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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

OMB No 1545-0052

2010

| rur c | alelluar ye | ar 2010, or tax year beginning | | | , and onding | | |
|---------------------------------|-----------------------|--|-------------|------------------------------------|--|---|--|
| G C | heck all tha | | | Initial return of a for | · · — | Final return | |
| | | Amended return | | Address chang | | Name change | |
| Nan | ne of found | ation | | | | A Employer identification | number |
| į | | | | | | | |
| 1 | ${f E}$ | DGEMER FOUNDATION | , IN | IC. | | 65-0976539 | |
| Num | ber and stree | et (or PO box number if mail is not delivered | to street a | ddress) | - I | B Telephone number | |
| 1 | 4 | 01 EAST LAS OLAS | BLVI |) | 2200 | 954-523-77 | 71 |
| City | or town, s | tate, and ZIP code | | | | C If exemption application is p | ending, check here |
| ", | | T. LAUDERDALE, FI | 33 | 3301 | | D 1. Foreign organization: | s, check here |
| НС | | | | mpt private foundation | | Foreign organizations me check here and attach co | eting the 85% test, |
| | | 1947(a)(1) nonexempt charitable trust | | Other taxable private foundate | tion | i | |
| | | alue of all assets at end of year J A | | | Accrual | E If private foundation sta under section 507(b)(1 | |
| | | l r | | er (specify) | Accidar | , , , | |
| | | , col. (c), line 16) 10 , 5 4 7 , 8 7 9 . (Part | | | 12010) | F If the foundation is in a under section 507(b)(1 | |
| D | | lysis of Revenue and Expenses | 1, COIGH | | | | (d) Disbursements |
| Pa | TT F Ana (The nece | total of amounts in columns (b), (c), and (d) massanly equal the amounts in column (a)) | ay not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for chantable purposes (cash basis only) |
| | | ributions, gifts, grants, etc , received | | 2,200,000. | | N/A | |
| | 2 Check | if the foundation is not required to attach S | ch B | | | | |
| | 3 Interes | st on savings and temporary nvestments | Ī | | | | |
| | | ends and interest from securities | ļ | 431,289. | 431,239. | | STATEMENT 1 |
| | 5a Gros | | Ì | | · · · · · · · · · · · · · · · · · · · | | |
| | | ental income or (loss) | | | | | |
| | _ | | | 231,387. | | | |
| e | Gross | ain or (loss) from sale of assets not on line 10 sales price for all | 0. | | ······································ | | |
| Revenue | | s on line 6a al gain net income (from Part IV, line 2) | | | 231,387. | | |
| _ å | | - | | | 202/00/- | | |
| - - - | | hort-term capital gain | | and to be | | | |
| J | l ^ | me modifications sales less returns | CE | | | | |
| o | 10a and a | llowances | - [[] | | | | |
| 3 | | Cost of goods sold | | 1011 | | | |
| ~ | | s profit or (loss) S N | 0V 2 | 1 2011 /2/ | 263. | | STATEMENT 2 |
| 2 | 11 Othe | 1011 | יטי | | | | STATEMENT 2 |
| | 12 Tota | 1. Add lines 1 through 11 | | 2,862,939. | 662,889. | | 0. |
| SCANNED enses | 13 Com | pensation of officers, directors, trustees, etc. | GU | ٥٠ سيسيال | 0. | | U . |
| Z | 1 | r employee salaries and wages | - | | | | |
| 50 0 | 15 Pens | sion plans, employee benefits | | | | | <u> </u> |
| SC_{ℓ} | 16a Lega | ıl fees | | | | | |
| សា ខ្ | b Acco | ounting fees | | | | | |
| X | c Othe | r professional fees | | | | | |
| <u>ĕ</u> . | 17 Inter | | | | | | |
| rat | 18 Taxe | s STMT | 3 | 10,952. | 3,027 | , | 0. |
| ist | 19 Dep | reciation and depletion | | | | | |
| Ē. | 20 Occi | рапсу | | | | | <u> </u> |
| Ad | 21 Trav | el, conferences, and meetings | | | | | |
| 5 | 22 Prin | ting and publications | | | | | |
| 9 | 23 Othe | er expenses STMT | 4 | 24,530. | 24,482 | | 0. |
| Ę | 24 Tota | I operating and administrative | | | • | | |
| Operating and Administrative Ex | PAU | enses. Add lines 13 through 23 | | 35,482. | 27,509 | • | 0. |
| Ö | 25 Con | tributions, gifts, grants paid | | 2,440,000. | | | 2,440,000. |
| | | il expenses and disbursements. | | | | | |
| | I | • | | 2,475,482. | 27,509 | . | 2,440,000. |
| | | lines 24 and 25 | | 2/1/1/102. | 2,7303 | | |
| | 1 | tract line 26 from line 12 | | 387,457. | | | |
| | | ss of revenue over expenses and disburseme | | 301,431. | 635,380 | | |
| | | investment income (if negative, enter -0-) | | | 033,300 | N/A | - |
| <u> </u> | | usted net income (if negative, enter -0-) | | <u>L</u> | <u> </u> | 1 11/17 | 50 000 DE (2010) |

 $^{\rm U23501}_{\rm 12-07-10}$ LHA For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010) - 18 - 5097651

Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other

Land, buildings, and equipment basis

| | | | · <u></u> | | | |
|-------|------|--|-----------|-------------------|----------------|-----------------------|
| For | m 99 | 、 0-PF (2010) | N, INC. | | 65- | 0976539 Page 2 |
| _ | _ | Balance Sheets Attached schedules and amounts in the des | cription | Beginning of year | End of | year |
| P | art | column should be for end-of-year amounts | only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | _ | 516. | | |
| | 2 | Savings and temporary cash investments | | 19,570. | 7,325. | 7,325. |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for doubtful accounts | | | | |
| | 4 | Pledges receivable | | | | |
| | ŀ | Less allowance for doubtful accounts | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and othe | r | | | 1 |
| | | disqualified persons | | | | |
| | 7 | Other notes and loans receivable | | | | |
| | | Less allowance for doubtful accounts | | | | |
| ţ | 8 | inventories for sale or use | | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | | |
| Ä | 10a | Investments - U S and state government obligations | | | | |
| | b | Investments - corporate stock ST | MT 5 | 6,817,780. | 7,257,636. | 10,540,554. |
| | C | Investments - corporate bonds | | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | |

| - 1 | ı | Ecoco decentribidado deprociation | | |
|--------|----|--|---|------------|
| | 15 | Other assets (describe ►) | | |
| | 16 | Total assets (to be completed by all filers) | 6,837,866. | 7,264,961. |
| _ | | 1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0/00//0000 | 720272020 |
| | 17 | Accounts payable and accrued expenses | | |
| | 18 | Grants payable | | |
| ŝ | 19 | Deferred revenue | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | |
| 9 | 21 | Mortgages and other notes payable | , | |
| j | 22 | Other liabilities (describe) | | |
| | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. |
| | | Foundations that follow SFAS 117, check here | | |
| | | and complete lines 24 through 26 and lines 30 and 31 | | |
| מ ט | 24 | Unrestricted | 6,837,866. | 7,264,961. |
| 5 | 25 | Temporarily restricted | | |
| ŏ | 26 | Permanently restricted | | |
| 2 | | Foundations that do not follow SFAS 117, check here | | |
| ב | | and complete lines 27 through 31. | | |
| 0 | 27 | Capital stock, trust principal, or current funds | | |
| ž | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | |
| Ĭ | 29 | Retained earnings, accumulated income, endowment, or other funds | | |
| ž | 30 | Total net assets or fund balances | 6,837,866. | 7,264,961. |
| _ | | | | |
| | 31 | Total liabilities and net assets found halances | 6.837.866. | 7.264.961 |

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 023511 12-07-10

7,264,961. Form 990-PF (2010)

6,837,866.

7,264,961

2

3

4

5

6

387,457.

39,638.

10,547,879.

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Part III Analysis of Changes in Net Assets or Fund Balances

Other increases not included in line 2 (itemize) TIMING DIFFERENCE

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)

See the Part VI instructions

7 Add lines 5 and 6

023521 12-07-10

Form **990-PF** (2010)

4,208,805.

2,440,000.

6

7

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

6 Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

| _ | 990-PF (2010) EDGEMER FOUNDATION, INC. 65 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | -09765 | | | Page 4 |
|----|--|--------|-------------|----------|----------------|
| | Exempt operating foundations described in section 4940(d)(2), check here \times and enter "N/A" on line 1 | 1 | | | / |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | 1: | 2,7 | 08. |
| _ | of Part I, line 27b | | | <u> </u> | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | 0. |
| | Add lines 1 and 2 | | 1: | 2,7 | 08. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | | 1: | 2,7 | 08. |
| 6 | Credits/Payments | | - | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 6, 280. | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 11,000. | | | | |
| | Backup withholding erroneously withheld 6d | | | | |
| 7 | Total credits and payments Add lines 6a through 6d 7 | | 1 | 7,2 | 80. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | | 74. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | , | | 4,4 | 98. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 4,498 • Refunded ▶ 11 | | | | 0. |
| Pa | rt 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 participate or intervene in | | | Yes | No |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | . | | | |
| | distributed by the foundation in connection with the activities. | ŀ | | | |
| C | Did the foundation file Form 1120-POL for this year? | L | 10 | | X |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| | (1) On the foundation ▶ \$ 0 . (2) On foundation managers ▶ \$ | ļ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | - | | | |
| | managers ► \$O. | | | | |
| 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_ | | <u>X</u> |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | ļ | 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 | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | 7 | X | ļ |
| _ | If "Yes," complete Part II, col. (c), and Part XV | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| _ | FL | | | | |
| b | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | 0, | v | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | ŀ | 8b | Х | - |
| 9 | 5 | ī | _ | | v |
| 10 | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 10 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | Forn | 10_ 1990 | -PF | (2010) |
| | | 1 0111 | | | (-010) |

023531 12-07-10

023541 12-07-10

| Form 990-PF (2010) EDGEMER FOUNDATION, INC. | | | 65-09765 | 39 Page 6 |
|--|--|-----------------------------------|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which F | Form 4720 May Be F | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y6 | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955), o | r to carry on, directly or indire | ectly, | | |
| any voter registration drive? | | Y6 | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y6 | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | or | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | der the exceptions described i | n Regulations | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | | • | N/A 5 | ib |
| Organizations relying on a current notice regarding disaster assistance check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | rom the tax because it maintai | ined | | |
| expenditure responsibility for the grant? | N | Γ/A | s 🔲 No | |
| If "Yes," attach the statement required by Regulations section 53.4945 | 5-5 <i>(d</i>) | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | |
| a personal benefit contract? | • | | s X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 66 X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y ₆ | s X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | N/A | 7b |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | / | |
| Paid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | 14.10 | (d) a | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| · · · · · · · · · · · · · · · · · · · | to position | `enter'-0-) | compensation | allowances |
| | DIRECTOR | | | |
| 401 EAST LAS OLAS BLVD, #2200 FT LAUDERDALE, FL 33301 | 0 00 | | _ | 0 |
| | 0.00 DIRECTOR | 0. | 0. | 0. |
| DAVID M. ROTH 401 EAST LAS OLAS BLVD, #2200 | DIRECTOR | | | |
| FT LAUDERDALE, FL 33301 | 0.00 | _ | | 0 |
| | DIRECTOR | 0. | 0. | 0. |
| 401 EAST LAS OLAS BLVD, #2200 | DIRECTOR | | | |
| FT LAUDERDALE, FL 33301 | 0.00 | 0. | 0. | 0 |
| FI HAUDERDALE, FL 33301 | 0.00 | <u> </u> | | 0. |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | ! | |
| | (b) Title, and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | account, other allowances |
| NONE | | | 00/140/10250II | |
| | | ľ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | | 0 |

| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
|--|---------------|-----------------------|
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | 9 | (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 | | Evnoncoc |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | | Expenses |
| N/A | } | |
| | | |
| ! | _ | |
| | | |
| | | |
| | _ | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A | | Amount |
| N/A | | |
| | | |
| 2 | | |
| All about the second se | | |
| All other program-related investments. See instructions 3 | } | |
| | | |
| Total. Add lines 1 through 3 | | 0 |
| | For | m 990-PF (2010 |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | dations | , see instructions) |
|----|---|-------------|-------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | Average monthly fair market value of securities | 1a | 15,315,591. 276,953. |
| b | Average of monthly cash balances | 1b | <u>276,953.</u> |
| C | Fair market value of all other assets | 10 | |
| đ | Total (add lines 1a, b, and c) | 1d | 15,592,544. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 1 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | _3 | 15,592,544. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 233,888. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 15,358,656. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 767,933. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 767,933. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010 (This does not include the tax from Part VI) | | |
| | Add lines 2a and 2b | 2c | 12,708. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 12,708. 755,225. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 755,225. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 755,225. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| 3 | Expenses, contributions, gifts, etc total from Part I. column (d), line 26 | 1a | 2,440,000. |
| þ | Program-related investments - total from Part IX-B | 16 | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 2,440,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | _ |
| | income Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 2,440,000. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | jualifies f | or the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|--|-------------|
| 1 Distributable amount for 2010 from Part XI, | | | ······································ | |
| line 7 | | | | 755,225. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only |] | | 0. | |
| b Total for prior years | | | | |
| , , , , , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005 2,183,667. | | | | |
| b From 2006 2,238,040. | | | | |
| t From 2007 1,174,457. | | | | |
| d From 2008 3,323,243. | | | | |
| e From 2009 2,081,778. | | | | |
| f Total of lines 3a through e | 11,001,185. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line $4 \triangleright \$$ 2, 440 , 000 . | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | 1 11 | | | 11-7, |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | Н-, - | | 755,225. |
| e Remaining amount distributed out of corpus | 1,684,775. | | | 133,223. |
| ` | 0. | | · | 0. |
| Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | · · | | | |
| 6 Enter the net total of each column as indicated below. | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 12,685,960. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2010 Subtract | · | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 2,183,667. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 10,502,293. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006 2,238,040. | | | | |
| b Excess from 2007 1,174,457. | | | | |
| c Excess from 2008 3,323,243. | | | | |
| d Excess from 2009 2,081,778. | | | | |
| e Excess from 2010 1,684,775. | | | <u> </u> | |

| Grants and Contributions Paid During the Y | ear or Approved for Future F | rayment | | - |
|--|--|----------------------|----------------------------------|-----------|
| 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) | or substantial contributor | status of recipient | Contribution | 711100111 |
| a Paid during the year | | | | |
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| | | | | |
| SEE STATEMENT 6 | | | <u> </u> | |
| Total | | | <u>▶ 3a</u> | 2,440,000 |
| b Approved for future payment | | | | |
| | - | | | |
| | | | | |
| NONE | | | | |
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| | | | | |
| Total | | | ▶ 3b | (|

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|-------------|------------------|-----------------|
| COLL VALUE | Analysis Ul | income-Producing | MCHAIRE2 |

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | y section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|-----------------------|----------------------------|-------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) | Related or exempt |
| 1 Program service revenue | code | Amount | code | Amount | function income |
| a | _ | | | | |
| b | _ | | | | |
| <u> </u> | _ | | - | | |
| d | - | | | | |
| e | _ | | + | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | $\neg \neg \neg$ | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 431,289. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | 263. | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 231,387. | |
| 9 Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a | | | | | |
| b | i I | | | | |
| C | | | | | |
| d | | | | | |
| e | _ \ | <u></u> | | | |
| 12 Subtotal Add columns (b), (d), and (e) | <u> </u> | | 0. | 662,939. | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 662,939 |
| (See worksheet in line 13 instructions to verify calculations |) | | | | |

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
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023621 12-07-10

| Part XVII | Information Re Exempt Organ | | nsfers To a | and Transactions | and Relati | onships With Nonch | aritable | • | |
|--------------|--|--|--|---|---|--|------------------|----------|-------------|
| the Code (| ganization directly or indi (other than section 501(c | rectly engage in any c)(3) organizations) o | or in section 52 | ig with any other organizat 27, relating to political orga | | n section 501(c) of | | Yes | No |
| | from the reporting found | ation to a noncharita | able exempt or | ganization of | | | | | v |
| (1) Cash | • | | • | | | | 1a(1) | | X |
| (2) Other | | | | | | | 1a(2) | | ^ |
| b Other tran | | able evenuet ergenis | ntion | | | | 15/1\ | | Х |
| • • | s of assets to a noncharita hases of assets from a no | | | | | | 1b(1) 1b(2) | | X |
| | al of facilities, equipment, | | organization | | | | 1b(3) | i | X |
| | bursement arrangements | | | | | | 1b(4) | | X |
| • • | s or loan guarantees | , | | | | | 1b(5) | | X |
| | ormance of services or me | embership or fundra | using solicitatio | ons | | | 1b(6) | | Х |
| | f facilities, equipment, ma | | - | | | | 10 | | Х |
| - | | - | | • | lwavs show the | fair market value of the good: | | sets. | |
| or service | | foundation If the fol | undation receiv | | | action or sharing arrangement | | · | |
| (a) Line no | (b) Amount involved | | | e exempt organization | (d) Des | cnption of transfers, transactions, a | nd shanng ar | тапдет | ents |
| | | 1 | N/A | | | | - | | |
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| | | + | | ·_ · · · · · · · · · · · · · · · · · · | | | | | |
| ın section | ndation directly or indirectly or indirectly of the Code (othe omplete the following sch | er than section 501(| | e or more tax-exempt organ tion 527? | l nizations descr | bed | Yes | X | No |
| 2 100, 0 | (a) Name of or | | | (b) Type of organization | | (c) Description of relatio | nship | | |
| | N/A | | | • | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Sign Here | ler penalties of penjury, I declar complete peclaration of prep | re that I have examined varer father than taxpays | this return, includer or fiduciary) is b | ding accompanying schedules a pased on all information of whic | and statements, as h preparer has an | nd to the best of my knowledge and knowledge | belief, it is to | rue, com | ect, |
| | Signature of officer or tr | Signature of officer or trustee Date | | | | | | - | |
| | Print/Type preparer's n | | Preparer's s | | Date | Title Check If PTI | N | | |
| | | | | | | self- employed | | | |
| Paid | | | | | | | | | |
| Preparer | Firm's name | | | | <u>.</u> | Firm's EIN ▶ | | ., | |
| Use Only | 1 | | | | | | | | |
| _ | Firm's address 🕨 | | | | | Phone no | | | |

023622 04-26-11

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

EDGEMER FOUNDATION, INC.

Employer identification number

| | EDGEMER FOUNDATION, INC. | 65-0976539 |
|--|---|---|
| Organization type (chec | k one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| General Rule | 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia ation filing Form 990. 990-EZ or 990-PF that received. during the year, \$5,000 or more (i | |
| | mplete Parts I and II. | |
| Special Rules | | |
| 509(a)(1) and 1 | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | |
| aggregate conf | 01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literated of cruelty to children or animals. Complete Parts I, II, and III. | |
| contributions for If this box is ch purpose. Do no | 01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coor use exclusively for religious, charitable, etc., purposes, but these contributions did not necked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions of \$5,000 or more during the year. | ot aggregate to more than \$1,000. usively religious, charitable, etc, |
| but it must answer "No" | on that is not covered by the General Rule and/or the Special Rules does not file Schedi on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on li e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | • |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

EDCEMED ECUNDATION INC

projet taetitineation numbe

| EDGEM. | ER FOUNDATION, INC. | | -09/6539 |
|------------|---|-----------------------------|---|
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | DL TRUST 401 E LAS OLAS BLVD., SUITE 2200 FT LAUDERDALE, FL 33301 | \$\$\$\$ | 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 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 |

023452 12-23-10

Employer identification number

EDGEMER FOUNDATION, INC.

65-0976539

| Part II | Noncash Property (see instructions) | | |
|---------------|---|--------------------------------------|---------------------------|
| (a) | | (c) | |
| No. | (b) | FMV (or estimate) | (d) |
| rom Part I | Description of noncash property given | (see instructions) | Date received |
| | | | |
| | | | |
| | | | |
| (a) No. | (b) | (c) | (d) |
| rom | Description of noncash property given | FMV (or estimate) | Date received |
| art I | | (see instructions) | |
| | | | |
| | | \$ | |
| (a) No. | 11.3 | (c) | 4.0 |
| from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | | (see instructions) | Dute received |
| . | | | |
| | | \$ | |
| (-) | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) | Date received |
| Part I | | (see instructions) | |
| | | - | |
| | | \$ | |
| (a) | | | |
| No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (see instructions) | Date received |
| Part I | | (see instructions) | |
| | | | |
| | | | |
| (a) | | <u> </u> | |
| No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) | Date received |
| Part I | | (see instructions) | |
| | | | |
| | | \$ | |
| 453 12-23- | 10 | | 990, 990-EZ, or 990-PF) (|

| FORM 990-PF DIVIDENT | OS AND INT | EREST FROM | SECU | URITIES | STATEMENT | 1 |
|-----------------------------------|-----------------------------|---|------|-----------------------------------|-------------------------------|------------|
| SOURCE | GRO | SS AMOUNT | | PITAL GAINS DIVIDENDS | COLUMN (A AMOUNT |) |
| LOEP LOFI LOHY NT - 5456 | | 46,343. 54,025. 95,576. 250,461. | | 0. 0. 0. 15,116. | 46,3 54,0 95,5 235,3 | 25. 76. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | 446,405. | | 15,116. | 431,2 | 89. |
| FORM 990-PF | OTHER | INCOME | | | STATEMENT | 2 |
| DESCRIPTION | | (A) REVENUE PER BOOK | | (B) NET INVEST- MENT INCOME | (C) ADJUSTE NET INCO | |
| LOHY | | | 263. | 263 | • | |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 | | 263. | 263 | • | |
| FORM 990-PF | Т | AXES | | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOK | | EST- | (C) ADJUSTED NET INCOM | | |
| FEDERAL TAXES FOREIGN TAXES | 7,92 3,02 | | ,027 | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 10,95 | 2. 3 | ,027 | • | | 0. |

| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 4 | | | |
|--|------------------------------|---------------------------------|-------------|----------------------|--|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST MENT INCOM | | | | | |
| NT - FEES AND EXPENSES ANNUAL REPORT FEE MANAGEMENT FEES | 4,379. 85. 20,066. | · | 0. | 0. 0. 0. | | | |
| TO FORM 990-PF, PG 1, LN 23 | 24,530. | 24,48 | 82. | 0. | | | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 5 | | | |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE | | | |
| STOCKS | | | 7,257,636. | 10,540,554. | | | |
| TOTAL TO FORM 990-PF, PART I | | 7,257,636. | 10,540,554. | | | | |

| | AND CONTRIBUTIONS DURING THE YEAR | STAT | EMENT 6 |
|---|--|---------------------|----------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| BOWDOIN COLLEGE | GENERAL CONTRIBUTION | | 50,000. |
| BUSHNELL CENTER FOR THE PERFORMING ARTS | GENERAL CONTRIBUTION | | 10,000. |
| CT CHILDREN'S MEDICAL CENTER | GENERAL CONTRIBUTION | | 100,000. |
| FIDELITY CHARITABLE GIFT FUND | GENERAL CONTRIBUTION | | 65,000. |
| HARTFORD SYMPHONY ORCHESTRA | GENERAL CONTRIBUTION | | 450,000. |
| JEWISH FEDERATION OF GREATER HARTFORD INC | GENERAL CONTRIBUTION | | 100,000. |
| LAFAYETTE COLLEGE | GENERAL CONTRIBUTION | | 1050000. |
| LOOMIS CHAFFEE SCHOOL | GENERAL CONTRIBUTION | | 50,000. |

| EDGEMER FOUNDATION, INC. | | 65-0976539 |
|-----------------------------------|----------------------|------------|
| CONNECTICUT SCIENCE CENTER | GENERAL CONTRIBUTION | 50,000. |
| PLANNED PARENTHOOD OF CT | GENERAL CONTRIBUTION | 20,000. |
| RENBROOK SCHOOL | GENERAL CONTRIBUTION | 140,000. |
| VILLAGE OF FAMILIES & CHILDREN | GENERAL CONTRIBUTION | 30,000. |
| WADSWORTH ATHENEUM MUSEUM OF ART | GENERAL CONTRIBUTION | 250,000. |
| SPRING FOR MUSIC | GENERAL CONTRIBUTION | 50,000. |
| HOLE IN THE WALL CAMPS FOUNDATION | GENERAL CONTRIBUTION | 25,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | INE 3A | 2,440,000. |

| Form 8868 (Rev 1-2011) | | | | | Page 2 |
|---|--------------|---|--------------------|-------------------|-------------|
| If you are filing for an Additional (Not Automatic) 3-Month E | vtension (| complete only Part II and check this b | | | Page 2 |
| Note. Only complete Part II if you have already been granted an | | | | 9969 | لمعب |
| If you are filing for an Automatic 3-Month Extension, compl | | | 1 01111 | 5000 | |
| Part II Additional (Not Automatic) 3-Month | | | opies r | reeded) | |
| Name of exempt organization | | | | oyer identificat | ion number |
| Type or | | | | , | |
| print EDGEMER FOUNDATION, INC. | | | 6 | 65-0976539 | |
| File by the extended Number, street, and room or suite no. If a P.O. box, | see instruc | tions. | | | |
| due date for 401 EAST LAS OLAS BLVD, NO. filing your | 2200 | | | | |
| return See City, town or post office, state, and ZIP code. For a | foreign add | Iress, see instructions. | | | |
| instructions FT. LAUDERDALE, FL 33301 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (f | ile a separa | te application for each return) | | | 0 4 |
| | | | | | |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 | 01 | | 5 | (3 °, ', ', ' | , , , , , , |
| 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 not complete Part II if you were not already grante | | | usly file | d Form 8868. | |
| WLD ENTERPRISE | | | | 2224 | |
| • The books are in the care of \triangleright 401 E LAS OLAS | 9 ВГ∧Л | | | 33301 | |
| Telephone No ► 954-523-7771 | | FAX No. ▶ | | | |
| If the organization does not have an office or place of busines | | | | | |
| If this is for a Group Return, enter the organization's four digital transfer in the control of the contro | | | | | |
| box ► If it is for part of the group, check this box ► | | sch a list with the names and EINs of all | i memb | ers the extensio | n is for |
| I request an additional 3-month extension of time until | NOVEM | BER 15, 2011 | | | |
| 5 For calendar year 2010, or other tax year beginning | | , and ending_ | I | | · |
| 6 If the tax year entered in line 5 is for less than 12 months, | cneck reas | on: L Initial return L | J Fınal r | etum | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO | OBTAI | N THE INFORMATION N | de de c | SARY TO | FILE A |
| COMPLETE AND ACCURATE RETURN | ODIAL | N THE INFORMATION N | CES | SAKI IU | LIDE Y |
| COMPAND ACCOUNTS REPORT | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 | or 6060 o | ntor the tentative tay long any | T | | |
| nonrefundable credits. See instructions | , 01 0009, 6 | inter the tentative tax, less any | 00 | \$ | 10,361. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069 | ontor any | refundable gradite and estimated | 8a | . | 10,301. |
| tax payments made. Include any prior year overpayment a | • | | 44. | | |
| previously with Form 8868 | anowed as a | a credit and any amount paid | 8b | \$ | 28,280. |
| c Balance due. Subtract line 8b from line 8a. Include your p | navment wit | th this form of required, by using | 100 | Ψ- | |
| EFTPS (Electronic Federal Tax Payment System) See Inst | = | art and form, in required, by daining | 8c | \$ | 0. |
| | | d Verification | 1 00 | ı * | |
| Under penalties of perjury, I declare that I have examined this form, inclu | | | ne bestin | f my knowledge a: | nd belief. |
| it is true, correct, and complete, and that I am authorized to prepare this | form. | | | _ | |
| Signature > lu luna Il Ca Title > | Tax | Accountant | Date | × 8-10- | - 2011 |

Form 8868 (Rev. 1-2011)