

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_	· C	90-PF							ndatio			OMB No 1545-0052
	_	ent of the Treasury				Treate	d as a Priva	ite Founda	ritable Trus ition			201N
_		evenue Service		. The foundation		e able to us					requirements	12/31 20 10
_		lendar year 2010,				Г.			10, and end			12/31,20 10
G	Che	eck all that apply	X	4					public char	<del></del>	L	Final return
~		44	_Ļ_	Amended r	eturn		Addre	ss change		<del></del>	ne change	
1.1	ame c	of foundation								A	Employer identif	ication number
	יחיכו או	A DEDOVA DE	CT 71	ממונסים ממו	7 TT ()	TNC					27_	4196844
_		A BEDOYA DE r and street (or P O t		····			'acc)		Room/s	uite B		see page 10 of the instructions)
•	umbe	and street (or F O t	AUX HUH	iber ii maii is no	delivered	i to street addi	c33)		110011113	- B	receptions number (	see page 10 of all all all additions,
0	725	NW 117TH AV	FNUE	,					300		130	5) 421-6000
~		town, state, and ZIP							1 300	<del>-  c</del>	If exemption applicat	tion is
•	., .,	ionn, diata, and En								_	pending, check here	_
Μ	MAT	I, FL 33178								P	1 Foreign organizat 2 Foreign organizat	
_		ck type of organiz	ation	X Section	on 501/	c)(3) evem	ot private fo	undation			85% test check h	ere and attach
Ϊ	$\overline{}$	Section 4947(a)(1) no				1 1	r taxable pri		lation		computation .	
ī		market value of a			τ		nod X C		Accrual		If private foundation	
•		ear (from Part II, c			1 —	ther (specif		٠٠ الـــــ		_	under section 507(b)	•
	•		100,	•			must be or	n cash bas	is)		under section 507(b)	a 60-month termination
ı		Analysis of Rev				<del></del>				T		(d) Disbursements
_		total of amounts in	colum	nns (b), (c), an	d (d)	(4) 1164	enue and ses per	1 ' '	nvestment come	(c)	Adjusted net income	for charitable
		may not necessan column (a) (see pa					oks	""	Zine.		lilcome	purposes (cash basis only)
_	1	Contributions, gifts, grants					100,000.	<u> </u>				
	2	of the	founda	ation is not requ	nred to			-	<del></del>			
	3	Interest on savings an		B ,								
	4	Dividends and inter-	-	-								
	5a	Gross rents										
	l	Net rental income or (I										
Ф	_	Net gain or (loss) from	_	assets not on la	ne 10							
Š		Gross sales price for a assets on line 6a										
evenue	7	Capital gain net inci	ome (fr	rom Part IV, Iir	ne 2) .							
Ľ	8	Net short-term capit	•	-	•							
	9	Income modification	ıs · ·									
	10 a	Gross sales less returnand allowances · · ·										
	b	Less Cost of goods so					···			<u> </u>	·	
	С	Gross profit or (loss	) (attac	ch schedule)						<u> </u>		
	11	Other income (attac	h sche	edule)								
_	12	Total. Add lines 1 th					100,000.					
	13	Compensation of office					0	ļ		<b>↓</b>		ļ
	14	Other employee sal	anes a	and wages .						ļ		
Expenses	15	Pension plans, emp			<del></del>					<del> </del>		ļ
É	16 a	Legal fees (attach s	chegu	Īe) \					<u> </u>	<del> </del>		
X	b	Accounting fees (at	lach so	chedule)	70 L		<u> </u>	ļ	<del> </del>	<u> </u>		
ě	С	Other projessional (	ees (a	ttach schedule			<u> </u>	<u> </u>		<b></b>		
Ē	17	Interes [ ] [] E	().	9.2011.	.  <u>.</u>					<del> </del>		
135	18	Taxes (attach schedul		-	uchons)				<del>.</del>	<del> </del>		
2	19	Depreciation (attach	sched	dule) and depi	etion .			<u> </u>		<del> </del>		
8	20	Occupancy			ال مست			ļ. <u></u> .		<del> </del>		
ģ	21	Travel, conferences		meetings				ļ	·	<b></b>		
ga	22	Printing and publica						ļ <u> </u>				
9	23	Other expenses (at				<b></b>	<del></del>		<del></del>	<del> </del>		
973	24	Total operating and		•			^					
Š		Add lines 13 throug					<u>0</u> .			<del>[</del>		<del></del>
	25	Contributions, gifts,				<del></del>	0.		<del></del>	<del> </del>		<u> </u>
4	26	Total expenses and disb			and 25		<u> </u>		<del></del>	├		
	27	Subtract line 26 fror	n line 1	12		I		i		1		l

100,000.

c Adjusted net income (if negative, enter -0-). .

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

\_\_\_\_\_

0.

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For Paperwork Reduction Act Notice, see page 30 of the instructions.  $^{0E1410\,1\,000}$   $1560\,\mathrm{BM}$   $714\,\mathrm{U}$  10/31/2011 11:24:38 AM V 10-8.2

E	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
_		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	0.	100,000.	100,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
	•	Less allowance for doubtful accounts			
	5	1			
	· -	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)		<del></del>	<del></del>
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	l .	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·	
		Less accumulated depreciation			
	12	(attach schedule) Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	(attach schedule)			
	1	Other assets (describe  )  Total assets (to be completed by all filers - see the	<del></del>		
	16	instructions Also, see page 1, item I)	0.	100,000.	100,000.
_				100,000.	100,000.
		Accounts payable and accrued expenses			
	18	Grants payable	ì		
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)		0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
č	25	Temporanly restricted			
Balances	26				
	20	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		İ	
Ē	27		0.	100,000.	
	27	Capital stock, trust principal, or current funds		100,000.	
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ASS	29	Retained earnings, accumulated income, endowment, or other funds			
et /	30	Total net assets or fund balances (see page 17 of the	2	100 000	
Z		instructions)	0.	100,000.	
		Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	0.]	100,000.	
		Analysis of Changes in Net Assets or Fund I			
1		net assets or fund balances at beginning of year - Part II			
	end-c	of-year figure reported on prior year's return)			0.
2		amount from Part I, line 27a		1 _ 1	100,000.
3	Othe			1 1	
		ines 1, 2, and 3		1 . 1	100,000.
5	Decre			5	
		net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), I	ne 30 6	100,000.
_					5 990 PE (2040)

(a)	Gains and Losses for Tax o  List and describe the kind(s) of property -story bnck warehouse, or common stock	sold (e g , real estate,	(b) How acquired P-Purchase P-Oonation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 <u>a</u>					
b					
С					
d					
е					<u> </u>
(e) Gross sales pno	e (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a					
b					
С					
d					
е					
Complete only for	assets showing gain in column (h) and ov	wned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(I) F M V as of 12/31/6	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from co	than -0-) <b>or</b>
a					
b					
c					
d					
e					
2 Capital gain net inco	me 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 capita	al gain or (loss) as defined in sections	<b>\</b>	'		
	Part I, line 8, column (c) (see pages		$ \mathbf{j} $		
	Part I, line 8		$ J _3$		
Part V Qualifica	tion Under Section 4940(e) for	Reduced Tax on Net Investment			
Was the foundation liab	plies, leave this part blank le for the section 4942 tax on the dis does not qualify under section 4940(	NOT AVAILABLE FOR INITIA		eturns [	Yes No
		ear, see page 18 of the instructions be	fore making	ony ontrop	
(a)			lore making	(d)	
Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Calendar year (or tax year begin	ang in)	, , , , , , , , , , , , , , , , , , , ,		(col (b) divided by	COI (C))
2009			<del></del>		
2008					
2007 2006			<del> </del>		
2005					
2005			<del>-   - , -</del>	<del></del>	<del></del>
2 Total of line 1, colu	(d)		2		
		vide the total on line 2 by 5, or by the	· ·   <del>*   -</del>		<del></del>
-	*		1.		
number of years the	foundation has been in existence if	less than 5 years	3		
4 Enter the net value	of noncharitable-use assets for 2010	from Part X, line 5	4	·—	
5 Multiply line 4 by lin	e 3		. 5		
6 Enter 1% of net inve	stment income (1% of Part I, line 27	(b)	. 6		
7 Add lines 5 and 6			7		
R Enter quelifica d'at	shutions from Bort VIII line 4				
8 Enter qualifying dist If line 8 is equal to Part VI instructions		box in Part VI, line 1b, and complete	e that part	using a 1% tax	rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here			-
	Date of ruling or determination Petter 2010 (attach copy of ruling letter if necessary - see instructions)	•		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b			
С	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			
3	Add lines 1 and 2			0.
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-			0.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here 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			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the 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 distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ (2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2_		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_3	_	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	if "Yes," has it filed a tax return on Form 990-T for this year?	4b_		Х
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			
	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 law remain in the governing instrument?	6	X	ļ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > FL,			
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) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	_	
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 on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATTACHMENT 1	10		Х
	F	om 99	0-PF	(2010)

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	t 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			
• •		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address N/A			
14	The books are in care of ► K&L GATES LLP Telephone no ► 305-53	9-330	0	
	Located at ▶200 SOUTH BISCAYNE BLVD. STE 3900 MIAMI, FL ZIP+4 ▶ 33131			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		Þ	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			.—
16	At any time duning calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country			
Pai	t 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.	<u> </u>	Yes	No
1 a	During the year did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			l
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		1	
	the benefit or use of a disqualified person)? Yes X No		1	}
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	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)		1	
t	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 page 22 of the instructions)?	1b	ļ	X
	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 2010?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		i	
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		İ	ĺ
	6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
	If "Yes," list the years			
ŧ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(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 page 22 of the instructions )	- 2b	├	X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		[	
	<u> </u>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
t	of 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			1
	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	1		J
	foundation had excess business holdings in 2010 )	3b_	<b></b>	X

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 2010?

X

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Par	rt VII-B Statements Regarding Activities f	or Which Form 47	20 May Be Requir	red (continued)		
5 a	Dunng the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or of (4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitate purposes, or for the prevention of cruelty to children.	ice legislation (section 4 (see section 4955), or to the section 4955), or to the section 4955), or to the section 4955, or to the section 4955, and the s	o carry on, described in ructions)	Yes X No Yes X No Yes X No Yes X No Yes X No		
þ	If any answer is "Yes" to 5a(1)-(5), did any of the tra				5b	x
	Regulations section 53 4945 or in a current notice regarding disast Organizations relying on a current notice regarding disast			Instructions)?	30	<del></del>
С	If the answer is "Yes" to question 5a(4), does the foundar because it maintained expenditure responsibility for the g If "Yes," attach the statement required by Regulations se	tion claim exemption fro		Yes X No		
6 a	Did the foundation, during the year, receive any funds, di	•	• •	Yes X No		ŀ
b	on a personal benefit contract?			res	6b	x
	If "Yes" to 6b, file Form 8870	ay or maneous, on a por				
7 a	At any time during the tax year, was the foundation a par	ty to a prohibited tax sh	elter transaction?	Yes X No	·   -	
	If "Yes," did the foundation receive any proceeds or have				7b	<u> </u>
	t VIII Information About Officers, Directo and Contractors	•	_		-	<del></del>
1	List all officers, directors, trustees, foundation ma					
1	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week devoted to position	mpensation (see pa (c) Compensation (If not paid, enter -0-)	ge 22 of the instructi (d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allows	
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense a	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	ances
AT'	(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  0.	(e) Expense a other allows	ances
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot	(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 a other allows	0
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position  her than those included the position her than those included hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  age 23 of the instruc  (d) Contributions to employee benefit plans and deferred	(e) Expense a other allows	0
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position  her than those included the position her than those included hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  age 23 of the instruc  (d) Contributions to employee benefit plans and deferred	(e) Expense a other allows	0
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position  her than those included the position her than those included hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  age 23 of the instruc  (d) Contributions to employee benefit plans and deferred	(e) Expense a other allows	0
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position  her than those included the position her than those included hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  age 23 of the instruc  (d) Contributions to employee benefit plans and deferred	(e) Expense a other allows	0
AT'	(a) Name and address  TACHMENT 2  Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position  her than those included the position her than those included hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  age 23 of the instruc  (d) Contributions to employee benefit plans and deferred	(e) Expense a other allows	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	hly Paid Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the	nstructions), If none, enter "NONE,"
	e of service (c) Compensation
NONE	J
	Ì
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year include relevant statistical information sur- organizations and other beneficianes served, conferences convened, research papers produced, etc	h as the number of Expenses
1 N/A	
1 -17	
2	
3	
**	
4	
****	
*	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
~	
2	
***************************************	
~	
All other program-related investments See page 24 of the instructions	
3 NONE	1
·	
Total. Add lines 1 through 3	
	<del></del>

Pa	Minimum Investment Return (All domestic foundations must complete this part. F see page 24 of the instructions)	oreign foundations	š, 
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	etc,	
	purposes		
а	Average monthly fair market value of secunties	1a	
b	Average of monthly cash balances	L 1b	3,300.
С		1c	0.
d	Total (add lines 1a, b, and c)	1d	3,300.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,300.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 c	of	
	the instructions)	4	50.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,250.
6	Minimum investment return. Enter 5% of line 5	6	163.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) productions and certain foreign organizations check here ▶ ☐ and do not complete	private operating	
1	Minimum investment return from Part X, line 6	1	163.
2 a	Tax on investment income for 2010 from Part VI, line 5	0.	
b			
С		2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		163.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	163.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	, , ,	
	line 1	1 1	163.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)		
<del>_</del>	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		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, e	tc,	
	purposes	1 2 1	0.
3	Amounts set aside for specific charitable projects that satisfy the	• • • • • • • • • • • • • • • • • • • •	
a	Suitability test (prior IRS approval required)	3a	0.
b		25	0.
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 (see page 26 of the instructions)	5	
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	n calculating wheth	· · · · · · · · · · · · · · · · · · ·
	qualifies for the section 4940(e) reduction of tax in those years	taronoming which	.c

Form 990-PF (2010)

Pa	irt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
	line 7				163.
2	Undistributed income, if any, as of the end of 2010				<del> </del>
				1	
	Total for pnor years 20 08 .20 07 .20 06	~ · · · · · · · · · · · · · · · · · · ·			- <del> </del>
3	Excess distributions carryover, if any, to 2010	<del></del>			_
	i				
	From 2005				
	From 2006				}
	From 2007				
d					
	From 2009 ·			:	
	Total of lines 3a through e				-
4	Qualifying distributions for 2010 from Part XII, line 4 > \$0.				
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as			•	
_	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u> </u>
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions				1.
е	Undistributed income for 2009 Subtract line				-
	4a from line 2a Taxable amount - see page 27 of the instructions				-
T	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2011				163.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			ļ	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the instructions)			i	:
9	Excess distributions carryover to 2011.		~		<del> </del>
-	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2006	1			
	Excess from 2007				
c	Excess from 2008				
	Excess from 2009			ĺ	1
	Excess from 2010 0 .				
	<del></del>	<del></del>		<u> </u>	<del></del>

Page 10

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
	If the foundation has foundation, and the ruling	received a ruling or d	etermination letter that	<del></del>		
b	Check box to indicate whe				4942())(	3) or 4942(J)(5)
2 a		Tax year		Pnor 3 years		(a) Total
2 d	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					<del></del>
С	Qualifying distributions from Part					
	XII, line 4 for each year listed					
đ	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				]	
3	2d from line 2c					<del></del>
	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 invest-					
	ment return shown in Part X,					
_	line 6 for each year listed				<del> </del>	
С	"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 sup- port from an exempt					
	organization (4) Gross investment income					
Pai		ry Information (C	omplete this part	only if the found:	ation had \$5,000	or more in assets
1		luring the year - see	page 28 of the in			
-	List any managers of	•		than 2% of the total	L contributions receive	d by the foundation
_	before the close of any	tax year (but only if th				,
	RAUL MARCEL		100/		-4 4 1	
b	List any managers of ownership of a partners					large portion of the
	and the second of the second of			=		
	N/A					
2	Information Regarding	Contribution, Grant, (	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X if the	ne foundation only n	nakes contributions	to preselected charit	able organizations an	d does not accept
	unsolicited requests for organizations under other				28 of the instruction	s) to individuals or
			<del></del>			
	The name, address, and	· · · · · · · · · · · · · · · · · · ·				
b	The form in which applie	cations should be subn	nitted and information a	and materials they sho	uld include	
	<u> </u>					
С	Any submission deadlin	es				
		·				
d	Any restrictions or lir factors	nitations on awards,	such as by geogra	phical areas, charital	ole fields, kinds of in	stitutions, or other

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid Duri									
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution						
a Paid during the year		1							
,									
		ļ							
			į						
			j						
	}		<u> </u>						
		·							
	,	}							
	-								
Tabel		<u>.                                    </u>	<u> </u>	NONE					
Total		<del></del>	▶ 3a	NONE					
b Approved for future payment		İ							
		1							
		1							
		[							
	İ								
	1	]							
		}							
	L		L						
Total	<u></u>	<u></u>	▶ 3b	NONE					

Part XVI	-A Analysis of Income-Produ	ucing Acti	vities		·	
Enter gross	amounts unless otherwise indicated	(a)	ited business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Progran	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
b			·			
c						
d						
е						
f				_ <del> </del>		
_	and contracts from government agencies			<del></del>		
	rship dues and assessments					
	on savings and temporary cash investments					<del> </del>
	ds and interest from securities			<u> </u>		
	al income or (loss) from real estate	<del></del>				
	t-financed property					
	debt-financed property			<del></del>	<del></del>	<del> </del>
	Il income or (loss) from personal property					
	vestment income					
-	ome or (loss) from special events					
	rofit or (loss) from sales of inventory				· ·	
	evenue a					
						<u> </u>
					***************************************	<del></del>
е						
12 Subtota	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	0.
	neet in line 13 instructions on page 29 to v					
Part XVI	B Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
Line No.	Explain below how each activity					
▼	accomplishment of the foundation instructions )	n's exemp	t purposes (other tha	n by providing	funds for such purpos	es) (See page 29 of the
	manactions )				<del></del>	· · · · · · · · · · · · · · · · · · ·
<del></del>				<del></del>	·	
						<del></del>
					<del></del>	
	<del></del>				·····	
	-		<del></del>			
<del></del>						
						<del></del>
						<del></del>
			<u> </u>			

Part .	XVII	Information Re Exempt Organi	garding Tr zations	ansfers To and	Transa	ctions a	nd Relat	ionshi	ps With	Nonc	hari	table
ır		organization directly con 501(c) of the Code ations?	•	• •	-		_				Yes	No
		s from the reporting founda h								1a(1)		Х
		er assets								1	l	<u> </u>
	•	ansactions										
(	1) Sale	es of assets to a noncharita	able exempt org	anization						. 1b(1)		<u>x</u>
-	•	chases of assets from a no										Х
		tal of facilities, equipment,										Х
		nbursement arrangements										X
		ns or loan guarantees										X
		formance of services or me										Х
		of facilities, equipment, ma										X
	-	answer to any of the	-								faır	market
		of the goods, other as										
		n any transaction or s										
(a) Line		(b) Amount involved		nchantable exempt organiza			ption of transfe					
		N/A	· · · · · · · · · · · · · · · · · · ·			N/A						
									·			
				<del></del>	<u> </u>	•						
									•			
				···	1	<del></del>						
											_	
						<del></del>						
							, ,, ,					
c	fescribe	foundation directly or ed in section 501(c) of the	Code (other the							Y	es [	X No
<u> </u>	t Yes,"	complete the following sch	neaule	(h) Tuno of orga	inization			(c) Descor	ation of relation	nehin		
	<del>.</del>	(a) Name of organization		(b) Type of organization			(c) Description of relationship					
				•								
					<u> </u>	<del></del> -						
								.,,				
							·		-			
Sign	Under belief,	r penalties of penury, I decla , it is true, correct, and comple	are that I have exete Declaration of	amined this return, include preparer (other than laxpa	yer or fiduci	ary) is based	fules and state on all informati	on of whi	ch preparer h	t of my lasany kr	knowled nowledg	dge and je
Here .		/	17/13/2011			<b>b</b> -	Dire	C PM				
	<b>P</b> Si	gnature of officer or trustee		<del></del>	Date		<b>▼</b> Ti	tie		I ===···		
		Print/Type preparer's nan	ne	Preparer's signature		,	Date	.,		PTIN		
Paid		Claire Steinke		Claire 2	Steel	n ke	11/01/2	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	heck if			
Prep	arer	Ciaire Ciciline					self-employed			<u></u>		
•				U.S. LLP				Firm's E	EIN ▶ 34-	65655	96	
Use (	Uniy	Firm's address ▶ 55 I		JR BLVD, STE	1000							
		ATLA	ANTA, GA	<u>.</u>		303	08	Phone i	no 404-	874-8		
										Earn Q	an.PE	(2010)

## Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

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

**Schedule of Contributors** 

OMB No 1545-0047

2010

Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number
MARTA BEDOYA DE CLA	AURE FOUNDATION, INC.	
	)	27-4196844
Organization type (check or	ne)	
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 privat	e foundation
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Ru	ile and a Special Rule See
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ one contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % and 170(b)(1)(A)(vi), and received from any one contributor, during t 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii)	the year, a contribution of the
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received e contributions of more than \$1,000 for use exclusively for religiouses, or the prevention of cruelty to children or animals. Complete Par	ıs, charitable, scientific, literary, or
the year, contributi aggregate to more year for an <i>exclusi</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ons for use exclusively for religious, chantable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions wely religious, chantable, etc., purpose. Do not complete any of the prinization because it received nonexclusively religious, charitable, etc.	these contributions did not shat were received during the parts unless the <b>General Rule</b> contributions of \$5,000 or more
Caution. An organization tha 990-EZ, or 990-PF), but it m	t is not covered by the General Rule and/or the Special Rules does rust answer "No" on Part IV, line 2 of its Form 990, or check the box certify that it does not meet the filing requirements of Schedule B (Fo	not file Schedule B (Form 990, on line H of its Form 990-EZ, or on
For Paperwork Reduction Act Notice	ce, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of o	rganization MARTA BEDOYA DE CLAURE FOUNDATION, INC	Employer identification number 27-4196844		
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1_	RAUL MARCELO CLAURE  9725 NW 117TH AVENUE  MIAMI, FL 33178	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) 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 contributions	(d) 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 contributions	(d) Type of contribution	
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) 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 contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

DIRECT PUBLIC SUPPORT

ATTACHMENT

NAME AND ADDRESS

DATE

12/20/2010

100,000.

RAUL MARCELO CLAURE 9725 NW 117TH AVENUE MIAMI, FL 33178

TOTAL CONTRIBUTION AMOUNTS

100,000.

ATTACHMENT 2

ATTACHMENT 2

TRUSTEE
AND
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEE.
F OFFICERS,
OF
PART VIII - LIST OF
1
VIII
PART
90PF,
FORM 990PF,

EXPENSE ACCT AND OTHER ALLOWANCES	·o	o	·	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	Ö	Ö	0
COMPENSATION	Ċ	Ö	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PRESIDENT 1.00	DIRECTOR/SECRETARY 7.50	DIRECTOR/TREASURER 1.00	GRAND TOTALS
NAME AND ADDRESS	RAUL MARCELO CLAURE 9725 NW 117TH AVENUE SUITE 300 MIAMI, FL 33178	RENE MARCELO CLAURE 9725 NW 117TH AVENUE SUITE 300 MIAMI, FL 33178	MARTIN CLAURE 9725 NW 117TH AVENUE SUITE 300 MIAMI, FL 33178	

Form 8868 (Rev	1-2011)				Page 2			
If you are:	filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and che	ck this box	▶ X			
Note. Only o	omplete Part II if you have already been grante	ed an auton	natic 3-month extension on a previou	sly filed Form 8868				
	filing for an Automatic 3-Month Extension, co							
Part II	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)							
Type or	Name of exempt organization Employer identifi							
print	MARTA BEDOYA DE CLAURE FOUNDA			27-4196844				
File by the	Number, street, and room or suite no. If a P.O. box							
extended due date for	9725 NW 117TH AVENUE STE. 300							
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
return See Instructions MIAMI, FL 33178								
Enter the Ret	turn code for the return that this application is f	or (file a se	parate application for each return)		. 04			
Application		Return	Application		Return			
ls For		Code	Is For		Code			
Form 990		01						
Form 990-BL		02	Form 1041-A		08			
Form 990-EZ		03	Form 4720		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 no	t complete Part II if you were not already gra	anted an au	tomatic 3-month extension on a pro-	eviously filed Form 88	368.			
<ul> <li>The books</li> </ul>	are in the care of   K&L GATES LLP							
Telephone	No ▶ 305 539-3300	f	AX No ▶ 305 358-7095					
<ul> <li>If the orga</li> </ul>	nization does not have an office or place of bi	usiness in t	he United States, check this box		▶ 📖			
<ul><li>If this is fo</li></ul>	r a Group Return, enter the organization's four	r digit Grou	p Exemption Number (GEN)	If th	nis is			
for the whole	group, check this box ▶	fit is for par	t of the group, check this box	▶ L and att	tach a			
list with the n	ames and EINs of all members the extension i	s for		<del>-</del>				
4 I reques	st an additional 3-month extension of time until		11/15_,	20 11				
5 For cale	endar year, or other tax year beginnin	g	12/07, 20 10 , and ending	12/31 ,	20 10			
	detail why you need the extension							
ADDIT	IONAL TIME IS NEEDED TO COLLEC	T ALL TH	HE INFORMATION NECESSARY	TO				
FILE .	A COMPLETE AND ACCURATE RETURN	•						
				·				
8a if this	application is for Form 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax	i, less any				
	ndable credits. See instructions			8a \$	0.			
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr	edits and				
estimate	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	c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS							
(Electro	nic Federal Tax Payment System) See instru	ctions		8c \$	0.			
	Sign	ature an	d Verification					
•	of perjury, I declare that I have examined this form, and complete, and that I am authorized to prepare this for	-	ompanying schedules and statements, and t	to the best of my knowled	ige and belief,			
Signature >	Offer Matanfort		Title CPA	Date ► 08/	11/2011			
				Form 8868	(Rev 1-2011)			