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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2010

Internal Revenue Service For calendar year 2010, or tax year beginning and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number AMOS AND RUTH WILNAI FOUNDATION 20-4839728 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 885 NORTHAMPTON DRIVE (650)325-9375City or town, state, and ZIP code C If exemption application is pending, check here PALO ALTO, CA 94303 D 1 Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method Cash X Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 7,275,953. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments STATEMENT 134,329. 134,329 STATEMENT 4 Dividends and interest from securities 5a Gross rents D Net rental income or (loss) -114,4726a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 684,291. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 500 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) OGDEN. 11 Other income 19,862. 134,334. 12 Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 10,400. 5,200. **b** Accounting fees 5,200. c Other professional fees and Administrative 17 Interest STMT 4 6,409. 18 5,159 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 1,002. 0 Ō. 23 Other expenses 24 Total operating and administrative 5,200. expenses. Add lines 13 through 23 17,811. 10,359 25 Contributions, gifts, grants paid 269,600. 269,600. 26 Total expenses and disbursements. 287,411. 10,359 274,800. Add lines 24 and 25 27 Subtract line 26 from line 12 -267,5493 Excess of revenue over expenses and disbursements 123,975 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see the instructions

C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2010)

GLH

N/A

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		
4.0	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1 Cash - non-interest-bearing	101,378.	25,622.	25,622.		
;	2 Savings and temporary cash investments	47,672.	57,438.	57,438.		
;	3 Accounts receivable ►					
	Less allowance for doubtful accounts					
	4 Pledges receivable			THE PERSON NAMED AND PARTY OF THE PE		
	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	1				
g .	8 Inventories for sale or use					
Assets	9 Prepaid expenses and deferred charges	20,399.	2,573.	2,573.		
୪ ₁	Oa Investments - U.S. and state government obligations		2/0/01	2,0,0,		
'	b Investments - corporate stock	5,294,309.				
	c Investments - corporate bonds	3/231/3031				
1	1 Investments - land, buildings, and equipment basis			······································		
- '		-				
	Less accumulated deprecation Investments - mortgage loans			· · · · ·		
1		1,043,358.	7,179,510.	7,179,510.		
1	14 222		1,119,310.	1,119,310.		
11	Less accumulated depreciation STMT 7 Less accumulated depreciation		10,034.	10 024		
		10,989.	776.	10,034.		
[]	5 Other assets (describe ► STATEMENT 8)	2,334.	770•	770.		
	C. Tatal annuts (to be consolated by all file or)	6 521 050	7 275 052	7 275 052		
-	6 Total assets (to be completed by all filers)	0,321,039.	7,275,953.	1,213,933.		
- 1	7 Accounts payable and accrued expenses	0,303.	0,231.			
1	• •					
S 1	_					
<u></u>						
Liabilities	5 5 6 6 7 7 7 7 7 7 7 7 7 7					
2	2 Other liabilities (describe >)					
		0 562	6 221			
- 2	3 Total liabilities (add lines 17 through 22)	8,563.	6,231.			
	Foundations that follow SFAS 117, check here					
Sel	and complete lines 24 through 26 and lines 30 and 31	6 512 406	7 260 722			
9 2		6,512,496.	7,269,722.			
Fund Balanc	• •					
四 2 日	,					
5	Foundations that do not follow SFAS 117, check here		İ			
7	and complete lines 27 through 31.					
sts 2	• • • •	ļ				
Net Assets						
<u>د</u> اع	·	6 512 406	7 260 722			
ž 3	O Total net assets or fund balances	6,512,496.	7,269,722.			
-		6 501 050	7 075 050			
] 3	1 Total liabilities and net assets/fund balances	6,521,059.	7,275,953.			
Pai	↑ Ⅲ Analysis of Changes in Net Assets or Fund E	Balances				
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30				
	nust agree with end-of-year figure reported on prior year's return)		1	6,512,496.		
	ter amount from Part I, line 27a		2	-267,549.		
	her increases not included in line 2 (itemize) UNREALIZED	GAIN/LOSS	3	1,024,775.		
	ld lines 1, 2, and 3		4	7,269,722.		
5 De	creases not included in line 2 (itemize)		5	0.		
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	7,269,722.		

		d(s) of property sold (e r common stock, 200 st			(a) t	- Purci - Dona	quired hase ition	(c) Date a (mo , da	acquired ay, yr)	(d) Date sold (mo , day, yr)
1a										
b SEE ATTACHED	STAT	EMENT								<u> </u>
<u>c</u>					<u> </u>					
<u>d</u>		<u> </u>					-			
E	 _				ا 					<u> </u>
(e) Gross sales price	1 ''	epreciation allowed (or allowable)	, , , ,	t or other basis xpense of sale					ain or (loss s (f) minus	
<u>a</u>	ļ									
<u>b</u>									 -	
<u>C</u>			ļ							
COA 201	-			700 70	- 1					114 472
e 684,291.		aluma (h) and aumad h		798,76	3.					-114,472.
Complete only for assets show			· · · · · · · · · · · · · · · · · · ·						ol (h) gair not less tha	
(i) F M V as of 12/31/69		Adjusted basis as of 12/31/69		cess of col (I) col (J), If any					(from col	
<u>a</u>			<u> </u>							
b										
<u>C</u>										
<u>d</u>										
<u>e</u>										-114,472.
2 Capital gain net income or (net c	apital loss)	If gain, also ento If (loss), enter -	er in Part I, line 0- in Part I, line	7 7	}	2				-114,472.
3 Net short-term capital gain or (lo	oss) as defin	ed in sections 1222(5) a	and (6)							
If gain, also enter in Part I, line 8			(-/]				į.	
If (loss), enter -0- in Part I, line 8 Part V Qualification I		ection 4940(e) fo			للِـ	3			N/A	1
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qui	ction 4942 ta alify under so	ax on the distributable a	omplete this pa	rt .						Yes X No
1 Enter the appropriate amount in	each colum		ructions before	making any entri						/d\
(a) Base period years Calendar year (or tax year beginr	ווחם וח)	(b) Adjusted qualifying di	stributions	Net value of no	(c) onchai		use assets			(d) bution ratio vided by col (c))
2009		3(63,594.		5	,52	6,778		(10) (1)	.065788
2008			53,757.				8,146			.035058
2007		10	68,966.				2,233			.019803
2006			35,080.				8,813			.007161
2005										
2 Total of line 1, column (d)								2		.127810
3 Average distribution ratio for the	5-year base	period - divide the total	l on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in exist	ence if less t	han 5 years						3	_	.031953
4 Enter the net value of noncharita	ible-use asse	ets for 2010 from Part X	, line 5					4		6,515,958.
5 Multiply line 4 by line 3								5		208,204.
	ma /10/ of E	lart I lina 27h\						6		1,240.
6 Enter 1% of net investment inco	1176 UIP	ait i, iiii o 2/0)						6		
7 Add lines 5 and 6								7		209,444.
8 Enter qualifying distributions fro If line 8 is equal to or greater that			a 1h and com	alata that nait you	10.2.1	% tav :	rata	8		274,800.
See the Part VI instructions	IIII o 7, CHE	on aid box iii Fait VI, IIII	io iu, anu cump	note that part USII	ıy a I	,o tax (uto			

Form	990-PF(2010) AMOS AND RUTH WILNAI FOUNDATION 2	0-4839	9728	F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	18 - see	instru	ction	1 S)
`1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1		1,2	40.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		1,2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,2	40.
6	Credits/Payments				
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,813.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withhold	_			1 2
_	Total credits and payments Add lines 6a through 6d	7	•	0,0	13.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9) 5	73.
10	0 FR0 F	10		2,5	$\frac{73.}{0.}$
	Enter the amount of line 10 to be Credited to 2011 estimated tax ► 2,573 • Refunded ► rt VII-A Statements Regarding Activities	11			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
10	any political campaign?		1a	.03	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	10	~~~~ <u> </u>	 -
	distributed by the foundation in connection with the activities	UI .			
r	Did the foundation file Form 1120-POL for this year?		10	1	х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
•	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$ 0 •				į
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				ĺ
	managers ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2]	х
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		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?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				ĺ
	● By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	ıw.			1
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	ļ
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			,,	ł
	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 calend	lar			v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		X

Form 990-PF (2010) AMOS AND RUTH WILNAI FOU			20-48397	28 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indir	• • • • • • • • • • • • • • • • • • • •		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		ın Regulations	27/2	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —		
expenditure responsibility for the grant?		I/A 🔲 Ye	s L No	
If "Yes," attach the statement required by Regulations section 53 494			İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>		
a personal benefit contract?		Ye	s X No	_ ,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.		r	[B]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributions and the second of the seco				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	1	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
SEE STATEMENT 9		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) a	·
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(0)	compensation	allowances
NONE			u.	
		· · · · · · · · · · · · · · · · · · ·		
	1			
	-			
		1		
Tetal number of other ampleyage paid over \$50,000	<u> </u>	<u> </u>		0
Total number of other employees paid over \$50,000			• [<u> </u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	ompensation
NONE	-		
			
Total number of others receiving over \$50,000 for professional services		<u> </u>	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 in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the	Expens	ses
1 N/A	1,010		
2			
3			
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	4 and 0		
1 N/A	1 and 2	Amou	nı.
N/ Ω			
	· · · · · · · · · · · · · · · · · · ·		
2			
All other program-related investments See instructions			

▶

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations mu	st complete this part. Foreig	n foundations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc , purposes		
а	Average monthly fair market value of securities	.,	1a	6,528,869.
	Average of monthly cash balances	1b	70,739.	
C	Fair market value of all other assets		1c	15,578.
d	Total (add lines 1a, b, and c)		1d	6,615,186.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	e	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	6,615,186.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, s	ee instructions)	4	99,228.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on F	art V, line 4	5	6,515,958.
6	Minimum investment return. Enter 5% of line 5		6	325,798.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)	(j)(5) private operating foundati	ons and certain	
1	Minimum investment return from Part X, line 6		1	325,798.
2a	Tax on investment income for 2010 from Part VI, line 5	1,2	40.	
b	Income tax for 2010 (This does not include the tax from Part VI)	?b		
C	Add lines 2a and 2b		2c	1,240.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,240. 324,558.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	324,558.
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 X	II, line 1	7	324,558.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	ses		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	274,800.
þ	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			
а	Suitability test (prior IRS approval required)		3a	
þ	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		4	274,800.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest	ment		
	income Enter 1% of Part I, line 27b		5	1,240. 273,560.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	<u> 273,560.</u>
	Note. The amount on line 6 will be used in Part V, column (h), in subsequent years who	a antoutation whathar the found		h

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				324,558.
line 7		.; 1	· · · · · · · · · · · · · · · · · · ·	324,330.
2 Undistributed income, if any, as of the end of 2010			268,161.	
a Enter amount for 2009 only			200,101.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010		0.		desermentte meddin - maan - ssda
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 274,800.				
a Applied to 2009, but not more than line 2a			268,161.	·····
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 2010 distributable amount				6,639.
e Remaining amount distributed out of corpus	0.			,
5 Excess distributions carryover applied to 2010 (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:	The state of the s			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract	***************************************			
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				317,919.
7 Amounts treated as distributions out of			······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				······································
Subtract lines 7 and 8 from line 6a	0.]		
O Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
2				5 - 000 DE (0040)

	D RUTH WILN			20-48	339728 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
'1 'a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2010, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ig foundation described ii	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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		72.1			
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 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 Info			if the foundation	n had \$5,000 or m	nore in assets
at any time during	the year-see the i	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ributions received by the	e foundation before the cl	ose of any tax
NONE	, , , , , , , , , , , , , , , , , , ,				
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation /	or an equally large port	on of the ownership of a	nartnarchin or
other entity) of which the foundation ha			or arrequally large port	on or the ownership or a	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited rec	quests for funds If
the foundation makes gifts, grants, etc	·			omplete items 2a, b, c, ai	10 0
a The name, address, and telephone num NONE	iber of the person to whoi	m applications should be	addressed		
b The form in which applications should NONE	be submitted and informa	tion and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of ınstitutions, or	other factors	. ,,

Part XV Supplementary Information	(continued)			73720 Tugo 11
'3' Grants and Contributions Paid During the You	ear 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 SEE ATTACHMENT A	N/A		EDUCATIONAL	269,600.
		:		
Tabel				260,600
Total b Approved for future payment		<u> </u>	▶ 3a	269,600.
a y proved for lottere payment				
NONE				
Total			▶ 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(8)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b					
c				···	
d			 		
			 -		
8	<u> </u>		 		
					· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash			١.,	_	
investments			14	5.	
4 Dividends and interest from securities			14	134,329.	
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			18	-114,472.	
9 Net income or (loss) from special events			10	-114,472.	
			-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
ā					
b					
C			ļ		
d			ļ		
8					
12 Subtotal Add columns (b), (d), and (e)		0.		19,862.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	19,862.
(See worksheet in line 13 instructions to verify calculations.)				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incom			-		-light-rank of
the foundation's exempt purposes (other than b			CONTIN	outed importantly to the accom	plismient of
V	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					
					
					
		···			
					
	.,				

Part A	VII	Information Re Exempt Organ		nsters To	and Transaction	s and Rel	ationships With Nonch	aritable	Э	
1 Did 1	he oro			of the follows	ng with any other organiz	ration describi	ed in section 501/c) of	·	Yes	No
			•		27, relating to political or		50 III 300001 30 1(0) 01		.00	110
		rom the reporting found			-	g				
	Cash	, ,			gamean or			1a(1)		X
		assets						1a(2)		Х
b Othe	r trans	actions						1-1-2		
(1)	Sales	of assets to a noncharita	ble exempt organiza	ation				16(1)	İ	X
(2)	Purch	ases of assets from a no	ncharitable exempt	organization				1b(2)	1	X
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimb	ursement arrangements						1b(4)		Х
(5)	Loans	or loan guarantees						1b(5)	1	X
(6)	Perfor	mance of services or me	embership or fundra	ıısıng solicitati	ons			16(6)		X
c Sha	ring of	facilities, equipment, ma	illing lists, other ass	ets, or paid en	nployees			10		X
d If the	e answ	er to any of the above is	"Yes," complete the	following sch	edule Column (b) should	d always show	the fair market value of the good	s, other as	sets,	
or s	ervices	given by the reporting fe	oundation If the fol	undation receiv	ed less than fair market	value in any tr	ansaction or sharing arrangemen	t, show in		
colu	mn (d)	the value of the goods,	other assets, or ser	vices received						
(a) Line no		b) Amount involved	(c) Name o		e exempt organization	(d)	Description of transfers, transactions, a	nd sharing a	талдет	ents
	.↓			N/A						
	-						****			
	-									
	 									
	+	 								
	+									
	+							_		
	+		 	,						
	+						,			
				····						
	+									
	1				<u>-</u>					
	1	<u>.</u>								
2a Is th	e foun	dation directly or indirec	tly affiliated with or	related to one	e or more tax-exempt org	anizatione de	ecribed			
		501(c) of the Code (othe			· -	jamzations de	2011060	Yes	X	□ No
		mplete the following sch	•	5/(6// 01 III 500						
	,	(a) Name of org			(b) Type of organization	on	(c) Description of relatio	nship		
	-	N/A								
									_	
					7			•		
										-
							s, and to the best of my knowledge and	belief, it is ti	ue, com	ect,
Sign	and co	omplete Declaration of prepa	irer (other than taxpaye	r or fiduciary) is b	pased on all information of wh	uch preparer has	any knowledge			
Here	N .	X	WX		ווייא	3/2011	PRESIDENT/AS	ST TR	EAS	URE
		Signature of officer or tru	ustee		Date		Title			
		Print/Type preparer's na	ame	Preparer's s	signature	Date	Check if PTI	N		
	-			1 1	Maria.	Value	self- employed			
Paid		JOYLYNN GA		<i>∐Ц[]V[W]</i>	MITAM	<u> </u>	<u> </u>			
Prepa	1	Firm's name ► BRO	WN ADAMS	TTA //		-	Firm's EIN ►			
Use O	nly									
	Ì				EAL, SUITE	500		.		· <u>-</u> -
	- 1	PA	LO ALTO,	CA 943	306		Phone no (65	0)857	-16	55

	I describe the kind(s) of property solo	J. e a . real estate.	(b) How acquired	(c) Date acquired	(d) Date sold
2-story by	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)		
	ELITY ADV LEVERA	P		10/11/10	
	FIDELITY ADV LEV		P		$\frac{10/11/10}{24/12/10}$
c 300 SHS WISDOM d 2100 SHS WISDO			P	12/10/07	
e DIVIDENDS	MIREE IR INIL DI	VID EX FINANCIAL	S P	12/10/07	04/13/10
f bividENDS			F		<u> </u>
g					
h					
1					· · · · · · · · · · · · · · · · · · ·
_ k					
<u> </u>					
<u>m</u>					
_n					·
0	(f) Depreciation allowed	(a) Cost or other basis) Gain or (loss)	<u> </u>
(e) Gross sales price	(or allowable)	(g) Cost or other basis plus expense of sale	(e)	olus (f) minus (g)	
a 483.		516.			-33.
b 578,530.		616,493.			-37,963.
c 13,132.		22,725.			-9,593.
d 92,021.		159,029.			-67,008.
е 125.			·-·		125.
<u>f</u>					
<u>g</u> h					
1					
<u>' </u>	,			·	
k	· · · · · · · · · · · · · · · · · · ·			······································	
m					
<u>n</u>					
Complete and for exacts above		the foundation on 40/04/00			
Complete only for assets snown	ng gain in column (h) and owned by t	(k) Excess of col (i)	(I) Lo Gains (excess	sses (from col (h)) of col (h) gain ove	r col. (k).
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		not less than "-0-")	
<u>a</u>					-33.
<u>b</u>					$\frac{-37,963}{-9,593}$
d d					-67,008.
e				*	125.
f					
g					
<u>h</u>					
<u> </u>					
<u> </u>					
<u>k</u>			· ·		
<u>l</u>					
n .		<u> </u>			
0					
	. 141	un Dont Line 7			·····
2 Capital gain net income or (net ca	apital loss) { If gain, also enter *-0	in Part I, line / I-" in Part I, line 7	2		114,472.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an	d (6)			
if (loss), enter "-0-" in Part I, line i		<u> </u>	3	N/A	

-ор. оо.	auon anu A	mortiza	tion De	tan F	ORM :	990-PF PA	AGE 1			990-PF
Asset						Description	of property			
Number	Date placed in service	Method/ IRC sec	Life or rate	Line No		Cost or other basis	Basis reduction	depr	Accumulated eciation/amortization	Current year deduction
1	ORGANIZA 07/01/06	ATION		43		14,332	T	- 1	3,343.	955
	* TOTAL	990-F	F PG	1 D	EPR	& AMORT		<u></u>	3,343.	
						14,332		0.	3,343.	955
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		<u></u>	<u> </u>	<u> </u>	<u> </u>					
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16261 5-01-10						t year section 17	9 (D) - Asset d			

Amos & Ruth Wilnel Foundation

Recipions Bens And Address	ated	Doe of Ortanisation	Source Of Perment	Amograf	Receipt Received	Receipt Beceived Contact Number	Contact Person
Avor Foundation for Women Avor While for Breast Canter 1145 Average Of The Americas New York, AY 10105-0156	7-7-10	501 C (3)	Bank Of America Checking Account (Check & 177)	00'000'T\$	AE8	888-540-WALK	Ceratra Ricci
Friends Of Iznael Sch-Tech Schools 25 W, 45th Stroot, 8sto 1405 Now York, New York 20035	01-11-11	S01 C (3)	Bank Of America Checking Account (Check 6 185)	00'009'73	VES	212-840-1166	Parry Davis
Brief, Center To Provent Gun Violence 1225 fye Street, NW, Sufa 1100 Washington DC 20005	11-26-10	SOI C (3)	Bank Of America Checking Account (Check # 1827)	00'000'1\$	YES	202-288-7319	Serah Brady
The PMM Research & Support Foundation P.O. Box 19383 Rockellis, MD 20849	11-26-10	501 C(3)	Bank Df America Checking Account (Check # 188)	\$5,000.00	YES	868-282-888	Marlene Connor
Friends Of Tel Autr Sourasky Medical Center 1461 First Awarus, Box 150 New York, New York 10021	11-26-10	\$01 C (3)	Bank Of America Checking Account (Chack # 189)	\$25,000.00	YES	212-581-5841	Anet A. Zonsetin
Earth tels not treathtrate fre. Project: Bay Juna Wildemens Training 2301 Eroschwey Suite B Catcland, California 94512	11-36-10	SOLC [3]	Bart Of America Checking Account (Check # 190)	\$16,000.00	5	\$10-452-2298	Kyła Mardonald
israel Strategic Altamathee Bareny Foundation C/O Jowala Community Endowment Fund 121 Statustr Street San Francisco, California 96105	12-9-10	301.C(3)	Bank Of America Checking Account (Chack & 193)	pg ogo bac\$	ST.	415-512-6740	Andrew Frachh
P.E.F. isruel Endowment Fends, Inc. 317 Medison Avenue Sufts 607	12-16-10	SOI C (3)	Bank Of America Checking Account (Check # 194)	\$25,000.00	ā	212-599-1260	Geoffrey Storn

		<u></u>				
FORM 990-PF INTEREST ON SAV	INGS AND TEN	MPORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BANK OF AMERICA						5.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	OLUMN A				5.
FORM 990-PF DIVIDENT	DS AND INTER	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROSS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
NATIONAL FINANCIAL SERVICES	LLC	134,329.		0.	134,3	29.
TOTAL TO FM 990-PF, PART I,	LN 4	134,329.		0.	134,3	29.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	10,400.	5,	200.		5,2	00.
TO FORM 990-PF, PG 1, LN 16B	10,400.	5,	200.		5,2	00.
FORM 990-PF	TAX	KES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FOREIGN TAXES FEDERAL TAXES STATE TAXES	5,159. 1,240. 10.	•	159. 0. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	6,409.	. 5,	159.			0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
POSTAGE OFFICE SUPPLIES AMORTIZATION	20. 27. 955.		0. 0. 0.			0.
TO FORM 990-PF, PG 1, LN 23	1,002.		0.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	Т
MUTUAL FUNDS		COST	7	7,179,510.	7,179,5	10.
TOTAL TO FORM 990-PF, PART II	, LINE 13		7	7,179,510.	7,179,5	10.
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR	R INVE	ESTMENT	STATEMENT	7
DESCRIPTION		T OR BASIS		MULATED RECIATION	BOOK VALU	E
ORGANIZATION COST		14,332.		4,298.	10,0	34.
TOTAL TO FM 990-PF, PART II,	LN 14	14,332.		4,298.	10,0	34.
FORM 990-PF	OTHER	ASSETS			STATEMENT	8
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	T
DIVIDENDS RECEIVABLE		2,954.		776.	7	76.
TO FORM 990-PF, PART II, LINE	15	2,954.		776.	7	76.

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
AMOS WILNAI 885 NORTHAMPTON DRIVE PALO ALTO, CA 94303	PRESIDENT/ASST.	TREASURER 0.	0.	0.	
RUTH WILNAI 885 NORTHAMPTON DRIVE PALO ALTO, CA 94303	VP/SECRETARY/TR 1.00	EASURER 0.	0.	0.	
SIGAL WILNAI-TZOORE 885 NORTHAMPTON DRIVE PALO ALTO, CA 94303	VICE PRESIDENT 1.00	0.	0.	0.	
YAEL WILNAI-ZISKIND 885 NORTHAMPTON DRIVE PALO ALTO, CA 94303	VICE PRESIDENT 1.00	0.	0.	0.	
NITZAN WILNAI 385 NORTHAMPTON DRIVE PALO ALTO, CA 94303	VICE PRESIDENT 1.00	0.	0.	0.	
FOTALS INCLUDED ON 990-PF,	_ AGE 6, PART VIII	0.	0.	0.	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-PF (Including Information on Listed Property)

► Attach to your tax return.

Sequence No 67

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Identifying number

AMOS AND RUTH WILNAI F	OUNDATIO	Ň	FOR	м 9	90-P	F PAGE	1	20-4839728
Part Election To Expense Certain Property	Under Section 17	79 Note: If yo	u have any lis	ted pr	operty, o	complete Part \	/ before y	
1 Maximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property placed	d in service (see	instructions)					2	
3 Threshold cost of section 179 property b	efore reduction	in limitation					3	2,000,000.
4 Reduction in limitation. Subtract line 3 fro	om line 2 If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If marned fili	ng separately, see	nstruct	ions		5	
6 (a) Description of prop	erty		(b) Cost (busin	ess use	onty)	(c) Elected	cost	
								
	 		······································			· · · · · · · · · · · · · · · · · · ·		
7 Listed property. Enter the amount from I	ne 29				7			
8 Total elected cost of section 179 proper	ty. Add amounts	ın column (c	c), lines 6 and	7			8	
9 Tentative deduction. Enter the smaller of	f line 5 or line 8						9	
10 Carryover of disallowed deduction from I	ine 13 of your 20	009 Form 45	62				10	
11 Business income limitation. Enter the sm	aller of business	income (not	t less than zei	ro) or li	ne 5		11	
12 Section 179 expense deduction. Add line	es 9 and 10, but	do not enter	r more than lır	ne 11			12	
13 Carryover of disallowed deduction to 20					13			<u> </u>
Note: Do not use Part II or Part III below for I	''							
Part II Special Depreciation Allowan			-					T
14 Special depreciation allowance for qualif	ied property (oth	er than listed	d property) pl	aced II	n servic	e during		
the tax year							14	
15 Property subject to section 168(f)(1) elec	tion						15	
16 Other depreciation (including ACRS)			·····				16	
Part III MACRS Depreciation (Do not	include listed pr)				
47.144.000			ection A				4=	T
17 MACRS deductions for assets placed in	-	-	•			▶ □	17	<u> </u>
18 If you are electing to group any assets placed in service Section B - Assets F						- L	ion Simb	
Oction B - Assets F	(b) Month and		r depreciation	1		nerai Deprecia	tion syst	
(a) Classification of property	year placed in service	(business/in	nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property				ļ				
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property		 -			5 yrs.		S/L	ļ
h Residential rental property	/				'.5 yrs.	MM	S/L	<u> </u>
				1	.5 yrs.	MM	S/L	
i Nonresidential real property				3	9 yrs.	MM	S/L	
	/	D : 004		·			S/L	<u> </u>
Section C - Assets Pla	aced in Service	During 2010	U lax Year U	sing th	ne Alter	native Deprec		stem
20a Class life							S/L	
b 12-year				1	2 yrs.		S/L	<u> </u>
c 40-year	/			4	0 yrs.	MM	S/L	
Part IV Summary (See instructions.)								T
21 Listed property. Enter amount from line 2							21	
22 Total. Add amounts from line 12, lines 1	=							0.
Enter here and on the appropriate lines of	-			tions ·	see Inst	tr.	22	<u>V•</u>
23 For assets shown above and placed in s	_	e current yea	ır, enter the		02			
portion of the basis attributable to section	II ZOJA COSTS				23			l

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

	through (c) of S							_						1b, colun	nns (a)
0 A -			n and Other	•				_	Γ'						
<u> </u>	Do you have evidence to s	1 r		nt use cla	ımed?	Ye		No	24b If 'Y			ce writt	en? L	│ Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ott	(d) Cost or ner basis		(e) is for depre iness/inve use only	stment	(f) Recovery period	(g Meti Conve	nod/	Depre	h) ciation iction	Elec sectio co	n 179
25	Special depreciation allo	wance for qu	ualified listed	property	placed i	n servic	e during	the ta	ax year an	d					
	used more than 50% in	a qualified bu	usiness use						 -		25				
26	Property used more that	n 50% in a qi	ualified busine	ess use											
_			g	6											
			g	6											
		<u>.</u>	q	6											
27	Property used 50% or le	ess in a qualif	fied business	use:										,	
			ģ	6						S/L·					
			ģ	6						S/L·					
		L l	Ģ	6						S/L·					
28	Add amounts in column	(h), lines 25 t	through 27. E	nter here	and on	lıne 21,	page 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page 1								29		
			S	ection E	3 - Inforr	nation	on Use	of Veh	nicles						
lf y	mplete this section for ve ou provided vehicles to y se vehicles.												ng this s	section fo	or
				(a	a)	(t	o)		(c)	(d)	(6		(f)
30	Total business/investment	miles driven du	iring the	Veh	ıcle	Veh	icle	V	'ehicle	Veh	cle	Veh	icle	Veh	cle
	year (do not include comr	nuting miles)													
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting)) miles												
	driven	•	•												
33	Total miles driven during Add lines 30 through 32												-		
34	Was the vehicle availab	le for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?													i	
35	Was the vehicle used p	rımarıly by a r	more				}								
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
	swer these questions to		- Questions 1	or Empl	oyers W	ho Prov	rida Val		for Use h	. Thair E					
		determine if y	ou meet an e	xception	to comp					•			re not m	ore than	5%
ow	ners or related persons.					oleting S	Section	3 for v	ehicles us	ed by en	ployee	s who a	re not m	Ţ·.	1
ow	ners or related persons. Do you maintain a writte					oleting S	Section	3 for v	ehicles us	ed by en	ployee	s who a	re not m	Yes	5% No
<u>ow</u> 37	ners or related persons. Do you maintain a writte employees?	en policy state	ement that pr	ohibits a	ll person	eleting S al use c	Section 	3 for v es, inc	ehicles us	ed by en	by you	s who a	re not m	Ţ·.	1
<u>ow</u> 37	ners or related persons. Do you maintain a writte employees? Do you maintain a writte	en policy state	ement that pr	ohibits a	ll person	al use of v	Section of vehicles,	3 for v es, inc	ehicles us	ed by en	by you	s who a	re not m	Ţ·.	1
<u>ow</u> 37 38	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the ins	en policy state en policy state structions for	ement that pr ement that pr vehicles used	ohibits a	ll person ersonal i	al use of v	Section of vehicles,	3 for v es, inc	ehicles us	ed by en	by you	s who a	re not m	Ţ·.	1
<u>ow</u> 37 38 39	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instancy bo you treat all use of v	en policy state en policy state structions for ehicles by en	ement that pr ement that pr vehicles used inployees as p	ohibits a ohibits p I by corp ersonal i	ll person personal users porate off	al use of vicers, d	Section of vehicles, irectors	excep	ehicles us	ed by en nmuting, ing, by you	by you	s who a	re not m	Ţ·.	1
<u>ow</u> 37 38 39	ners or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance of you be you treat all use of you provide more that	en policy state en policy state structions for ehicles by en an five vehicl	ement that pr ement that pr vehicles used nployees as p es to your em	ohibits a ohibits p I by corp ersonal i	ll person ersonal i ersonal i erse? use?	al use of vicers, d	Section of vehicles, irectors	excep	ehicles us	ed by en nmuting, ing, by you	by you	s who a	re not m	Ţ·.	1
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Form 88	68.(Rev. 1-2011)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this bo	×		X	
	nly complete Part II if you have already been granted an a				8868.		
If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I (on page 1).				
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	pies r	eeded).		
Type or	Name of exempt organization			Empl	loyer identification	number	
print	AMOS AND RUTH WILNAI FOUNDAT	rion		2	0-4839728		
File by the extended	Number, street, and room or suite no. If a P.O. box, si		tions.				
due date fo	· · · · · · · · · ·						
return See	City, town or post office, state, and ZIP code. For a for PALO ALTO, CA 94303	oreign add	fress, see instructions.				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicat	lion	Return	Application			Return	
Is For		Code	Is For	·		Code	
Form 99	0	01					
Form 99	0-BL	02	Form 1041-A			08	
Form 99		03	Form 4720			09	
Form 990-PF 04 Form 5227							
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
STOP: L	o not complete Part II if you were not already granted AMOS WILNAI	an autor	natic 3-month extension on a previou	SIY TILE	d Form 8868.		
■ Thole	ooks are in the care of ► 885 NORTHAMPTON	י אמ זי	VE - PALO ALTO CA 9	430	3		
	hone No. ► (650) 325-9375	· DICI	FAX No. ►	150	<u> </u>		
-	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit			is is fo	r the whole group.	check this	
box ►	. If it is for part of the group, check this box	1	ach a list with the names and ElNs of all				
4 I re			BER 15, 2011.				
5 Fo	r calendar year 2010, or other tax year beginning		, and ending				
	the tax year entered in line 5 is for less than 12 months, c			Final r	eturn		
	Change in accounting period						
	ate in detail why you need the extension						
	OCUMENTATION NECESSARY TO PRI	EPARE	A COMPLETE AND ACCU	RAT	E RETURN	IS	
N	OT AVAILABLE AT THIS TIME.						
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	x payments made Include any prior year overpayment all	=					
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	lance due. Subtract line 8b from line 8a. Include your pa	vment wi	th this form, if required, by using	1	•		
	TPS (Electronic Federal Tax Payment System). See instru	-		8c	s	0.	
			nd Verification				
Under per it is true,	nalties of perjury integrate that I have exempled this form, includ correct, and complete and that tame thorogen prepare this fo	ing accomp orm	panying schedules and statements, and to the	e best o	f my knowledge and l	belief,	
Signature				Date			

Form **8868** (Rev. 1-2011)