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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

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							
			or tax year beginning		nd ending	11/30/2011	
G	Che	ck all that apply	Initial return Amended return	Initial return of a for Address change	•	rity Fina	al return
Na	me of	foundation	- Income	<u></u>		A Employer identification	on number
Th	e Am	mon Foundation				13-69	904321
			number if mail is not delivered to street a	ddress)	Room/suite		page 10 of the instructions)
Sw	eene	ev, Gallo, Reich &	Bolz LLP, 95-25 Queens Blvd		11th FI	(718)	159-9000
Cr	y or to	wn, state, and ZIP cod	le			C If exemption application	
Re	go P	ark		NY	11374	D 1. Foreign organizations	
			ation X Section 501(c)(3) exe	empt private foundation		2. Foreign organizations	· ·
				Other taxable private		check here and attack	h computation
ī	Fair	market value of a	Il assets at end J Accounting	method X Casi	n	E If private foundation stat under section 507(b)(1)(
	of ye	ear (from Part II, c	col (c). Other (si	pecify)	_	F If the foundation is in a 6	
	line	16) ▶ \$	11,504,957 (Part I, column (d) must be on cash bas	sis)	under section 507(b)(1)(B), check here
Pa	rt I	amounts in columns	venue and Expenses (The total of (b), (c), and (d) may not necessanly equal nn (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net investmincome	nent (c) Adjusted net	(d) Disbursements for chantable purposes
					10 000	2 28. 16	(cash basis only)
	1 2		grants, etc., received (attach schedule)	572,776	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. (. A. 4	** ** · · · · · · · · · · · · · · · · ·
	3		oundation is not required to attach Sch B s and temporary cash investments	8,260		3,260	
	4		erest from securities	273,256		3,256	* **
	ı .	Gross rents .	sical from Scourings	210,230		5,250	Marine an affe
4		Net rental income	or (loss)	+1.pr 3.12 , 1	- 24	* *,	
ĕ			from sale of assets not on line 10	182,810	& ₹	·	<u> </u>
Revenue	t	Gross sales price for	all assets on line 6a 3,408,464		F 100	· ** **	•
ě	7	Capital gain net in	come (from Part IV, line 2)	A die ste	182	2,810 🎄 ,	. AA. A.
	8	Net short-term cap	oital gain .	-20- 400 44		74.11	**
	9	Income modification	ons		as.		inin L. e ,
		Gross sales less retu		4,	** **		*
		Less Cost of goo			<u> </u>		
	11	Other income (atta	ss) (attach schedule)	5,901			
	12	Total. Add lines 1			40.	1 222	* * *
	13		officers, directors, trustees, etc	1,043,003	464	4,326	
Expenses	14	Other employee sa					
en	15	Pension plans, em	•				
X		Legal fees (attach					
		Accounting fees (a		8,100	8	3,100	
Ę	C	Other professional	l fees (attach schedule)	18,911	18	3,911	
Administrative	17	Interest .	•				
nis	18	•	le) (see page 14 of the instructions)	12,800			
Ē	19		ch schedule) and depletion				
Ρq	20 21	Occupancy					
and	22	Travel, conference					
ā	23	Other expenses (42,003			42,003
ing	24	Total operating a	nd administrative expenses.	,2,300			72,000
Operating		Add lines 13 throu	gh 23	81,814	27	7,011	42,003
be	25	Contributions, gift	Ggrants pardiz . 9	547,500			547,500
0	26	Total expenses and	disbursements. Add lines 24 and 25	629,314	27	7,011	589,503
	27	Subtract line 26 fre	om line 12. [] T				
		Excess of leveline o	ver expenses and dispuisements .	413,689			
			ncome (if negative, enter -0-)		437	7,315	
	C	Adjusted net inco	ome (if negative, enter -0-)				

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

(HTA)

Form 990-PF (2010)

D.	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Ε	nd of year
	11.111	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments .	968,191	1,260,0	70 1,260,070
	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 (attach schedule)		. 18 2	
G	`	Less allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·	<u></u> ¥	
Assets	8	Inventories for sale or use	·		
Ş	9	Prepaid expenses and deferred charges .			
_	1	Investments—U.S. and state government obligations (attach schedule)			
	1 .	investments—corporate stock (attach schedule)	9,323,767	9,445,5	77 10,244,887
	1	Investments—corporate bonds (attach schedule)	, , , , , , , , , , , , , , , , , , , ,		
	11	Investments—land, buildings, and equipment basis		٠> ١	
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		. <u>-</u>	
	14	Land, buildings, and equipment basis		. § X-	* * * * *
	1	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
	ļ	instructions Also, see page 1, item l)	10,291,958	10,705,6	47 11,504,957
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			_
ij	19	Deferred revenue			— , , , , , , , , , , , , , , , , , , ,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		, -	⊣ `""
Ë	21	Mortgages and other notes payable (attach schedule)			
	22 23	Other liabilities (describe Total liabilities (add lines 17 through 22) .	 		_, , ,
	23		0		<u> </u>
10		Foundations that follow SFAS 117, check here			
ĕ		and complete lines 24 through 26 and lines 30 and 31.	i		*
Balances	24	Unrestricted			- · · · ·
Bal	25 26	Temporarily restricted Permanently restricted			\dashv
_	26	Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
Net Assets or Fund	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			7
set	29	Retained earnings, accumulated income, endowment, or other funds	10,291,958	10,705,6	47
Asi	30	Total net assets or fund balances (see page 17 of the		•	
et '		instructions)	10,291,958	10,705,6	47
Ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	10,291,958	10,705,6	47
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with	1	
_		f-year figure reported on prior year's return)			1 10,291,958
		amount from Part I, line 27a	•		2 413,689
		increases not included in line 2 (itemize)		·	3
		nes 1, 2, and 3	•	<u> </u>	10,705,647
		ases not included in line 2 (itemize)			5
<u>6</u>	i otal i	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30		10,705,647

13-6904321

(a) List and describe the k	und(s) of property sold (e.g., real estate, c, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yi	
1a Publicly-traded Securities			D Dollaron		
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	•	h) Gain or (loss) plus (f) minus (g)
a 3,408,464			3,225,654		182,810
b				<u> </u>	
С					
d					
e					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation	on on 12/31/69	(I) Gair	ns (Col. (h) gain minus
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) l (j), ıf any		but not less than -0-) or sees (from col (h))
a					182,810
b					
С					
d					
e					.
2 Capital gain net income or (n	et capital loss) { If gain, also	enter in Pa ter -0- in Pa		2	182,810
3 Net short-term capital gain of	r (loss) as defined in sections 1	222(5) and	(6)		
If gain, also enter in Part I, lir	ne 8, column (c) (see pages 13	and 17 of t	he]		
instructions) If (loss), enter -	0- ın Part I, lıne 8		J	3	
Part V Qualification Unde		iced Tax o	n Net Investme	ent Income	
If section 4940(d)(2) applies, lear Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the distrib	Do not com	plete this part		
1 Enter the appropriate amou	nt in each column for each yea	ir, see page	16 of the instruct	ons belore ma	(d)
Base penod years	(b)	Not value	(c)		Distribution ratio
Calendar year (or tax year beginning in)			of nonchantable-use a	(00	ol (b) divided by col (c))
2009	502,18		11,279		0 044521
2008	636,73	_	10,758		0 059185
2007	1,007,6		12,193		0 082635
2006	721,88		20,483		0 035241
2005	74,00	39]	17,041	,463	0 004345
2 Total of line 1, column (d)				2	0 225927
3 Average distribution ratio for the number of years the foun	the 5-year base period—divide dation has been in existence if			3	0 045185
4 Enter the net value of noncha	antable-use assets for 2010 fro	m Part X, lın	e 5 .	4	11,813,924
5 Multiply line 4 by line 3				. 5	533,812
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	4,373
7 Add lines 5 and 6				. 7	538,185
8 Enter qualifying distributions				8	589,503
If line 8 is equal to or greater the Part VI instructions on pa	than line 7, check the box in P	art VI, line 1	b, and complete t	hat part using	a 1% tax rate See

Page	4
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Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age	18 of the	e inst	ructio	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		İ			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		4	,373	
	here ► X and enter 1% of Part I, line 27b					
	C All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	<u> </u>				
_	of Part I, line 12, col (b).	١ ـ			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0	
3	Add lines 1 and 2	3			1,373	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			. 070	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	-		1,373	
6	Credits/Payments. a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 12,000			*		a
		{		~		
	D Exempt foreign organizations—tax withheld at source C Tax paid with application for extension of time to file (Form 8868) 6c 0	l		** **		1
	Backup withholding erroneously withheld 6d	İ	*			
7	Total credits and payments Add lines 6a through 6d	7	<u> </u>	13	2,000	·
8	Enter any penalty for underpayment of estimated tax. Check here	 8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			7,627	
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ► 4,500 Refunded ►	11	-		3,127	
Pa	rt VII-A Statements Regarding Activities	Ь		$\overline{}$,	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			-	Yes	No
•	participate or intervene in any political campaign?			1a		X
1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	,		٠	-	
	instructions for definition)?			1ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	,	
	published or distributed by the foundation in connection with the activities				X A	.,
(Did the foundation file Form 1120-POL for this year?			1c	************	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				e %,	: *
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$, 3	, ~	
(Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			[´		
	on foundation managers \$			~		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•	4a		X
_	olf "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	5		Х
_	If "Yes," attach the statement required by General Instruction T			,	•	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ĺ		
	By language in the governing instrument, or By latest legislation that officially by amount the governing instrument as that no mandatony directions.					
	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? If "Yes," complete Part II, col. (c), a	nd l	 Part YV	17	x	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	,,,,,	an Av	-		
٠,	instructions) NY					
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			1		
•	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .			8b	Х	·
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		-	<u> </u>		
	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	٠.		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses			10		х

Form	n 990-PF (2010) The Ammon Foundation 13-69	04321	Page	a 5
Par	rt 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address			
14	The books are in care of Sweeney, Gallo, Reich & Bolz LLP Telephone no Located at 95-25 Queens Blvd , 11th Floor Rego Park NY ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZI	(718)	459-90 113	
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			_
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes N	10
	over a bank, securities, or other financial account in a foreign country?	16	- 1	X
	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	,		
Pa	rt 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 N	lo
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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	* .	* * 5 *	· · · · · · · · · · · · · · · · · · ·
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	** %	* 1	· •
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .	2 4		. *
	(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)? Yes X No	* *	* * *	× 44 ~ 4
	(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) Yes X 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	1b	N/A ** **	• *
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			,
а	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? Yes X No			
b	If "Yes," list the years 20, 20, 20, 20 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)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	2 0			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X 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)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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	7	Χ

For	m 990-PF (2	(010) T	he Ammon Found	dation						13-	690432	1 Page 6
Pa	art VII-B	Stater	nents Regardin	g Activitie	s for Which I	orm 4	720 May Be R	equired	(continued)		
			the foundation pay				-					
			paganda, or otherwi			tion (sec	tion 4945(e))?		Yes	X	No O	
			outcome of any spe		-	-	, ,,				ł	
			r indirectly, any vote	•	•		,,		Yes	\mathbf{x}	No	
	(3) Pro	vudo o ara	nt to on industrial fe	or traval atua			2			H		
			ant to an individual fo		-				Yes	اكا	No	
		_	ant to an organizatio			•			Г	га.		
			9(a)(1), (2), or (3), o				•		Yes		No	
			ny purpose other tha	-							ŀ	
			ourposes, or for the p		•				Yes	×Ι	No	
þ			es" to 5a(1)-(5), did			-						_
	Regulatio	ons section	n 53 4945 or in a cui	rrent notice r	egarding disaster	assistar	nce (see page 22	of the instr	ructions)?	_	5b	N/A
	Organiza	tions relyii	ng on a current notic	ce regarding	disaster assistan	ce check	k here		•	• 🔲		4 1 200
C	If the ans	wer is "Ye	es" to question 5a(4)), does the fo	undation claim ex	emption	from the			_		1 3 July 1
	tax becau	use it mair	ntained expenditure	responsibility	for the grant?				Yes	יו	No .	
	If "Yes," a	attach the	statement required	by Regulation	ns section 53 494	15–5(d)					l	
6a	Did the fo	oundation,	during the year, red	ceive any fun	ds, directly or ind	rectly, to	pay					
	premiums	s on a per	sonal benefit contra-	ct?					Yes	X	No .	
b	Did the fo	oundation,	during the year, pay	y premiums,	directly or indirec	tly, on a	personal benefit	contract?	_		6b	X
	If "Yes" to	o 6b, file F	orm 8870		-							4 - 1881 - 1884 A
7a	At any tim	ne during t	the tax year, was the	e foundation	a party to a prohi	bited tax	shelter transaction	on?	Yes	X	10 🖔	
b	If "Yes," d	did the fou	indation receive any	proceeds or	have any net inc	ome attr	butable to the tra	nsaction?		_	7b	N/A
Р	art VIII	Info	rmation About	Officers.	Directors, Tru	ıstees	. Foundation	Manage	rs. Highly	Paid	Emplo	vees.
			Contractors		, , , , , , , , , , , , , , , , , , , ,		,	J-	,			, ,
_												
1	List all d	officers,	directors, trusted	es, foundat	tion managers	and th	eir compensat	ion (see ¡	page 22 of	the ins	structio	ns).
1	List all o		directors, truste	es, founda	(b) Title, and avera	ige (d	c) Compensation	(d) C	ontributions to			
1	List all o		me and address	es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	ns). nse account, allowances
		(a) Nan		es, founda	(b) Title, and avera	ige (i	c) Compensation	(d) C employ	ontributions to	s	(e) Expe	nse account,
	List all c	(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
		(a) Nan		es, founda	(b) Title, and avera hours per week	ige (i	c) Compensation f not paid, enter	(d) C employ	ontributions to ree benefit plan	s	(e) Expe	nse account,
SEI	E ATTAC	(a) Nan	me and address		(b) Title, and avera hours per week devoted to position	nge (i	c) Compensation f not paid, enter -0-}	(d) C employ and defer	contnbutions to ree benefit plan rred compensal	stion	(e) Expe	nse account, allowances
SEI	E ATTAC	(a) Nan	ne and address		(b) Title, and avera hours per week devoted to position	nge (i	c) Compensation f not paid, enter -0-}	(d) C employ and defer	contnbutions to ree benefit plan rred compensal	stion	(e) Expe	nse account, allowances
SEI	E ATTAC	(a) Nan	ne and address		(b) Title, and avera hours per week devoted to position	those	c) Compensation f not paid, enter -0-}	(d) C employ and defer	e page 23 o	s tion	(e) Experiment of the rate of	nse account, allowances ons).
<u>SEI</u>	E ATTAC	(a) Nan	ne and address	nid employe	(b) Title, and avera hours per week devoted to position	those	c) Compensation f not paid, enter -0-}	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
<u>SEI</u>	E ATTAC	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position	those average week	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o	f the into	(e) Expe other a	nse account, allowances ons).
2 (a)	E ATTAC	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	those average week	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	those average week	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	those average week osition	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	those average week osition	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	nthose average week osition	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe other a	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	nthose average week osition	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	n those average week osition 00	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	n those average week osition 00	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe	ons).
2 (a)	Compenif none,	(a) Nan	ne and address of five highest-pa	nid employe	(b) Title, and avera hours per week devoted to position to be a constant of the constant of th	a those average week osition 00 00	c) Compensation f not paid, enter -0-)	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe	ons).
2 (a)	Compenif none,	(a) Nam	ne and address of five highest-pa	nid employe	ees (other than devoted to position to be devoted to position to be devoted to position to be devoted to position to be devoted to perform the devoted to perfor	a those average week osition 00 00	included on li	(d) C employ and defer	e page 23 o Contributions Cont	f the into	(e) Expe	ons).

Form **990-PF** (2010)

Form 990-PF (2010)

Form 990-PF (2010) The Ammon Foundation		13-6904321 Page 7
Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Paid	d Employees,
and Contractors (continued)	<u> </u>	
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none, ente	er "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	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research page 1.		Expenses
1		
2		
•		
3		
A		
"		
•••••		
Part IX-B Summary of Program-Related Investments (see p.	age 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1		

2		
All other program-related investments See page 24 of the instructions		
3		
		^
Total. Add lines 1 through 3		0

Form 990-PF (2010)

Pa	-					
	see page 24 of the 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	10,538,872			
b	Average of monthly cash balances	1b	1,454,959			
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0			
d	Total (add lines 1a, b, and c)	1d	11,993,831			
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)					
2	Acquisition indebtedness applicable to line 1 assets .	2				
3	Subtract line 2 from line 1d	3	11,993,831			
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25	1 1				
	of the instructions)	4	179,907			
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,813,924			
6	Minimum investment return. Enter 5% of line 5	<u> 6 </u>	590,696			
Pai	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating				
	foundations and certain foreign organizations check here I and do not complete this part)					
1	Minimum investment return from Part X, line 6	1	590,696			
2a	Tax on investment income for 2010 from Part VI, line 5 . 2a 4,373	4 5 4				
b	Income tax for 2010 (This does not include the tax from Part VI)					
С	Add lines 2a and 2b	2c	4,373			
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	586,323			
4	Recoveries of amounts treated as qualifying distributions	4	0			
5	Add lines 3 and 4	5	586,323			
6	Deduction from distributable amount (see page 25 of the instructions)	6				
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,					
	line 1	7	586,323			
Par	Qualifying Distributions (see page 25 of the instructions)					
Гаг	Qualifying Distributions (see page 25 of the instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes					
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	589,503			
b	Program-related investments—total from Part IX-B	1b	0			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,					
	purposes	2	0			
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	0			
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	589,503			
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment					
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	4,373			
6	Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	585,130			
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	dation				

Part	XIII Undistributed Incom	ne (see page 26 of	the instruct	ions)			
			(a)		(b)	(c)	(d)
1	Distributable amount for 2010 fro	om Part XI,	Corpu	is	Years prior to 2009	2009	2010
	line 7						586,323
2	Undistributed income, if any, as o	of the end of 2010					
a	Enter amount for 2009 only					545,589	
b	Total for prior years 20,				0		
3	Excess distributions carryover, if	any, to 2010					
a	From 2005	0	-				
b	From 2006	0	1				
C.	From 2007	0	ł				
đ	From 2008	0	ł				
e	From 2009	0	<u> </u>				
f	Total of lines 3a through e			0			
4	Qualifying distributions for 2010 to						
_	•	689,503				E 4 E 500	
	Applied to 2009, but not more that					545,589	
D	Applied to undistributed income of	, ,		,	_		4
_	(Election required—see page 26				0		
С	Treated as distributions out of co					4	*
	required—see page 26 of the ins	•	x, x			· · · · · · · · · · · · · · · · · · ·	43,914
d	Applied to 2010 distributable amo			0	. 275		43,514
е 5	Remaining amount distributed ou	*	<u> </u>	0	* * * * * * * * * * * * * * * * * * * *		0
5	Excess distributions carryover ap		<u> </u>	<u>U</u>			
	same amount must be shown in	• • •			,,,,,,,,	* , ,	. * 3
6	Enter the net total of each colu			>	< ~ ~ ~ *		* * * *
•	indicated below:	45		*	, ,		4 ^
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5 .		0	, , , ,		* * * *
	Prior years' undistributed income						
_	line 4b from line 2b		, ,	. ,	l o	*	*
С	Enter the amount of prior years' i	undistributed					
	income for which a notice of defic						
	been issued, or on which the sec	•	· ·				
	tax has been previously assesse	, ,					
d	Subtract line 6c from line 6b Tax	cable					
	amount-see page 27 of the inst				o		
е	Undistributed income for 2009 S	Subtract line					
	4a from line 2a Taxable amount-	see page 27 of the					
	instructions					0	
f	Undistributed income for 2010 S	Subtract					
	lines 4d and 5 from line 1 This a	mount must					
	be distributed in 2011						542,409
7	Amounts treated as distributions	out of					
	corpus to satisfy requirements in	nposed by					
	section 170(b)(1)(F) or 4942(g)(3	3) (see page 27 of					
	the instructions)						
8	Excess distributions carryover from	om 2005					
	not applied on line 5 or line 7 (se	e page 27 of the					
	instructions)			0			
9	Excess distributions carryover	r to 2011.					
	Subtract lines 7 and 8 from line 6	Sa .		0			
0	Analysis of line 9						
а	Excess from 2006	. 0					
b	Excess from 2007 .	0	4				
C	Excess from 2008	0					
d	Excess from 2009	0]				
e	Excess from 2010	0	ĺ				

Fon	m 990-PF (2010) The Ammon Foundation				13-6904	1321 Page 10
Pa	rt XIV Private Operating Foundations (S	ee page 27 of th	e instructions ai	nd Part VII-A, qu	iestion 9)	N/A
1 a	 If the foundation has received a ruling or determina foundation, and the ruling is effective for 2010, enter 			•		
t	Check box to indicate whether the foundation is a p	private operating fou	ındatıon described ii	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years	 :	
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0		,		0
t	9 85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,	0				0
C	Amounts included in line 2c not used directly for active conduct of exempt activities					0
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
c	"Support" alternative test—enter	0				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					· 0
Ρs	rt XV Supplementary Information (Con	nnlete this nart	only if the four	ndation had \$5	000 or more in	
	assets at any time during the year	•	-			
1	Information Regarding Foundation Manage			<u> </u>		
а	List any managers of the foundation who have cont before the close of any tax year (but only if they have	ributed more than 2			the foundation	
	NE					
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
	NE	0:51 01				
2	Information Regarding Contribution, Grant Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation mal under other conditions, complete items 2a, b, c, and	contributions to pres kes gifts, grants, etc	selected chantable of	organizations and do	•	ons
а	The name, address, and telephone number of the p	person to whom app	lications should be	addressed		
b	The form in which applications should be submitted	l and information an	d materials they sho	ould include.		
C	Any submission deadlines					
d	Any restrictions or limitations on awards, such as b factors	y geographical area	s, chantable fields,	kınds of institutions,	or other	

Form 990-PF (2010) The Ammon Foundation

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year						
AMERICAN FILM INSTITUTE INC	N/A	509(a)(1)	General & Unrestricted	20,000		
2021 N WESTERN AVE						
LOS ANGELES CA 90027						
AMER SOC FOR PREV OF CRUELTY TO ANIMALS	N/A	509(a)(1)	General & Unrestricted	5,000		
520 8TH AVE, 7TH FL						
NEW YORK NY 10018			l			
BAPTIST MISSIONS TO FORGOTTEN PEOPLES	N/A	509(a)(1)	Ark Youth Shelter in SC	20,000		
3000 HARTLEY RD STE 3						
JACKSONVILLE FL 32257						
CHARITY GLOBAL INC	N/A	509(a)(1)	Water Initiative	5,000		
200 VARICK ST STE 201						
NEW YORK NY 10014			la			
CHILDREN OF PROMISE STABLE INC	N/A	509(a)(1)	General & Unrestricted	10,000		
135 CONVENT RD						
NANUET NY 10954		500()(4)				
EDWIN GOULD SVCS FOR CHILDREN & FAMILIES	N/A	509(a)(1)	General & Unrestricted	20,000		
151 LAWRENCE ST FL 5						
BROOKLYN NY 11201	NI/A	500(=)(4)	0 1 0 11	50.000		
EVAN B DONALDSON ADOPTION INSTITUTE	N/A	509(a)(1)	General & Unrestricted	50,000		
120 E 38TH ST						
NEW YORK NY 10016	NI/A	F00(=)(4)	Consest & University at a d	40.000		
FRIENDS OF KAREN INC	N/A	509(a)(1)	General & Unrestricted	10,000		
118 TITICUS RD						
PURDYS NY 10578	NI/A	500(5)(1)	Canadal & Unicotricted	20.000		
GRASSROOT SOCCER INC	N/A	509(a)(1)	General & Unrestricted	20,000		
PO BOX 712						
NORWICH VT 05055	N/A	500(a)(1)	General & Unrestricted	50,000		
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR	N/A	509(a)(1)	General & Officetificted	50,000		
NEW HAVEN CT 06511						
JAZZ AT LINCOLN CENTER INC	N/A	509(a)(1)	General & Unrestricted	45,000		
33 W 60TH ST FL 11	14//	303(a)(1)	Ocherar & Officationed	43,000		
NEW YORK NY 10023						
Total . See Attached Statement			. ▶ 3a	547,500		
b Approved for future payment			i	. ,		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Total			. ► 3b	0 5 000 PE (015)		

Form 990-PF (2010) The Ammon Foundation Part XVI-A Analysis of Income-Producing Act	ivitios			13-690	4321 Page 12
		unass insems	T Evaluated by section	£12 £12 or £14	
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
Program service revenue a			 		the instructions)
b			 		
C					
d		_			
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments				· · · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash investments			14	8,260	
4 Dividends and interest from securities	Takahan Tanan Indah San San Sa	s Nasabre	14	273,256	
5 Net rental income or (loss) from real estate		rriski .	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
 a Debt-financed property b Not debt-financed property 					
6 Net rental income or (loss) from personal property			 		
7 Other investment income			1		
8 Gain or (loss) from sales of assets other than inventory			18	182,810	
9 Net income or (loss) from special events .					
10 Gross profit or (loss) from sales of inventory11 Other revenue a Federal Tax Refund			01	5,901	
•	-		1 01	3,901	
C		-			
d					
e				170 007	ļ
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	57.6			470,227 13	0 470,227
(See worksheet in line 13 instructions on page 29 to verify calc	culations)			13	410,221
Part XVI-B Relationship of Activities to the Ac		of Exempt P	urposes		
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.)					
					
			<u> </u>		
	_				
					
	· -				· · · · · · · · · · · · · · · · · · ·
				<u> </u>	

Form 990-PF (2010) The Ammon Foundation 13-6904321 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

r art /		Exempt Organiz	•	isiers to and transacti	ons and Re	nationships w	itii Noncharit	abie	
ın :	the o	rganization directly i 501(c) of the Code	or indirectly e	engage in any of the followir section 501(c)(3) organization				<u>Y</u> ,	es No
a Tra		from the reporting	foundation to	a noncharitable exempt or	ganızatıon of			10(1)	
		r assets						1a(1) 1a(2)	X
, ,		nsactions							
(1)	Sales	of assets to a non	charitable exi	empt organization				1b(1)	X
				able exempt organization				1b(2)	X
٠,,		al of facilities, equip	•	er assets				1b(3)	X
		bursement arrange						1b(4)	- X -
		s or loan guarantee		hip or fundraising solicitation	ne			1b(5) 1b(6)	X X
				sts, other assets, or paid em				1c	 x
val val	ue of t	he goods, other ass iny transaction or sl	sets, or service haring arrang	' complete the following sch ces given by the reporting fo ement, show in column (d)	the value of	he foundation rec the goods, other	ceived less than assets, or servi	fair mark ces receiv	et ved
(a) Line	no	(b) Amount involved	(c) Name	of nonchantable exempt organization	on (d) De	escription of transfers,	transactions, and si	hanng arrang	jements
			<u> </u>						
	+		<u> </u>						
									
	\perp								
				 -					
			<u> </u>						
-									
des	scribed Yes," c		of the Code (o ng schedule	ated with, or related to, one other than section 501(c)(3))	or in section	527? .	tions	res X N	0
		(-) . Taine of organization		(w/ Type of organiza		1	Description of relation	и запр	
Sign				xamined this return, including according freparer (other than taxpayer c					
Here		Heren	YXU	receip	17/14	112	Trustee		
	Sig	nature of officer or trustee			Date	Tit	le		
Paid		Print/Type preparer's ria	arne	Preparer's signature		Date	Chark T	PTIN	
Prepa	rer	Jeffrey D Haskell		Jeffrey D. Haskell		7/3/2012	Check if self-employed		
Use C			UNDATION				Firm's EIN ▶		
USE C	, iiiy			VE. FAIRFIELD, CT 06824			Phone no	(800) 83	9-1754

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

Employer identification number

The Assess F. J. J.		40.000
The Ammon Foundation Organization type (check one	e)	13-6904321
•		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See
Compani Bula		
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000$ ce contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and) organization filing Form 990 or 990-EZ that met the 33 1/3% support te d 170(b)(1)(A)(vi), and received from any one contributor, during the year 6 of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	, a contribution of the greater
the year, aggregate co), (8), or (10) organization filing Form 990 or 990-EZ that received from a ontributions of more than \$1,000 for use exclusively for religious, charita or the prevention of cruelty to children or animals. Complete Parts I, II, a	ble, scientific, literary, or
the year, contributions aggregate to more tha year for an exclusively), (8), or (10) organization filing Form 990 or 990-EZ that received from a for use <i>exclusively</i> for religious, charitable, etc., purposes, but these con \$1,000. If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose. Do not complete any of the parts un ation because it received nonexclusively religious, charitable, etc., contributions.	ntributions did not ere received during the less the General Rule
	is not covered by the General Rule and/or the Special Rules does not file	

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)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of or			Employer identification number
	on Foundation		13-6904321
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Estate of Generosa Ammon c/o Sweeney, Gallo, Reich & Bolz, LLP 95-25 Queens Blvd Rego Park NY 11374 Foreign State or Province Foreign Country	\$ 569,523	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Foreign State or Province Foreign Country	\$0	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
3	Foreign State or Province Foreign Country	\$0	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
4	Foreign State or Province Foreign Country:	\$	Person Payroll Oncash (Complete Part II of there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	Foreign State or Province Foreign Country	\$	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
6			Person

Foreign State or Province

Foreign Country

(Complete Part II if there is

a noncash contribution)

Payroll Noncash Name of organization
The Ammon Foundation

Employer identification number

13-6904321

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
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part III
Name of or	ganization		Employer identification number
The Ammo	on Foundation		13-6904321
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the programment of the second street of the second sec	year. Complete columns (a) through (ever the total of exclusively religious, characters.) and the following line entry aritable, etc,
(a) No.	Contributions of \$1,000 or less for the year	Citter this information once See in	Structions / P \$ 0
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Tunnafaura's mama addusas and	·	in of two materials to transferre
	Transferee's name, address, and	ZIP + 4 Relations	ip of transferor to transferee
	For Prov Country		
(a) No.	(h) Dumana of nift	(a) Had of wife	(d) Description of how wift is hold
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4 Relationsh	ip of transferor to transferee
	•••••		
			•••••
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4 Relationsh	ip of transferor to transferee
	For Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Country

For Prov

Relationship of transferor to transferee

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Form 990-PF, Part I, Line 11 - Other Income

(b) Net Investment Income 0			
Net Inv			
(a) Revenue per No Books 5,901			
TOTAL:			
1 Federal Tax Refund 2 3 4 5 6 7			
	8	6	10

Form 990-PF, Part I, Line 16b - Accounting Fees

0	(d) Charitable Purpose	0	•	,		ŧ.		
0								
	(c) Adjusted Net Income							
8,100	(b) et Investment Income	8,100						
8,100	(a) Expenses per No Books	8,100						
TOTAL:								
1 1 2 -								
-								
		1 General Tax Consultations						
		General Tax						

Form 990-PF, Part I, Line 16c - Other Professional Fees

_			1	,	_	_	_				
0	(d) Charitable Purpose										
0	(c) Adjusted Net Income	0									
18,911	(b) Net Investment Income	18,911									
18,911	(a) Expenses per Books	18,911									
TOTAL:											
		Investment Management Services									
		ľ		L	_						
		-	2	<u>س</u>	4	2	9	_	œ	6	10

Co Co Co	0) able ose	0	0				
TOTAL: 12,800 0		(d) Charit						
TOTAL: 12, (a) Expenses per Books of the first ext 990-PF 3, (a) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	0	(c) Adjusted Net Income	0	0				
12, (a) Expenses per Books (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	0	(b) Net Investment Income	0					
nt with 1st ext 990-PF		(a) Expenses pe Books	9,400	3,400				
Estimated Tax for 2011 IRS Excise Tax Payment with 1st ext 990-PF	TOTAL:							
			1 Estimated Tax for 2011	IRS Excise Tax Payment with 1st ext 990-PF				

Form 990-PF, Part I, Line 23 - Other Expenses

		TOTAL:	42,003	0	0	42,003
			(a)	(q)	(၁)	(p)
		<u></u>	Expenses per	Net Investment	djusted Net	Charitable
			Books	Income	Income	Purpose
_	Administrative Fees		40,878	0	0	40,878
7	2 State or Local Filing Fees		1,000	0	0	1,000
က	3 Public Disclosure in Newspaper Ad		125	0	0	125
4						
2						
9						
7						
8						
თ						
19						

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

		TOTAL:	9,445,577	10,244,887
			(q)	(0)
	Description/Symbol/CUSIP Number	Shares	Book Value	Fair Market Value
1	1 ARTISAN INTERNATIONAL VALUE FUND INVESTOR SHS (ARTKX)	6,817	157,340	172,338
2	2 CULLEN HIGH DIVIDEND EQ FD I (CHDVX)	29,639	333,310	374,045
3	3 DODGE & COX FUNDS INTERNATIONAL STOCK FUND (DODFX)	9,342	346,321	287,838
4	4 ISHARES BARCLAYS TIPS BOND FUND (TIP)	5,713	560,047	986,936
9	5 ISHARES TRUST- ISHARES MSCI ALL CTRY ASIA EX JAPAN (AAXJ)	4,954	216,012	259,936
9	6 JP MORGAN MID CAP EQUITY SELECT (VSNGX)	15,794	514,659	452,971
7	JP MORGAN SHORT DURATION BOND SELECT FUND (HLLVX)	99,714	1,068,556	1,093,857
8	JP MORGAN STRATEGIC INCOME OPPORTUNIEIS FD SELECT (JSOSX)	112,231	1,291,250	1,286,164
9	9 JP MORGAN TREASURY & AGENCY SELECT SHS (OGTFX)	81,323	802,384	801,846
10	10 JP MORGAN US LARGE CAP CORE PLUS FUND (JLPSX)	61,033	846,556	1,226,156
11	11 JPMORGAN HIGH YIELD BOND FUND SELECT (OHYFX)	95,499	580,196	730,571
12	12 JPMORGAN LARGE CAP GROWTH FUND SELECT (SEEGX)	10,454	233,742	227,784
13	13 MANNING & NAPIER FD, INC EQUITY SRS (EXEYX)	17,808	238,985	324,108
14	14 OSTERWEIS FUND SRS OF PROFESSIONALLY MANAGED PT (OSTFX)	13,250	314,521	341,321
15	15 RIDGEWORTH FDS SEIX FLOATING RATE HIGH INCOME FUND (SAMBX)	75,497	673,431	650,782
16	16 T. ROWE PRICE NEW ASIA FUND (PRASX)	18,024	236,610	313,260
17	17 VANGUARD EMERGING MARKETS STOCK INDEX VIPERS (VWO)	10,641	504,374	434,366
18	18 VANGUARD INTERMEDIATE-TERM CORPORATE FUND (VFICX)	60,302	527,283	809'009

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	Name	Street	City	State	Zıp Code	Title	Avg Hrs	Comp		Benefits	Expense Account
		Sweeney, Gallo, Reich & Bolz LLP 95-25 Queens Blvd , 11th Floor	Rego I	ž		Trustee				0	0
	eney	Sweeney, Gallo, Reich & Bolz LLP 95-25 Queens Blvd , 11th Floor		λ	11374	Trustee		-	0	0	0
										-	
								-			
				,							
10											

The Ammon Foundation				13-6904		1 of 3
Form 990-PF, Part XV, Line	3a - Grants and	d Con	tributions Pa	aid During the	Year	
Recipient(s) paid during the year						
, ,						
Name						
MAKE-A-WISH FOUNDATION OF ME	TRO NEW YORK					
Street						
1111 MARCUS AVE STE LL22		,				
City			Zip Code	Foreign Count	try	
LAKE SUCCESS	_	NY	11042			
Relationship	Foundation Status	i				
N/A	509(a)(1)					
Purpose of grant/contribution					Amount	
General & Unrestricted						10,000
Name						
MIREMBE PROJECT			·			
Street						
20 PLZ ST E APT C11				.=.= =		
City		State	Zip Code	Foreign Count	try	
BROOKLYN		NY	11238			
Relationship	Foundation Status					
N/A	509(a)(1)					
Purpose of grant/contribution					Amount	
Hope North Uganda Program						35,000
Name						
NYU LANGONE MEDICAL CENTER						
Street				· · · · · · · · · · · · · · · · · · ·		
550 1ST AVE						
City		State	Zip Code	Foreign Count	trv	
NEW YORK		NY	10016		•	
Relationship	Foundation Status		1,00,0	<u> </u>		
N/A	509(a)(1)					
	1000(4)(1)					
Purpose of grant/contribution					Amount	
Purpose of grant/contribution	es (FACES)				Amount	50 000
Finding A Cure for Epilepsy and Seizur					Amount	50,000
Finding A Cure for Epilepsy and Seizur Name						
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER						
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street						
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE						
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE		State	Zip Code	Foreign Count		
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK		State NY				
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship	Foundation Status	State NY	Zip Code			
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A		State NY	Zip Code		try	
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution	Foundation Status	State NY	Zip Code			An Marine Marine Andrew Comment
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship	Foundation Status 509(a)(1)	State NY	Zip Code		try	ADDRESS AND AND AND AND AND AND AND AND AND AND
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship	Foundation Status 509(a)(1)	State NY	Zip Code		try	An Marine Marine Andrew Comment
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name	Foundation Status 509(a)(1)	State NY	Zip Code		try	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC	Foundation Status 509(a)(1)	State NY	Zip Code		try	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street	Foundation Status 509(a)(1)	State NY	Zip Code		try	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412	Foundation Status 509(a)(1)	State NY	Zip Code 10016	Foreign Count	try Amount	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City	Foundation Status 509(a)(1)	State NY	Zip Code 10016		try Amount	ADDRESS AND AND AND AND AND AND AND AND AND AND
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA	Foundation Status 509(a)(1)	State NY State	Zip Code 10016	Foreign Count	try Amount	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship	Foundation Status 509(a)(1)	State NY State	Zip Code 10016	Foreign Count	try Amount	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A	Foundation Status 509(a)(1)	State NY State	Zip Code 10016	Foreign Count	Amount	ADDOMINIA PROPERTY OF A SERVICE AND A SERVIC
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution	Foundation Status 509(a)(1)	State NY State	Zip Code 10016	Foreign Count	try Amount	15,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted Name SMILE TRAIN INC	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted Name SMILE TRAIN INC Street	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted Name SMILE TRAIN INC Street 41 MADISON AVE 28TH FL	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted LITERATION INC Street 41 MADISON AVE 28TH FL City	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted LITERATION INC Street 41 MADISON AVE 28TH FL City NEW YORK	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted THE TELEFICIAL FOR THE STEEL FO	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Finding A Cure for Epilepsy and Seizur Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted The Transport of the property of t	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000
Name NYU LANGONE MEDICAL CENTER Street 550 1ST AVE City NEW YORK Relationship N/A Purpose of grant/contribution Neurology Research Fellowship Name ROYAL FRIENDS CLUBS INC Street 3000 W MACARTHUR BLVD STE 412 City SANTA ANA Relationship N/A Purpose of grant/contribution General & Unrestricted The property of the prope	Foundation Status 509(a)(1) Foundation Status 509(a)(1)	State NY State CA	Zip Code 10016 Zip Code 92704	Foreign Count	Amount	15,000 5,000

The Ammon Foundation				13-690		2 of 3
Form 990-PF, Part XV, Line	3a - Grants and	d Con	tributions Pa	id During the	e Year	
Recipient(s) paid during the year					_	
Nama						
Name	ID IN 0					
SOUTH QUEENS BOYS & GIRLS CLL	IB INC					
Street						
11004 ATLANTIC AVE						
City			Zip Code	Foreign Coun	itry	
S RICHMOND HL		NY	11419			
Relationship	Foundation Status	;				
N/A	509(a)(2)					
Purpose of grant/contribution					Amount	
General & Unrestricted						2,500
				i ciami patica:		
Name						
ST JUDE CHILDRENS RESEARCH HO	DSPITAL INC					
Street						
501 ST JUDE'S PL						
City		State	Zip Code	Foreign Coun	trv	
MEMPHIS		TN	38105		,	
Relationship	Foundation Status		100.00		-	
N/A	509(a)(1)					
Purpose of grant/contribution	1000(4)(1)				Amount	
General & Unrestricted					Amount	40.000
General & Orrestricted		i i men en promi	na real-currence province company allegan			10,000
Name						
TAKING THE REINS						
Street						
3919 1/2 RIGALI AVE						
City			Zip Code	Foreign Coun	try	
LOS ANGELES		CA	90039			
Relationship	Foundation Status					
N/A	509(a)(1)					
Purpose of grant/contribution					Amount	
General & Unrestricted						35,000
					_l	35,000
General & Unrestricted					_l	
General & Unrestricted		1.244			_l	
General & Unrestricted Name					_l	
General & Unrestricted Name TEMPLE AM ECHAD Street					_l	
Reneral & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ						
Reneral & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City		State	Zip Code	Foreign Coun		
General & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK		State NY				
Reneral & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship	Foundation Status	State NY	Zip Code			
Relationship N/A Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A		State NY	Zip Code		try	
Reneral & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution	Foundation Status	State NY	Zip Code			
Relationship N/A Purpose of grant/contribution Feed the Hungry Program	Foundation Status	State NY	Zip Code	Foreign Coun	try	15,000
General & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program	Foundation Status	State NY	Zip Code	Foreign Coun	try	15,000
General & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name	Foundation Status 509(a)(1)	State NY	Zip Code 11563	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO	Foundation Status 509(a)(1)	State NY	Zip Code 11563	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO	Foundation Status 509(a)(1)	State NY	Zip Code 11563	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST	Foundation Status 509(a)(1)	State NY	Zip Code 11563 11563 ERED WOMEN	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City	Foundation Status 509(a)(1)	State NY F BATT	Zip Code 11563 ERED WOMEN	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA	Foundation Status 509(a)(1) OR THE DEFENSE O	State NY F BATT	Zip Code 11563 11563 ERED WOMEN	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City	Foundation Status 509(a)(1)	State NY F BATT	Zip Code 11563 ERED WOMEN	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA	Foundation Status 509(a)(1) OR THE DEFENSE O	State NY F BATT	Zip Code 11563 ERED WOMEN	Foreign Coun	try	15,000
Relationship Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship	Foundation Status 509(a)(1) OR THE DEFENSE O	State NY F BATT	Zip Code 11563 ERED WOMEN	Foreign Coun	try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution	Foundation Status 509(a)(1) OR THE DEFENSE O	State NY F BATT	Zip Code 11563 ERED WOMEN	Foreign Coun	try	15,000
Relationship Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution Feed the Hungry Program THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution General & Unrestricted	Foundation Status 509(a)(1) OR THE DEFENSE OF THE	State NY F BATT State PA	Zip Code 11563 ERED WOMEN Zip Code 19107	Foreign Coun	try Amount try	15,000
Rame TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution	Foundation Status 509(a)(1) OR THE DEFENSE OF THE	State NY F BATT State PA	Zip Code 11563 ERED WOMEN Zip Code 19107	Foreign Coun	try Amount try	15,000
General & Unrestricted Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FC Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution General & Unrestricted I MATERIAL FOR A STREET FOR	Foundation Status 509(a)(1) OR THE DEFENSE OF THE	State NY F BATT State PA	Zip Code 11563 ERED WOMEN Zip Code 19107	Foreign Coun	try Amount try	15,000
Name TEMPLE AM ECHAD Street 1 SAPERSTEIN PLZ City LYNBROOK Relationship N/A Purpose of grant/contribution Feed the Hungry Program Name THE NATIONAL CLEARINGHOUSE FO Street 125 S 9TH ST City PHILADELPHIA Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE SHUMLA SCHOOL INC	Foundation Status 509(a)(1) OR THE DEFENSE OF THE	State NY F BATT State PA	Zip Code 11563 ERED WOMEN Zip Code 19107	Foreign Coun	try Amount try	15,000
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The Ammon Foundation				13-690	<u>4321 Page</u>	3 of 3
Form 990-PF, Part XV, Line	3a - Grants and	d Con	tributions P	aid During the	Year	
Recipient(s) paid during the year						
Name	ıc					
VIETNAM VETERANS WORKSHOP IN Street	ic					
17 COURT ST 9TH FL						
City		State	Zip Code	Foreign Coun	try	
BOSTON		MA	02108			
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