



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



CISWJNYKKT

REC'D REJECT CORR OCT 24 2012

OMB No. 1545-0047

2010

Form **990-PF**

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

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2010, or tax year beginning **02/19/10**, and ending **12/31/10**

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

**JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address)

**5353 HOGAN LANE**

Room/suite

City or town, state, and ZIP code

**WINTER HAVEN****FL 33884**H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at

end of year (from Part II, col. (c),

line 16) **\$ 2,943,920**J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

A Employer identification number

**30-0398287**

B Telephone number (see page 10 of the instructions)

**863-318-8408**C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the  
85% test, check here and attach computation ☐E If private foundation status was terminated under  
section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐

**Part I Analysis of Revenue and Expenses** (The total of  
amounts in columns (b), (c), and (d) may not necessarily equal  
the amounts in column (a) (see page 11 of the instructions))

(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

Revenue

- 1 Contributions, gifts, grants, etc., received (attach schedule) **2,722,146**
- 2 Check ☐ if the foundation is not required to attach Sch. B
- 3 Interest on savings and temporary cash investments **580**
- 4 Dividends and interest from securities **89,678**
- 5a Gross rents
- b Net rental income or (loss)
- 6a Net gain or (loss) from sale of assets not on line 10 **97,088**
- b Gross sales price for all assets on line 6a **2,749,570**
- 7 Capital gain net income (from Part IV, line 2) **97,088**
- 8 Net short-term capital gain
- 9 Income modifications
- 10a Gross sales less returns & allowances
- b Less: Cost of goods sold
- c Gross profit or (loss) (attach schedule)
- 11 Other income (attach schedule)
- 12 **Total. Add lines 1 through 11** **2,909,492**

**187,346****57,048**

- 13 Compensation of officers, directors, trustees, etc.
- 14 Other employee salaries and wages
- 15 Pension plans, employee benefits
- 16a Legal fees (attach schedule) **SEE STMT 1** **1,500**
- b Accounting fees (attach schedule)
- c Other professional fees (attach schedule)
- 17 Interest **67**
- 18 Taxes (attach schedule) (see page 14 of the instructions)
- 19 Depreciation (attach schedule) and depletion
- 20 Occupancy
- 21 Travel, conferences, and meetings
- 22 Printing and publications
- 23 Other expenses (att. sch.) **14,633**
- 24 **Total operating and administrative expenses.** **14,633**
- Add lines 13 through 23 **73,248**
- 25 Contributions, gifts, grants paid **100,000**
- 26 **Total expenses and disbursements. Add lines 24 and 25** **173,248**

**73,248****0**

- 27 Subtract line 26 from line 12:
- a Excess of revenue over expenses and disbursements **2,736,244**
- b Net investment income (if negative, enter -0-) **114,098**
- c Adjusted net income (if negative, enter -0-) **0**

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2010)

DAA

SCANNED NOV 28 2012

0423258262 OCT 19 2012  
Operating and Administrative Expenses

RECEIVED  
OCT 15 2012  
OGDEN, UT  
STMT 2

RECEIVED OCT 16 2012  
RECEIVED OSC 130  
NOV 07 2012  
OFFICE OF THE  
TREASURER  
STATE OF UTAH

715  
20

Form 990-PF (2010) **JAMES H & M R ELISABETH MARKS****30-0398287**Page **2**

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments		61,197	
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (att. schedule) ▶			
		Less: allowance for doubtful accounts ▶	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) <b>SEE STMT 3</b>		2,599,597	
	c	Investments—corporate bonds (attach schedule)		2,719,162	
		11	Investments—land, buildings, and equipment basis ▶		
		Less: accumulated depreciation (attach sch.) ▶			
12		Investments—mortgage loans			
13		Investments—other (attach schedule) <b>SEE STATEMENT 4</b>		127,739	
14		Land, buildings, and equipment basis ▶		163,561	
		Less: accumulated depreciation (attach sch.) ▶			
15		Other assets (describe ▶)			
16		Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	0	2,788,533	
Liabilities		17	Accounts payable and accrued expenses		
		18	Grants payable		
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24	Unrestricted		2,788,533	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	0	2,788,533	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	0	2,788,533		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0
2	Enter amount from Part I, line 27a	2	2,736,244
3	Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 5</b>	3	63,366
4	Add lines 1, 2, and 3	4	2,799,610
5	Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 6</b>	5	11,077
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,788,533

Form 990-PF (2010)  
84B-602

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a SEE WORKSHEET</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>		<b>2</b>	<b>97,088</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	<b>16,773</b>

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

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

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

N/A

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

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

**1** Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009			
2008			
2007			
2006			
2005			

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18	<b>8</b>	

Form 990-PF (2010) **JAMES H & M R ELISABETH MARKS****30-0398287**Page **4****Part VI Excise Tax Based on Investment Income** (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	<b>2,282</b>
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	<b>0</b>
<b>3</b> Add lines 1 and 2	<b>3</b>	<b>2,282</b>
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	<b>0</b>
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>2,282</b>
<b>6</b> Credits/Payments:		
<b>a</b> 2010 estimated tax payments and 2009 overpayment credited to 2010	<b>6a</b>	
<b>b</b> Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d. <b>SEE STATEMENT 7</b>	<b>7</b>	<b>2,344</b>
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	<b>62</b>
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>9</b>	
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
<b>b</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)? 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		<b>X</b>
<b>c</b> Did the foundation file Form 1120-POL for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		<b>X</b>
<b>6</b> 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?		
<b>7</b> 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		
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <b>FL</b>		
<b>b</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? If "No," attach explanation		
<b>9</b> 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		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

N/A

N/A

STMT 8

Form 990-PF (2010)

04B 002

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		<b>X</b>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		<b>X</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <b>N/A</b>	13		
14	The books are in care of ▶ <b>CARL F CHIRICO</b> <b>535 HOGAN LANE</b> Located at ▶ <b>WINTER HAVEN</b> FL ZIP+4 ▶ <b>33884-3589</b> Telephone no. ▶ <b>863-318-8408</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <b>15</b>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See 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 ▶	16	Yes	No <b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	<b>X</b>
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? <b>N/A</b>	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions) <b>N/A</b>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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, Form 4720, to determine if the foundation had excess business holdings in 2010.) <b>N/A</b>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<b>X</b>
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?	4b	<b>X</b>

Form 990-PF (2010) **JAMES H & M R ELISABETH MARKS****30-0398287**Page **6****Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **N/A** ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

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

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☒

If "Yes" to 6b, file Form 8870.

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

**b** If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CARL F. CHIRICO 5353 HOGAN LANE WINTER HAVEN FL 33884	TRUSTEE 4.00	19,016	0	0
SARALYNN CHIRICO 5353 HOGAN LANE WINTER HAVEN FL 33884	TRUSTEE 2.00	19,016	0	0
JULIA M. BEACH 5353 HOGAN LANE WINTER HAVEN FL 33884	TRUSTEE 2.00	19,016	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

Form **990-PF** (2010)

048.002

Form 990-PF (2010) **JAMES H & M R ELISABETH MARKS****30-0398287**Page **7****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> N/A	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments See page 24 of the instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	

Form **990-PF** (2010)

04B 002



**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>2,588,650</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>190,536</b>
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	<b>0</b>
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b>	<b>2,779,186</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>2,779,186</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	<b>41,688</b>
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	<b>2,737,498</b>
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b>	<b>118,500</b>

**Part XI** Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	<b>118,500</b>
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	<b>2,282</b>
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>2,282</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>116,218</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	<b>116,218</b>
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	<b>116,218</b>

**Part XII** Qualifying Distributions (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	<b>100,000</b>
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	<b>100,000</b>
<b>5</b>	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)	<b>5</b>	<b>0</b>
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b>	<b>100,000</b>

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

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				<b>116,218</b>
<b>2</b> Undistributed income, if any, as of the end of 2010:				
<b>a</b> Enter amount for 2009 only				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
<b>d</b> From 2008				
<b>e</b> From 2009				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4. <b>\$ 100,000</b>				
<b>a</b> Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
<b>d</b> Applied to 2010 distributable amount				<b>100,000</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions				
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions				
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				<b>16,218</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006				
<b>b</b> Excess from 2007				
<b>c</b> Excess from 2008				
<b>d</b> Excess from 2009				
<b>e</b> Excess from 2010				

Form **990-PF** (2010)

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year <b>LEADER DOGS FOR THE BLIND</b> P.O. BOX 5000 ROCHESTER MI 48308	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>LITTLE SISTERS OF THE</b> 186 HIGHLAND AVE SOMERVILLE MA 02143	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>SISTERS OF ST CHRISTIENNE</b> 297 ARNOLD STREET WRENTHAM MA 02093	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>POOR CLARE SISTERS</b> 3900 SHERWOOD BLVD DEERFIELD BEACH FL 33445	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>SALVATION ARMY</b> P.O. BOX 1408 LAKE WORTH FL 33450	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>ASSOCIATION FOR ABUSED</b> 2549 N DIXIE HIGHWAY LAKE WORTH FL 33460	NONE		ORGANIZATION'S ACTIVITIES	2,500
<b>UNIVERSITY OF MICHIGAN</b> 3003 S STATE STREET ANN ARBOR MI 48109	NONE		ORGANIZATION'S ACTIVITIES	15,000
<b>SISTER MICHAELA ASIAN</b> P.O. BOX 7000 RIVERDALE MD 20797	NONE		ORGANIZATION'S ACTIVITIES	7,500
<b>Total</b>			▶ 3a	<b>100,000</b>
b Approved for future payment <b>N/A</b>				
<b>Total</b>			▶ 3b	<b>048,000</b>





**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2010****Name of the organization****JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION****Employer identification number****30-0398287****Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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)

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)

04B 002

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

Employer identification number

JAMES H &amp; M R ELISABETH MARKS

30-0398287

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MR ELISABETH MARKS REVOCABLE LIVING TRUST AGREEMENT 5353 HOGAN LANE WINTER HAVEN FL 33884	\$ 2,722,146	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

948 002

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part II

Name of organization

JAMES H &amp; M R ELISABETH MARKS

Employer identification number

30-0398287

**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
1	ALL ASSETS OF M R ELISABETH MARKS REVOCABLE LIVING TRUST AGREEMENT	\$ 2,740,148	02/19/10
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

0-10-552

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

## Capital Gains and Losses for Tax on Investment Income

Form **990-PF****2010**

For calendar year 2010, or tax year beginning

02/19/10, and ending 12/31/10

Name

**JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION**

Employer Identification Number

**30-0398287**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) TEXAS ST PUBL FIN AUTH	D	02/19/10	03/10/10
(2) FLORIDA ST BRD ED PUB	D	02/19/10	03/10/10
(3) PUERTO RICO ELEC PWR	D	02/19/10	03/10/10
(4) OSCEOLA CNTY FL SCH BRD	D	02/19/10	03/10/10
(5) KISSIMMEE FL UTIL AUTH	D	02/19/10	03/10/10
(6) PALM BEACH CNTY FL PUB	D	02/19/10	03/10/10
(7) ORANGE CNTY FLA TOURIST	D	02/19/10	03/10/10
(8) ORANGE CNTY FLA TOURIST	D	02/19/10	03/12/10
(9) ORANGE CNTY FLA TOURIST	D	02/19/10	03/15/10
(10) VOLUSIA CNTY FL GAS TAX	D	02/19/10	03/10/10
(11) MICHIGAN ST BLDG AUTH	D	02/19/10	03/10/10
(12) INDIANA HEALTH FAC FING	D	02/19/10	03/11/10
(13) ORANGE CNTY FLA TOURIST	D	02/19/10	03/10/10
(14) PORT ST LUCIE FLA UTIL	D	02/19/10	03/10/10
(15) WASHINGTON ST VAR PURP	D	02/19/10	03/10/10

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 47,963		46,759	1,204
(2) 48,202		47,997	205
(3) 157,085		149,999	7,086
(4) 53,893		51,904	1,989
(5) 76,164		76,300	-136
(6) 87,576		87,462	114
(7) 15,675		14,931	744
(8) 31,118		29,862	1,256
(9) 10,373		9,954	419
(10) 73,949		73,174	775
(11) 53,547		50,353	3,194
(12) 83,640		84,380	-740
(13) 124,140		118,846	5,294
(14) 75,979		72,768	3,211
(15) 180,315		172,752	7,563

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than 0-) or Losses (from col. (h))
(1)			1,204
(2)			205
(3)			7,086
(4)			1,989
(5)			-136
(6)			114
(7)			744
(8)			1,256
(9)			419
(10)			775
(11)			3,194
(12)			-740
(13)			5,294
(14)			3,211
(15)			7,563

**7,563**

## Capital Gains and Losses for Tax on Investment Income

Form **990-PF****2010**

For calendar year 2010, or tax year beginning

02/19/10, and ending 12/31/10

Name

**JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION**

Employer Identification Number

**30-0398287**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) MIAMI-DADE CO FL TRAN	D	02/19/10	03/10/10
(2) LEE CNTY FL CAP REV	D	02/19/10	03/10/10
(3) FLORIDA ST BRD ED PUB ED	D	02/19/10	03/10/10
(4) FLORIDA ST DEPT	D	02/19/10	03/10/10
(5) HARRIS CO TEX HFD CRP	D	02/19/10	03/10/10
(6) ENERGY NORTHWEST WASH	D	02/19/10	03/10/10
(7) MIAMI-DADE CO FL HFA HSP	D	02/19/10	03/10/10
(8) MICHIGAN STATE	D	02/19/10	03/10/10
(9) GEORGIA ST RD&TWY AT RV	D	02/19/10	03/10/10
(10) ORANGE CNTY FL SALES TAX	D	02/19/10	03/10/10
(11) FLORIDA ST TPK AUTH TPK	D	02/19/10	03/10/10
(12) NUVEEN INS TAX FR ADVNTG	D	02/19/10	04/06/10
(13) NUVEEN INS TAX FR ADVNTG	D	02/19/10	04/06/10
(14) NUVEEN INS MUNI OPPTY	D	02/19/10	04/06/10
(15) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 160,303		157,669	2,634
(2) 52,635		52,036	599
(3) 112,179		108,594	3,585
(4) 38,557		38,268	289
(5) 178,955		176,517	2,438
(6) 115,051		110,969	4,082
(7) 127,812		125,569	2,243
(8) 156,593		151,847	4,746
(9) 267,777		259,965	7,812
(10) 103,100		100,517	2,583
(11) 81,116		79,170	1,946
(12) 4,002		3,503	499
(13) 2,846		2,484	362
(14) 7,055		6,102	953
(15) 97,146		83,780	13,366

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			2,634
(2)			599
(3)			3,585
(4)			289
(5)			2,438
(6)			4,082
(7)			2,243
(8)			4,746
(9)			7,812
(10)			2,583
(11)			1,946
(12)			499
(13)			362
(14)			953
(15)			13,366

862

## Capital Gains and Losses for Tax on Investment Income

Form **990-PF****2010**

For calendar year 2010, or tax year beginning

02/19/10, and ending 12/31/10

Name

**JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION**

Employer Identification Number

**30-0398287**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(2) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(3) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(4) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(5) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(6) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(7) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(8) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(9) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(10) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(11) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(12) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(13) NUVEEN HI YLD MUNI BD FD C	D	02/19/10	04/06/10
(14) TMLTN GLBL BD FD ADV CL	D	02/19/10	06/11/10
(15) TMLTN GLBL BD FD ADV CL	D	02/19/10	06/11/10

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 644		561	83
(2) 15		13	2
(3) 567		516	51
(4) 15		14	1
(5) 521		524	-3
(6) 537		521	16
(7) 15		15	
(8) 552		532	20
(9) 31		30	1
(10) 537		526	11
(11) 15		15	
(12) 537		531	6
(13) 15		15	
(14) 44,212		44,997	-785
(15) 155		162	-7

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than 0-) or Losses (from col (h))
(1)			83
(2)			2
(3)			51
(4)			1
(5)			-3
(6)			16
(7)			
(8)			20
(9)			1
(10)			11
(11)			
(12)			6
(13)			
(14)			-785
(15)			-7

-785 -7

## Capital Gains and Losses for Tax on Investment Income

Form **990-PF****2010**

For calendar year 2010, or tax year beginning

02/19/10 and ending 12/31/10

Name

**JAMES H & M R ELISABETH MARKS  
PRIVATE FOUNDATION**

Employer Identification Number

**30-0398287**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs, MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) <b>TMPLTN GLBL BD FD ADV CL</b>	<b>D</b>	<b>02/19/10</b>	<b>06/11/10</b>
(2) <b>TMPLTN GLBL BD FD ADV CL</b>	<b>D</b>	<b>02/19/10</b>	<b>06/11/10</b>
(3) <b>WF ADV PREC METALS A</b>	<b>D</b>	<b>02/19/10</b>	<b>10/05/10</b>
(4) <b>VAN KAMPEN UNIT TRS</b>	<b>D</b>	<b>02/19/10</b>	<b>12/28/10</b>
(5) <b>WF ADV PREC METALS A</b>	<b>P</b>	<b>03/29/10</b>	<b>10/05/10</b>
(6) <b>WF ADV PREC METALS A</b>	<b>P</b>	<b>04/01/10</b>	<b>10/05/10</b>
(7) <b>WF ADV PREC METALS A</b>	<b>P</b>	<b>04/06/10</b>	<b>10/05/10</b>
(8) <b>WF ADV PREC METALS A</b>	<b>P</b>	<b>04/13/10</b>	<b>10/05/10</b>
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) <b>168</b>		<b>172</b>	<b>-4</b>
(2) <b>13</b>		<b>13</b>	
(3) <b>39,453</b>		<b>29,946</b>	<b>9,507</b>
(4) <b>289</b>		<b>289</b>	
(5) <b>13,182</b>		<b>9,944</b>	<b>3,238</b>
(6) <b>94</b>		<b>74</b>	<b>20</b>
(7) <b>12,523</b>		<b>9,976</b>	<b>2,547</b>
(8) <b>10,734</b>		<b>8,665</b>	<b>2,069</b>
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			<b>-4</b>
(2)			
(3)			<b>9,507</b>
(4)			
(5)			<b>3,238</b>
(6)			<b>20</b>
(7)			<b>2,547</b>
(8)			<b>2,069</b>
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			<b>048 002</b>
(15)			

130122 JAMES H & M R ELISABETH MARKS

9/24/2012 4:08 PM

30-0398287

## Federal Statements

FYE: 12/31/2010

### Form 990-PF - General Footnote

#### Description

REASON FOR AMENDED RETURN: THE PREVIOUS RETURN WAS FILED WITH AN INCORRECT TAXPER IDENTIFICATION NUMBER (65-6462226). THIS RETURN REFLECTS THE CORRECT TIN. THERE ARE NO OTHER CHANGES TO THE ORIGINALLY FILED RETURN EXCEPT THOSE REQUIRED ON AN AMENDED RETURN.

04B 002

130122 JAMES H & M R ELISABETH MARKS  
30-0398287  
FYE: 12/31/2010

9/24/2012 4:08 PM

## Federal Statements

### Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT LEGAL FEES	\$ 1,500	\$ 1,500	\$	\$
TOTAL	\$ 1,500	\$ 1,500	\$ 0	\$ 0

### Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
INVESTMENT FEES	79	79		
INVESTMENT FEES	14,554	14,554		
TOTAL	\$ 14,633	\$ 14,633	\$ 0	\$ 0

045.002

130122 JAMES H & M R ELISABETH MARKS  
30-0398287  
FYE: 12/31/2010

## Federal Statements

9/24/2012 4:08 PM

### Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
MUTUAL FUNDS	\$	\$ 2,599,597		\$ 2,719,162
TOTAL	\$ 0	\$ 2,599,597		\$ 2,719,162

### Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
KINDER MORGAN ENERGY PARTNERS	\$	\$ 55,047		\$ 71,173
SPDR GOLD TRUST		72,692		92,388
TOTAL	\$ 0	\$ 127,739		\$ 163,561

04B.002



**Federal Statements****Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases**

Description	Amount
INCREASE IN BASIS	\$ 63,366
TOTAL	\$ 63,366

**Statement 6 - Form 990-PF, Part III, Line 5 - Other Decreases**

Description	Amount
DECREASES IN KINDER MORGAN BASIS PER K-1	\$ 11,077
TOTAL	\$ 11,077

**Federal Statements****Statement 7 - Form 990-PF, Part VI, Line 7 - Amended Return Payments**

<u>Description</u>	<u>Amount</u>
2% TAX ON INVESTMENT INCOME	\$ 2,282
PENALTY PAID	62
TOTAL	<u>\$ 2,344</u>

130122 JAMES H & M R ELISABETH MARKS  
30-0398287  
FYE: 12/31/2010

9/24/2012 4:08 PM

## Federal Statements

### Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name	Address	City, State, Zip
MR ELISABETH REVOCABLE LIVING TRUST 5353 HOGAN LANE	WINTER HAVEN FL 33884-3589	

04 05 06 07