS

COPY

Return of Private Foundation

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

2015

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning , and ending

Name of foundation THE FRANCES AND HENRY RIECKEN FOUNDATION		A Employer identification number 04-3500365
Number and street (or P.O. box number if mail is not delivered to street address) 4100 CATHEDRAL AVE., NW	Room/suite 802	B Telephone number 202-425-6227
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20016		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 316755.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	636177.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities		2689.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications			19100.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	636177.	2689.	19100.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	92000.	0.	0.	0.
	14 Other employee salaries and wages	177413.	0.	0.	0.
	15 Pension plans, employee benefits	25072.	0.	0.	0.
	16a Legal fees				
	b Accounting fees				
	c Other professional fees STMT 1	123844.	0.	0.	0.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy	26290.	0.	0.	0.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 2	177419.	0.	0.	0.
	24 Total operating and administrative expenses. Add lines 13 through 23	622038.	0.	0.	0.
	25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements. Add lines 24 and 25	622038.	0.	0.	0.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	14139.				
b Net investment income (if negative, enter -0-)		2689.			
c Adjusted net income (if negative, enter -0-)			19100.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	509344.	290755.	290755.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis	25586.		
Less: accumulated depreciation		36012.	25586.	
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	545356.	316341.	316755.	
Liabilities	17 Accounts payable and accrued expenses	2950.	7107.	
	18 Grants payable			
	19 Deferred revenue	250000.		
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	252950.	7107.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	201756.	237684.	
	25 Temporarily restricted	90650.	71550.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	292406.	309234.		
31 Total liabilities and net assets/fund balances	545356.	316341.		

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	292406.
2 Enter amount from Part I, line 27a	2	14139.
3 Other increases not included in line 2 (itemize) ADJUSTMENT TO FUND LIABILITIES	3	71550.
4 Add lines 1, 2, and 3	4	378095.
5 Decreases not included in line 2 (itemize) PRIOR YR ADJUSTMENTS	5	68861.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	309234.

Part IV Capital Gains and Losses for Tax on Investment Income

(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) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	0.	537176.	.000000
2013	0.	782368.	.000000
2012	0.	915983.	.000000
2011			
2010			
2	Total of line 1, column (d)		2 .000000
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3 .000000
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5		4 311596.
5	Multiply line 4 by line 3		5 0.
6	Enter 1% of net investment income (1% of Part I, line 27b)		6 27.
7	Add lines 5 and 6		7 27.
8	Enter qualifying distributions from Part XII, line 4		8 0.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due/overpayment. Total tax due is 54.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes a 'Yes/No' column and a 'Refunded' field.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW:RIECKEN.COM
14 The books are in care of FOUNDATION Telephone no. 202-719-1063
Located at 4100 CATHEDRAL AVE., NW #802, WASHINGTON, DC ZIP+4 20016
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 15 N/A
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, 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 foreign country

Part 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.

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(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 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)?
Organizations relying on a current notice regarding disaster assistance check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?
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?
If "Yes," list the years
b 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.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
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 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.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

5b		
6b		X
7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		92000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, 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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM CARTWRIGHT - 1330 W.ELMSDALE, #2W, CHICAGO, IL 60660	PRESIDENT 50.00	92000.	0.	0.

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "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 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, 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 lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	316341.
d	Total (add lines 1a, b, and c)	1d	316341.
e 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	316341.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4745.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	311596.
6	Minimum investment return. Enter 5% of line 5	6	15580.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	15580.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	54.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	54.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15526.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	15526.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	15526.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	0.
b	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 charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				15526.
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:				
a From 2010				
b From 2011	581922.			
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	581922.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	0.			
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				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	15526.			15526.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	566396.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
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	566396.			
10 Analysis of line 9:				
a Excess from 2011	566396.			
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions 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 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)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
 NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
 NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year NONE				
Total			3a	0.
b Approved for future payment NONE				
Total			3b	0.

COPY

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

(See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: 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.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date Title PRESIDENT

May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Content: LONNY BASSIN, LONNY BASSIN, 10/25/16, P01201194. Firm's name: LONNY E. BASSIN AND COMPANY CPA LLC. Firm's EIN: 45-0580597. Firm's address: 19 BANFF DRIVE, WEST WINDSOR, NJ 08550. Phone no. (609)799-6286

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

2015

Name of the organization

THE FRANCES AND HENRY RIECKEN FOUNDATION

Employer identification number

04-3500365

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

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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 THE FRANCES AND HENRY RIECKEN FOUNDATION	Employer identification number 04-3500365
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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	JIM WILSON 26045 BENTLEY COURT LOS ALTOS, CA 94022	\$ 24500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BEN WILSON AND ADRIAN RIDNER 100 VIEW DRIVE, SUITE 202 MOUNTAIN VIEW, CA 94041	\$ 25000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LEN AND MARY ANNE BAKER 940 HAMILTON AVENUE PALO ALTO, CA 94301	\$ 75418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUAN AND LIZ DAVILA 897 NORFOLK PINE AVE. SUNNYVALE, CA 94087	\$ 10000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PETERSON FOUNDATION C/O AUREOS#SJO 1060, PO BOX 25331 MIAMI, FL 33102	\$ 29920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DAVID BRADBURY PLAYA SUITE 108 LA JOLLA, CA 92037	\$ 20000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE FRANCES AND HENRY RIECKEN FOUNDATION	04-3500365

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
7	RICHARD AND VIRGINA STROCK FAMILY FD 4962 EL CAMINO REAL SUITE LOS ALTOS, CA 94022	\$ 21000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STRACHAN FOUNDATION SJ07 92, PO BOX 025216 MIAMI, FL 33102	\$ 10800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BURNS-FAZZI BROCK FOUNDATION 1816 EAST 7TH STREET CHARLOTTE, NC 28209	\$ 60000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SEATTLE FOUNDATION 1200 5TH AVENUE, SUITE 1300 SEATTLE, WA 98101-3151	\$ 10000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MIDEH/SECRETARIAT OF EDUCATION OF GOVERNMENT OF HONDURAS COL.VILLA HERMOSA, EDIFICIO EL RAP, 4TH FL TEGUCIGALPA, HONDURAS, HONDURAS	\$ 72524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FRANCES AND HENRY RIECKEN FOUNDATION	Employer identification number 04-3500365
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE FRANCES AND HENRY RIECKEN FOUNDATION	Employer identification number 04-3500365
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OPERATION OF LIBRARIES	69710.	0.	0.	0.	
PROFESSIONAL SERVICES	54134.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	123844.	0.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER STAFF EXPENSE	86685.	0.	0.	0.	
OFFICE EXPENSE	25565.	0.	0.	0.	
ADMIN EXPENSE	48448.	0.	0.	0.	
MISC	16721.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	177419.	0.	0.	0.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	3
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NAME OF CONTRIBUTOR	ADDRESS
JAMES WILSON	26045 BENTLEY COURT LOS ALTOS, CA 94022
BEN WILSON	100 VIEW STREET, SUITE 202 MOUNTAIN VIEW, CA 94041
LEN & MARY ANN BAKER	940 HAMILTON AVENUE PALO ALTO, CA 94301
REDUCTION OF POVERTY(ACI-ERP)	MAIN STREET TOWARDS MARIA AUXILIADORA NO.3738 TEGUCIGALPA, HONDURAS, HONDURAS
MINISTRY OF SECURITY	COLOMBIA STREET NO.2329 TEGUCIGALPA, HONDURAS, HONDURAS

STRACHAN FOUNDATION C/O INVERSIONES MESOAMERICA, PLAZA TEMPO
PISO 4 ESCAZU, COSTA RICA, COSTA RICA

PATRICIA PRICE PETERSON FOUNDATION C/O AUREOS SJO.ESCAZU
SAN JOSE, COSTA RICA, COSTA RICA

BURNS-FAZZI, BROCK FOUNDATION/BFB
FOUNDATION 1816 EAST 7TH STREET
CHARLOTTE, NC 28209

MIDEH/SECRETARIAT OF EDUCATION OF
GOV OF HONDURAS COL.VILLA HERMOSSA, EDIFICIO EL RAP 4TH FL
TEGUCIGALPA, HONDURAS, HONDURAS

LIZ AND JUAN DAVILA 897 NORFOLK PINE AVENUE
SUNNYVALE, CA 94087

DAN AND ANNETTE BRADBURY 2223 AVENIDA DE LA PLAYA, SUITE 108
LA JOLLA, CA 92037

RICH AND GINNY STROCK

SEATTLE FOUNDATION 1200 FIFTH AVENUE, SUITE 1300
SEATTLE, WA 98101-3151

JIM AND PAM WILSON 149 COMMONWEALTH DRIVE
MENLO PARK, CA 94025

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM CARTWRIGHT 3750 N. LAKE SHORE DRIVE CHICAGO, IL 60613	PRESIDENT 40.00	92000.	0.	0.
ALLEN ANDERSSON 4100 CATHEDRAL AVE.NW#503 WASHINGTON, DC 20016	SECRETARY 0.00	0.	0.	0.
JIM WILSON 26045 BENLEY CT. LOS ALTOS HILLS, CA 94022	CHAIRMAN 0.00	0.	0.	0.
MALCOLM BUTLER 7350 HOOKINS RD MCLEAN, VA 22101	DIRECTOR 0.00	0.	0.	0.
LIZ DAVILA 897 NORFOLK PINE AVENUE SUNNYVALE, CA 94087	DIRECTOR 0.00	0.	0.	0.
RICHARD STROCK 238 FRANCES DRIVE LOS ALTOS, CA 94022	DIRECTOR 0.00	0.	0.	0.
JAMES C. KING C/O MURPHY & KING ONE BEACON STREET ,21ST FL BOSTON, MA 02108	DIRECTOR 0.00	0.	0.	0.
SAM FEATHERSTONE 1325 ST. CHARLES ST. ALAMEDA, CA 94501	DIRECTOR 0.00	0.	0.	0.
DANIEL M. BRADBURY 2223 AVENIDA DE LA PLAYA,SUITE 108 LA JOLLA, CA 92307	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		92000.	0.	0.

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

Attach to your tax return.

For calendar year **2015** or tax year beginning and ending

If you have attached continuation statements, check here X

Number of continuation statements _____

Name(s) shown on return

TIN

THE FRANCES AND HENRY RIECKEN FOUNDATION

04-3500365

Part I Foreign Deposit and Custodial Accounts Summary

- 1 Number of Deposit Accounts (reported on Form 8938) **2**
- 2 Maximum Value of All Deposit Accounts \$
- 3 Number of Custodial Accounts (reported on Form 8938) **2**
- 4 Maximum Value of All Custodial Accounts \$
- 5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

- 1 Number of Foreign Assets (reported on Form 8938) **2**
- 2 Maximum Value of All Assets \$
- 3 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

- 1. Number of Forms 3520 _____
- 2. Number of Forms 3520-A _____
- 3. Number of Forms 5471 _____
- 4. Number of Forms 8621 _____
- 5. Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report, attach a continuation statement for each additional account (see instructions).

1 Type of account X Deposit Custodial

2 Account number or other designation **120406095**

3 Check all that apply: a X Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ **0.**

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions) (continued)

7a Name of financial institution in which account is maintained **b** Reserved
BANCO ATLANTIDA

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
PLAZA BANCATLAN, BLVD.

9 City or town, state or province, and country (including postal code)
CENTROAMERICA HONDURAS

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

Note. If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, or 8865, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.

If you have more than one asset to report, attach a continuation statement for each additional asset (see instructions).

1 Description of asset **2** Identifying number or other designation

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c Check if asset jointly owned with spouse **d** Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)
a \$0 - \$50,000 **b** \$50,001 - \$100,000 **c** \$100,001 - \$150,000 **d** \$150,001 - \$200,000
e If more than \$200,000, list value \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated **(b)** Foreign currency exchange rate used to convert to U.S. dollars **(c)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity **b** Reserved
c Type of foreign entity **(1)** Partnership **(2)** Corporation **(3)** Trust **(4)** Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).
a Name of issuer or counterparty
Check if information is for Issuer Counterparty
b Type of issuer or counterparty
(1) Individual **(2)** Partnership **(3)** Corporation **(4)** Trust **(5)** Estate
c Check if issuer or counterparty is a U.S. person Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account Deposit Custodial **2** Account number or other designation
8200022005

3 Check all that apply **a** Account opened during tax year **b** Account closed during tax year
c Account jointly owned with spouse **d** No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 0.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained **(2)** Foreign currency exchange rate used to convert to U.S. dollars **(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained **b** Reserved
BANCO INTERNACIONAL

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
5A CALLE PONIENTE NO. 9

9 City or town, province or state, and country (including postal code)
ANTIGUA GUATEMALA
GUATEMALA

1 Type of account Deposit Custodial **2** Account number or other designation

3 Check all that apply **a** Account opened during tax year **b** Account closed during tax year
c Account jointly owned with spouse **d** No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained **(2)** Foreign currency exchange rate used to convert to U.S. dollars **(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained **b** Reserved

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

1 Type of account Deposit Custodial **2** Account number or other designation

3 Check all that apply **a** Account opened during tax year **b** Account closed during tax year
c Account jointly owned with spouse **d** No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained **(2)** Foreign currency exchange rate used to convert to U.S. dollars **(3)** Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained **b** Reserved

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

• 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE FRANCES AND HENRY RIECKEN FOUNDATION	Employer identification number (EIN) or 04-3500365
	Number, street, and room or suite no. If a P.O. box, see instructions. 4100 CATHEDRAL AVE., NW, NO. 802	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20016	

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

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.

FOUNDATION

- The books are in the care of **4100 CATHEDRAL AVE., NW #802 - WASHINGTON, DC 20016**
Telephone No. **202-719-1063** 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.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.
- For calendar year **2015**, or other tax year beginning _____, and ending _____.
- 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
AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

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