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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

Interr	al Re	venue Service	Note. The for	<del> </del>	be able to use a copy of this	return to satisfy state rep	orting require		
For	caler	idar year 2010, or tax yea	ar beginning	APR	15, 2010	, and ending	DEC 3	1, 2010	
G	Check	all that apply:	Initial retur	'n	Initial return of a fe	ormer public charity	, [	Final return	
			Amended r	eturn	Address chan	ge L_	Name chang	je	
Na	me of	foundation					A Employe	r identification	number
		THE ELAIN	E NICE	ON MAR	IEB				
L.		CHARITABLI	E FOUN	DATION			27-2	2986918	
Nur	nber a	nd street (or P O box number	if mail is not di	elivered to street	address)	Room/suite	<b>B</b> Telephon	e number	
		1604 CARII	BBEAN	DRIVE			941	<u>-927-959</u>	95
City	y or t	own, state, and ZIP code					C if exemption	on application is pe	inding, check here
		SARASOTA,		4231			D 1. Foreig	n organizations,	, check here
H (	Check	type of organization:	X Sectio	n 501(c)(3) ex	empt private foundation		2. Foreign check h	organizations mee here and attach con	iting the 85% test, putation
	Se	ction 4947(a)(1) nonexen	npt charitable	e trust 🔝	Other taxable private found:	ation	F If private	foundation state	us was terminated
1 Fa	air ma	arket value of all assets at	end of year	J Accounts	ng method: X Cash	Accrual		ction 507(b)(1)(	
•		Part II, col (c), line 16)		Ot	her (specify)		F If the fou	ndation is in a 6	0-month termination
	-\$				mn (d) must be on cash	basis)	under se	ction 507(b)(1)(	B), check here
Pa	art l	Analysis of Revenue at (The total of amounts in colu			(a) Revenue and	(b) Net investment		justed net	(d) Disbursements for charitable purposes
		necessarily equal the amour	nts in column (a	a))	expenses per books	income		come	(cash basis only)
	1	Contributions, gifts, gran	nts, etc., rece	ived	110,819.		N,	/A	
	2		on is not required t	to attach Sch B			-		
	3	interest on savings and temp cash investments	oorary		2.	2,	•		STATEMENT 1
	4	Dividends and interest fro	om securitie:	S					
	5a	Gross rents							
	b	Net rental income or (loss)					·   · · · · · · · · · · · · · · · · · ·		
9	6a	Net gain or (loss) from sale of Gross sales price for all	assets not on	line 10			<del> </del>		·
enr	b	assets on line 6a					<del></del>		
26%	7	Capital gain net income (from	Part IV, line 2)	1	· · · · · · · · · · · · · · · · · · ·	0 ,	· <b> </b>		
20	8 Net short-term capital gain					<del> </del>			
<b>2</b>	9	Income modifications Gross sales less returns	1				<del> </del>		
<b>₹</b>	10a	and allowances					<del></del>		
1	1	Less Cost of goods sold		<del> </del>			<del></del>		
IJ.	l	Gross profit or (loss)					<del> </del>		
	11	Other income			110 001	•			
	12	Total Add lines 1 throug	•		110,821.	2.	1		
<u>s</u>	13	Compensation of officers, dir	,	s, etc	0.	0 .	•		0.
Ş	14	Other employee salaries	•				-		
) බ	1	Pension plans, employee		MT 2	0 060	0 .		-	
use	162	Legal fees	51	MT 2	9,969.				0.
×be	"	Accounting fees Other professional fees					RECE		
e EE	17	Interest				1 [		-VEU	
aţ.	18	Taxes				108			8
Operating and Administrative Expense	19	Depreciation and depletic	nn			1	+ JUL 2	0 2011	8-08
ni Lin	20	Occupancy	···						8
Adn	21	Travel, conferences, and	meetings				()(31))=	MITT	_
þ	22	Printing and publications	-			<u> </u>			
ğ	23	Other expenses		тмт 3	850.	0.			0.
ğ	24	Total operating and adn		•			1		
)er		expenses Add lines 131			10,819.	0.			0.
ŏ	25	Contributions, gifts, gran	_		70,000.	<u>.                                    </u>			70,000.
		Total expenses and disk					1		
		Add lines 24 and 25			80,819.	0.			70,000.
	27		e 12:						
		Excess of revenue over exper		ırsements	30,002.				
		Net investment income				2.			
	C	Adjusted net income (if r					N,	/A	
0235	01	I LIA For Panerwork F			the instructions				Form <b>990-PF</b> (2010)

		Ralance Shoots Attached schedules and amounts in the description	Beginning of year	End o	f vear
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1.	Cash - non-interest-bearing	(2) Book value	30,002.	
	1 1			30,002.	30,002.
	1	Savings and temporary cash investments			
	3	Accounts receivable			
	١.	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			
ts	8	Inventories for sale or use			<u> </u>
Assets	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			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment; basis ▶			
	''	Less accumulated depreciation			
	15	Other assets (describe >			
	'"	Other assets (ausumbe >			
	16	Total assets (to be completed by all filers)	0.	30,002.	30,002.
_	1	Accounts payable and accrued expenses	0.	30,002.	50,002.
		Grants payable			
	18				
Liabilities	19	Deferred revenue			
Ē	l	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
			_	_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
ä	25	Temporarily restricted			
B	26	·			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31			
S S	27	Capital stock, trust principal, or current funds	0.	0.	
Se,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	30,002.	
Re	30	Total net assets or fund balances	0.	30,002.	
_					
	31	Total liabilities and net assets/fund balances	0.	30,002.	
Гп	art	Analysis of Changes in Net Assets or Fund B	alances		<u>-</u>
<u></u>	art	- III - IIII			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1 1	0.
2		r amount from Part I, line 27a		2	30,002.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	30,002.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	30,002.
		——————————————————————————————————————			

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Part IV Capital Gains	and Los	ses for Tax on In	vestmen	t 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.)				P	How a - Purc - Don	cquired chase ation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a										
b NO	b NONE									
<u>C</u>	<del></del>									
d										
<u>e</u>	(n.p.		4 ) 0-	-11	١.,			4.0		
(e) Gross sales price		epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (	
a										
<u>b</u>										
<u>C</u>										
<u>d</u>				<del></del>						
Complete only for assets show	ח מאווי ווי כנ	olumn (h) and owned by t	he foundation	n on 12/31/60				(I) Coupo (C	al (h) aasa	
Complete only for assets shown	1	Adjusted basis		xcess of col. (1)				(I) Gains (C ol. (k), but r		
(i) F.M V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (	h))
a								-		
b										
C										
d										
<u>e</u>							,			
		∫ If gain, also enter	ın Part I, line	7	J					
2 Capital gain net income or (net c	apıtal loss)	f (loss), enter -0-	ın Part I, line	e 7	J	2	ļ			
3 Net short-term capital gain or (lo			d (6):		٦					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		•			}	,				
		ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent In	come		
(For optional use by domestic private										N/A
			o ro(u) tax or	That invocation is		··,				24, 22
If section 4940(d)(2) applies, leave	this part blar	ık.								
Was the foundation liable for the sec	ction 4942 ta	ax on the distributable am	ount of any y	ear in the base pe	rıod?					Yes No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each colum	n for each year; see instru	ctions before	e making any entri	es.					(2)
Base period years		(b) Adjusted qualifying dist	ributions	Net value of no		(c) Distribution ratio				
Calendar year (or tax year beginn	ing in)	Aujusteu quaniying uist	TIDULIONS	Net value of the	піспа	i itabie	-use asser	15	(col. (b) div	ided by col. (c))
2009										
2008										
2006				<del> </del>						
2005										
	<u>-</u> -			•			_			
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year base	period - divide the total o	n line 2 by 5,	, or by the number	of ye	ears				
the foundation has been in exist	ence if less ti	han 5 years						3	v	
4 Enter the net value of noncharita	ble-use asse	ets for 2010 from Part X, I	ine 5					4		
5 Multiply line 4 by line 3								5		
C. Fator 10/ of act investment inco	ma (10/ af D	lart Lina (17h)								
6 Enter 1% of net investment inco	1116 (176 01 P	arti, iiie 270)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions fro	m Dart VII li	ine A						8		
If line 8 is equal to or greater tha			1h and com	nlate that nest were	n a 4	0/2 tou	rata	<u> </u>		
See the Part VI instructions.	ar mie 7, cite	ייה נווס טטא ווו רמונ עו, וווופ	iu, aliu CUIII	picio illai pari USII	ıya l	∕o ldX	di <b>c.</b>			
<del></del>		-								000 DE (0040)

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X

X

8b

of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2010 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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X

3ь

4a

Yes X No

N/A

during the year?

THE ELAINE NICPON MARIEB

023551

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

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. THE ELAINE NICPON MARIEB		
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE	, , , , , , , , , , , , , , , , , , ,	
**************************************		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	tical information such as the duced, etc.	Expenses
1 N/A		
2		
3		
4		
Port IV B Common of December Deleted Investments		<u></u>
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	mico i dila 2.	Amount
41/44		
2		

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

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P	art X Minimum Investment Return (All domestic foundations must	complete this part. Foreign four	ndations, see	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	c., purposes:		
a	Average monthly fair market value of securities		1a	0.
Ь	Average of monthly cash balances		1b	0. 1,667.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	1,667.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	1,667.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	instructions)	4	25.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Par	t V, line 4	5	1,642.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHOR!	r TAX PERIOD	6	59.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j) foreign organizations check here  and do not complete this part.)	(5) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		1	59.
2a	Tax on investment income for 2010 from Part VI, line 5			· -
b	Income tax for 2010. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	59.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	59.
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	59.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	s:		70 000
a	, , , , , ,		1a	70,000. 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, e	tc., 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)	and VIII time A	3b	70 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa		4	70,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investme	ent	_	^
_	income. Enter 1% of Part I, line 27b		5	.70 000
6	Adjusted qualifying distributions. Subtract line 5 from line 4  Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when	and a clothan a subather the force datases	6	·70,000.
	- More - the amount on line 6 will be used to Part V. Collimb (b). In slineedilent Vears When	CAICHAUDH WHEIDER THE TOURNATION (	mannes int the	SPURIOR

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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,		· · · · · · · · · · · · · · · · · · ·		
line 7				59.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</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: ► \$ 70,000.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			<u>~</u> .	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	0.			59.
e Remaining amount distributed out of corpus	69,941.			
_ ' -	09,941.	-		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.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	69,941.			
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		•		<del> </del>
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				0.
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	69,941.			
10 Analysis of line 9:	05/5210		· · · · · · · · · · · · · · · · · · ·	<del></del>
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009			İ	
e Excess from 2010 69,941.				
				5 000 DE (00.10)

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	art XIV Private Operating Fo	NUNDATIONS (See Inc		Δ guestion 9)	N/A	27-2966916 Fage II				
	<del></del>	<del></del>		, question 9)	N/A					
1 8	a If the foundation has received a ruling or									
	foundation, and the ruling is effective for 2010, 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)									
	Г	<u> </u>		Prior 3 years		1 4942(])(5)				
2 6	a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 200	)7 (e) Total				
	investment return from Part X for	(4)2010	(0) 2000	(5) 2000	(6) 250	(0) 1041				
	each year listed b 85% of line 2a					<del></del>				
	c Qualifying distributions from Part XII,					<del></del>				
•	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:									
٠	(1) Value of all assets									
	(2) Value of assets qualifying									
	under section 4942(j)(3)(B)(i)			· <del>-</del>						
ı	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									
P	(4) Gross investment income art XV Supplementary Infor	mation (Comple	te this part only	if the founda	ation had \$5.000	0 or more in assets				
	at any time during th									
1	Information Regarding Foundation	Managers:	<del></del>			···				
í	a List any managers of the foundation who			ibutions received	by the foundation befo	re the close of any tax				
	year (but only if they have contributed mo	ore than \$5,000). (See s	ection 507(d)(2).)							
	LAINE NICPON MARIEB				<u></u> .					
ı	<ul> <li>List any managers of the foundation who other entity) of which the foundation has</li> </ul>			or an equally large	e portion of the owners	thip of a partnership or				
NT/	ONE	a 1070 of greater interes	J.							
2	Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. Pr	ograme:	<del></del>					
-	Check here ► X if the foundation on				does not accept unsolu	cited requests for funds. If				
	the foundation makes gifts, grants, etc. (s									
- 1	a The name, address, and telephone numb	er of the person to whor	n applications should be	addressed:						
			···							
ı	<b>b</b> The form in which applications should be	submitted and informat	tion and materials they sh	ould include:						
	c Any submission deadlines:									
					<del></del>					
(	d Any restrictions or limitations on awards,	, such as by geographica	al areas, charitable fields,	kınds of ınstitutior	ns, or other factors:					

THE ELAINE NICPON MARIEB Form 990-PF (2010) CHARITABLE FOUNDATION 27-2986918 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year HOLYOKE COMMUNITY COLLEGE 40,000. N/A 501(C)(3) FOR USE IN THEIR FOUNDATION GENERAL OPERATIONS 303 HOMESTEAD AVENUE HOLYOKE, MA 01040 10,000. MOUNT HOLYOKE COLLEGE N/A 501(C)(3) FOR USE IN THEIR 50 COLLEGE STREET SOUTH GENERAL OPERATIONS HADLEY, MA 01075 501(C)(3) FOR USE IN THEIR UNIVERSITY OF N/A 20,000. MASSACHUSETTS AMHERST GENERAL OPERATIONS FOUNDATION - 134 HICKS WAY AMHERST, MA 01003

Total		<b>▶</b> 3a	70,000
<b>b</b> Approved for future payment			
NONE			
	1		

Total
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0.

**▶** 3b

Part XVI-A	Analysis of Income-Producing Activities
Lairvai-w	Analysis of income-rioducing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7	Tariotton moonic
a	ļ		<u> </u>		·
b			<u> </u>		
C		<u></u>	ļ		
d			<u> </u>		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2.	
Dividends and interest from securities	-	<del></del>	7.3		<del>,</del>
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					
9 Net income or (loss) from special events		<del>**-</del> *			<del></del>
Gross profit or (loss) from sales of inventory		<del></del>			
1 Other revenue:	<del></del>	<del></del>			<del></del>
<u> </u>		<del></del>			
b					
c				7	
d		<del></del>			
e	]				
2 Subtotal. Add columns (b), (d), and (e)		0.		2.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	2.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	amplichment of Ex	omn	t Dumosoo	·-·-·
rait XVI-b Neiationship of Activities to	I IIIE ACCI	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incon	ne is reported	ın column (e) of Part XVI-A	contrit	outed importantly to the accord	nplishment of
the foundation's exempt purposes (other than b					•
		<del></del>			<del> </del>
	-			····	
				·	
		<del></del>		***	
				- w-	
		<del></del>			<del></del>
		<del></del>		·	<del></del>
		<del></del>		·	
		<del></del>			
	·				
23621					·

orm 990-PF (20	O10) CHARITABLE	FOUNDATION	27-2986918	<b>3</b> Pr	age 1
Part XVII	Information Regarding	Transfers To and Transactions a	and Relationships With Noncharitab	le	
	<b>Exempt Organizations</b>				
d Diddhaaaa		an any of the following with any other organization	an decembed in continu EO1/a) of	Vac	N

	-	rectly engage in any of the followin				Yes	No
the C	Code (other than section 501(c	)(3) organizations) or in section 52	7, relating to political organi	zations?			
-		ation to a noncharitable exempt or	ganization of:				
	Cash				1a(1)		<u>X</u>
	Other assets				1a(2)		X
_	r transactions:						
	Sales of assets to a noncharita	· =			1b(1)		<u>X</u>
		ncharitable exempt organization			1b(2)		<u>X</u>
	Rental of facilities, equipment,				1b(3)		X
٠,	Reimbursement arrangements				1b(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solicitation			1b(6)		X
	- · · · · · · · · · · · · · · · · · · ·	alling lists, other assets, or paid em			1c		<u>X</u>
	·	· · · · · · · · · · · · · · · · · · ·	* *	rays show the fair market value of the goods,		ets,	
	• • •		ed less than fair market value	e in any transaction or sharing arrangement,	show in		
	<del></del>	other assets, or services received.		T (a):			<del></del>
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description of transfers, transactions, and	I sharing arra	angeme	ents
		N/A					
		<del></del>	<del></del>				
-	<u> </u>		at				
	1						
				<del> </del>			
			<del></del>		<del>.</del>		
				<del> </del>			
		<u> </u>					
				1	<del></del>		
		tly affiliated with, or related to, one		rations described F	<b>–</b> 1	1	٦
		er than section 501(c)(3)) or in sect	ion 527?	L	Yes	LX	No
b If Y	es," complete the following sch		(h) Turn of accompany	(a) Description of volation			
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relations	sinp	-	
-	N/A			· · · · · · · · · · · · · · · · · · ·			
		<del></del>					
		·					
				<del></del>			
		About the constructed the contract contract		Letetements and to the best of my knowledge and b	aliaf it ia tai		
0:		e that I have examined this return, includ arer (other than taxpayer or fiduciary) is b		l statements, and to the best of my knowledge and b preparer has any knowledge	ener, it is tru	e, corre	Ct,
Sign	tola.	& Marier	157/15				
Here	Muliene	1001		IKUSIEE			
	Signature of officer or tr		Date '	Title			
	Print/Type preparer's n	ame Preparer's s	ignature	Date Check if PTIN			
Date:		( 1/0	· /	7/12/1/ self- employed			
Paid	ROBIN KNUT		C() rank	1110111			
Prepa		JES & THIRION, C	PA, PA	Firm's EIN ►			
Use O							
		50 PROCTOR ROAD		1			
	SA	RASOTA, FL 3423	1		<u>929-</u>		
				F	orm <b>990</b>	- <b>PF</b> (	2010)

#### Schedule E (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

THE ELAINE NICPON MARIEB

OMB No 1545-0047

**2010** 

**Employer identification number** 

CHARITABLE FOUNDATION 27-2986918 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, 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) (2010)

THE E	ganization LAINE NICPON MARIEB TABLE FOUNDATION	t	27-2986918
Part I	Contributors (see instructions)		27-2980918
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
1	ELAINE NICPON MARIEB  1604 CARIBBEAN DRIVE  SARASOTA, FL 34231	\$110,81	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d)
		\$	Person Payroll Noncash (Complete Part II of there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d)
			Person Payroll Noncash (Complete Part II of there

is a noncash contribution)

THE ELAINE NICPON MARIEB

	TABLE FOUNDATION		27-2986918
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

023454 12-23-10

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1		
SOURCE				AMOUNT			
NATIONAL FINANCIAL SERVICES LLC							
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A					2.		
FORM 990-PF LEGAL FEES				STATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
LEGAL FEES	9,969.	0.			0.		
TO FM 990-PF, PG 1, LN 16A	9,969.	0.		0.			
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
FORM 1023 FILING FEE	850.	0.			0.		
TO FORM 990-PF, PG 1, LN 23	850.	0.	<del></del>		0.		

### Form **8868**

(Rev., January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						X
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868	
Electroni	ic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of time t	o file (	6 months for a corpo	oration
	to file Form 990-T), or an additional (not automatic) 3-mo				-	
•	file any of the forms listed in Part I or Part II with the ex-					
	Benefit Contracts, which must be sent to the IRS in pap	•	· ·			
	rs.gov/efile and click on e-file for Chanties & Nonprofits				sa on o name	J,
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)			
	ation required to file Form 990-T and requesting an autor			nolete		
Part I only	· · · · · ·	natio o me	one of the second of the secon	ipioto		
•	r corporations (including 1120-C filers), partnerships, REM	IICs and t	ruete must usa Form 7004 to request ar	evtor	esion of time	
	ome tax returns	103, 4714 (	rusts must use i omi roo4 to request ar	CALC	ision or time	
					loyer identification	number
	MUR ELATIVE MICRON MARTER			Linproyer racination flam		
print	CHARITABLE FOUNDATION			27-2986918		
File by the				27-2900910		
due date for filing your	Number, street, and room or surte no If a P.O box, s 1604 CARIBBEAN DRIVE	ee instruc	tions			
return See		roign add	Irana ana mata latana			
instructions	City, town or post office, state, and ZIP code For a for SARASOTA, FL 34231	oreign add	ress, see instructions			
	SARASUIA, FL 34231					
	Datum and for the value that this population is for /50		**!*			0 4
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
A 11 4-		Datama	TACA			
Applicati	on	Return	Application			Return
Is For_		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		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		<del></del>	12
	MILES & THIRIO					
	poks are in the care of $\triangleright$ 2050 PROCTOR RI	<u>), SU.</u>	<u> ITE F - SARASOTA, FL</u>	34	231	
	ione No ► 941-929-7725		FAX No 🕨			_
	organization does not have an office or place of business				<b>&gt;</b>	
• If this i	s for a Group Return, enter the organization's four digit	•				
box 🛌	If it is for part of the group, check this box				ers the extension is	for
1 1 re	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time unt	al		
	AUGUST 15, 2011 , to file the exemp	t organıza	tion return for the organization named a	bove	The extension	
ıs fo	or the organization's return for					
<b>▶</b>	calendar year or					
▶[	X tax year beginning APR 15, 2010	, an	d ending <u>DEC 31, 2010</u>			
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on X Initial return  Fina	al retur	n	
	Change in accounting period					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nor	nrefundable credits. See instructions	3a			s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					<del></del>	
estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$					<u> </u>	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,				<u> </u>		
by using EFTPS (Electronic Federal Tax Payment System) See instructions  3c   \$				·	0.	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions						
	or Paperwork Reduction Act Notice, see Instructions		onn 5500, See I OIIII 6433-EO and FOIIII	<u> </u>		
LHA F	or raperwork negaction Act Notice, see instructions	•			Form <b>8868</b> (Re	w 1-∠UII)
023841 01-03-11						
υ1-03- <b>1</b> 1						