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Form 990-PF

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to extens the reporting to

OMB No 1545-0052

		dar year 2011 or tax year beginning	be able to use a copy of this	, and ending	urmă iadmiailiaire	
		foundation		, and chally	A Employer identificatio	n number
א	פם	AME POINDAUTON THE				
		AMS FOUNDATION INC.  nd street (or P O box number if mail is not delivered to street	addrace)	Room/suite	04-6856820	J
			eddress)	Hoomvsuite	B Telephone number	100
		BERKELEY STREET		<u>_</u>	617-646-63	
		own, state, and ZIP code TON, MA 02116			C If exemption application is	pending, check here .
G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	is, check here
		Final return	Amended return			
		Address change	Name change		2. check here and attach of	neeting the 85% test, omputation
H (	Check	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation st	atus was terminated
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(	
I Fa	ıır ma	rket value of all assets at end of year   J   Accounting	ng method X Cash	Accrual	F If the foundation is in a	
(fr	om I		her (specify)		under section 507(b)(	
	<b>\$</b>	49,617,776. (Part I, colu	mn (d) must be on cash b	basis.)		<u> </u>
Pa	rt I	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received			N/A	(CEST DESIGNING)
	2	Check X if the foundation is not required to attach Sch B		······································	†	
	3	Interest on savings and temporary cash investments	1,828.	1,828.		STATEMENT 1
	4	Dividends and interest from securities	932,871.	932,871.		STATEMENT 2
	1 .	Gross rents	,	, - · - ·		<del></del>
		Net rental income or (loss)		***************************************		
_	6a		2,007,377.	· ····································	**************************************	***************************************
Ž	b	Gross sales price for all assets on line 6a		***************************************	·	
Revenue	7	Capital gain net income (from Part IV, line 2)	-nadadaa H	2,007,377	·**···································	· · · · · · · · · · · · · · · · · · ·
ď	8	Net short-term capital gain			<u> </u>	<del></del>
	9	Income modifications	· · · · · · · · · · · · · · · · · · ·	<del>1-11-1</del>		
	10a	Gross sales less returns and allowances	·			<del></del>
	b	1 1 2 1	111 121-1111-1111-111-111-111-111	· · · · · · · · · · · · · · · · · · ·		<del>                                      </del>
	C	Gross profit or (loss)				
	11	Other income S. DEC I & 2012	<99,613.	> <99,613	,>	STATEMENT 3
	12	Total. Add lines 1 through 11	2,842,463.	2,842,463.		
	13	Compensation of officers directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
s	15	Pension plans, employee benefits		<del></del>		
Se	!	Legal fees				
per		Accounting fees STMT 4	9,000.	0.		9,000.
Operating and Administrative Expense	C	Other professional fees STMT 5	53,017.	41,770.	•	11,247.
tive	17	Interest	205 225	60.445	<u> </u>	<u> </u>
itra	18	Taxes STMT 6	305,339.	69,418.	·	0.
inis	19	Depreciation and depletion				
투	20	Occupancy				ļ
ΨÞ	21	Travel, conferences, and meetings			+	-
an	22	Printing and publications	206 247	205 222		1 004
ing	23	Other expenses STMT 7	286,247.	285,223	<del> </del>	1,024.
erai	24	Total operating and administrative	652 602	206 411		21 271
Ö	0.5	expenses. Add lines 13 through 23	653,603.	396,411.		21,271. 3,782,260.
-	25	Contributions, gifts, grants paid	3,782,260.			3,702,200.
	26	Total expenses and disbursements.	4,435,863.	306 111		3,803,531.
	27	Add lines 24 and 25	4,433,003.	396,411.		3,003,331.
	27	Subtract line 26 from line 12	<1,593,400.	,		
	1	Excess of revenue over expenses and disbursements	~1,393,400.	2,446,052	· · · · · · · · · · · · · · · · · · ·	
	1	Net investment income (if negative, enter -0-)		2,440,032	N/A	
1235 12-02	01	Adjusted net income (if negative, enter -0-)	Instructions	<u> </u>	IN/A	Form <b>990-PF</b> (2011)
12-02	2-11	LHA For Paperwork Reduction Act Notice, see i	เมอน นตะเบทธิ.			rorm <b>33U-PF</b> (2011)

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Dart	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	12,974,880.		4,419,996.
2	Savings and temporary cash investments	9,529.	544,388.	544,388.
3	Accounts receivable ►			
	Less: allowance for doubtful accounts			
4	Pledges receivable ►			
1	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
,	Other notes and loans receivable		<del></del>	
'	Less allowance for doubtful accounts			
<u>بر</u> 8				
<b>₽</b>				
ASS 10	, <b>,</b>		<del></del>	
- 1	a Investments - U.S. and state government obligations	1,278,867.	5 025 2 <i>4</i> 1	5,995,742.
	investments - corporate stock STMT 9	1,2/0,00/.	3,023,241.	3,333,142.
	: Investments - corporate bonds	,		
11	Investments - land, buildings, and equipment basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other STMT 10	28,086,316.	28,086,316.	37,534,972.
14	Land, buildings, and equipment basis			
	Less. accumulated depreciation			
15	Other assets (describe ► STATEMENT 11)	235,921.	1,122,678.	1,122,678.
16	Total assets (to be completed by all filers)	42,585,513.	39,198,619.	49,617,776.
17	Accounts payable and accrued expenses			
18	Grants payable .			_
໘ 19	Deferred revenue			
Liabilities 51 20 21	Loans from officers, directors, trustees, and other disqualified persons			]
를 21	Mortgages and other notes payable		•	1
⊐   <sub>22</sub>	Other liabilities (describe )			}
	,			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			1
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	,			
E 25	Temporarily restricted			1
E 26	· · ·			1
or Fund Balances	Foundations that do not follow SFAS 117, check here			1
2	·			
ัธ	and complete lines 27 through 31.	150,015.	150,015.	
इ । ८७	· · · · · · · · · · · · · · · · · · ·	0.	130,013.	4
9S   28	Paid-in or capital surplus, or land, bldg., and equipment fund	42,435,498.	39,048,604	+
¥  29	Retained earnings, accumulated income, endowment, or other funds	42,585,513.	39,198,619.	4
ž  30	Total net assets or fund balances	42,303,313.	39,190,019.	4
	Tatal liabilities and not possed flood belongs	42,585,513.	39,198,619.	
31			37,170,017.	<u> </u>
Par	Analysis of Changes in Net Assets or Fund B	alances		
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ist agree with end-of-year figure reported on prior year's return)	<del></del>		42,585,513.
•	er amount from Part I, line 27a	•	. 2	<1,593,400.
	er increases not included in line 2 (itemize)		3	0.
	I lines 1, 2, and 3		4	40,992,113.
4 Add	ranco r, £, and o		<del></del>	
5 Dec		SEE STA	(темемт я г	1 1,/93.494
	reases not included in line 2 (itemize)  al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		ATEMENT 8 5	1,793,494. 39,198,619.

123511 12-02-11

		FOUNDATION I		Incomo			-	0 4	<u>1–685</u>	6820	Page 3
(a) List and	describe the ki	ind(s) of property sold (e g or common stock, 200 shs	, real estate,	i income	(b) i	How ac - Purcl - Dona	iiase į i	c) Date a (mo., da	cquired ly, yr )	( <b>d</b> ) Da' (mo , d	e sold ay, yr )
		· · · · · · · · · · · · · · · · · · ·	· ·		<u> </u>	Done					
	ED STA	TEMENTS			1						
C											
d											
<u>e</u>					<u> </u>					_	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss (f) minus		
<u>a</u>											
b											
<u> </u>									<del></del>		
<u>d</u>									_	2,007	277
Complete only for assets s	howing gain in	column (h) and owned by	the foundation	on 12/21/60			40.4	2000 (0)			,3//.
(i) F.M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)			còl (	k), but n	of (h) gain of less that from col (	n -0-) <b>or</b>	
2				(),, )							
_a 											
d				•						_	
8										2,007	,377.
		) { If gain, also enter ) If (loss), enter -0-	ın Part I, line	7	J	•				2 007	277
2 Capital gain net income or (	net capital loss	)	- in Part I, line	7	J	2				2 <b>,</b> 007	,3//.
3 Net short-term capital gain of lf gain, also enter in Part I, I	ine 8, column (		ıd (6)		}				N/A		
Part V Qualification		Section 4940(a) for	Reduced	Tay on Net	LIDY	etn	ent Inco	)me	IV/ B	<u> </u>	
<u> </u>							ICITE ISTOC	AIIIC			
(For optional use by domestic i	Jiivate loulluati	ons subject to the section 4	+540(a) tax uii	i itel iiivestiileiil ii	icom	9 )					
If section 4940(d)(2) applies, le	eave this part bl	lank									
Was the foundation liable for th				•	nod?					Yes	X No
If "Yes," the foundation does no 1 Enter the appropriate amount					100						
			uctions before	making any entir				T .		(d)	
(a) Base period years Calendar year (or tax year be	3	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha	ntable-	use assets	,	Distrit	(d) oution ratio /ided by col	(c))
2010	symming my		0,887.				7,425.		001 (0) 011		47080
2009			9,161.				1,792		·		68167
2008			5,100.				7,902.				81023
2007	-		6,956.				6,879.				61089
2006			8,427.				7,859.				79901
		•	•			•		1 1			
2 Total of line 1, column (d)								2		. 3	37260
3 Average distribution ratio fo	r the 5-year ba	se period - divide the total (	on line 2 by 5,	or by the number	r of ye	ars					
the foundation has been in	-		•	·	•			3		.0	<u>67452</u>
4 Enter the net value of nonch	nantable-use as	sets for 2011 from Part X,	line 5					4	5	3,165	,788.
5 Multiply line 4 by line 3								5		3,586	<u>,</u> 139.
6 Enter 1% of net investment	income (1% of	Part I, line 27b)						6		24	,461.
7 Add lines 5 and 6								7		3,610	,600.
8 Enter qualifying distribution								8		3,803	,531.
If line 8 is equal to or greate See the Part VI instructions	r than line 7, cl	heck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1	% tax ı	rate				

			68568			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 •	- see in	stru	CTIO	<u>1S)</u>
1a	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)	_		2	A A	c 1
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			4,4	<b>DI</b> •
	of Part I, line 27b					
	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-)	2	<u> </u>	2	4,4	<del>- 0 •</del>
	Add lines 1 and 2 Subtitle A (reserve) to a (demostra control 4047(a)(4) trusts and touchts foundations and a Character control (a)	3_			4,4	<u> </u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4_	<del></del>		4,4	<del>- 0 •</del>
-	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			4,4	01.
	Credits/Payments 2011 estimated tax payments and 2010 overpayment credited to 2011  [6a] 132,933.					
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld  6d					
	Total credits and payments Add lines 6a through 6d	7	1	13	2,9	<b>2</b> 2
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del>                                      </del>		2,3	<del>55.</del>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del> </del>			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		10	8,4	72.
	Enter the amount of line 10 to be Credited to 2012 estimated tax	11	<del>                                     </del>		<del>• , .</del>	0.
	rt VII-A Statements Regarding Activities		L	_		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in	T		Yes	No
-	any political campaign?	•••	ľ	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	d or				<del></del>
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?		.	16	·	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•			
	(1) On the foundation $\blacktriangleright$ \$ O . (2) On foundation managers $\blacktriangleright$ \$ O .					
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, of	1	ŀ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. [	5	<del></del>	X
	If "Yes," attach the statement required by General Instruction T.		į			
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 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	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		.	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		Ì			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	MA (5 cooperation)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	
_	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				v
4.0	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

orm	1990-PF (2011) ABRAMS FOUNDATION INC. 04-6856	<u> 5820</u>		Page 5
Pa	art 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 instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DAVID & AMY ABRAMS  Telephone no ▶ 617-64		<u> 108</u>	
	Located at ► 222 BERKELEY STREET, BOSTON, MA ZIP+4 ►02	2116		
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		/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign	1		
	country	<u> </u>		
Pε	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del> </del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	] ]		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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 )			
t	olf any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	,		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			.,
_	before the first day of the tax year beginning in 2011?	1c		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))			
2	1 At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?			
	If "Yes," list the years >			
	a 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 instructions ) N/A			
_		2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	1		
•	Dut the formation held many them 200 down to make the standard many transfer and the standard			
32	I 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			
	• •			
	1 if "Yes," did it have excess business holdings in 2011 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 2011.)  N/A	2-	•	1
,	, , , , , , , , , , , , , ,	3b	<del>                                     </del>	x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	45	•	v

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, 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	11,483,313.
b	Average of monthly cash balances	1b	3,899,602.
C	Fair market value of all other assets	10	38,592,504.
d	Total (add lines 1a, b, and c)	1d	53,975,419.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	53,975,419.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	809,631.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	53,165,788.
6	Minimum investment return. Enter 5% of line 5	6	2,658,289.
P	postributable 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 certaii	n
1	Minimum investment return from Part X, line 6	1	2,658,289.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	24,461. 2,633,828.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,633,828.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	2,633,828.
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	2,633,828.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 222 521
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	3,803,531.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<u> </u>
þ	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	3,803,531.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<b>.</b>
	Income Enter 1% of Part I, line 27b	5	24,461. 3,779,070.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,779,070.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies	for the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				2,633,828.
2 Undistributed income, if any, as of the end of 2011				2/033/020.
a Enter amount for 2010 only			0.	
b Total for prior years				<del></del>
		0.		
3 Excess distributions carryover, if any, to 2011				······································
a From 2006 983,862.				
b From 2007 415, 464.				
c From 2008 971,681.				
d From 2009 642,071.				
e From 2010				
f Total of lines 3a through e	3,013,078.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ▶\$ 3,803,531.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				2,633,828.
e Remaining amount distributed out of corpus	1,169,703.	11.17		
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,182,781.			
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 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012			······································	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 2006				
not applied on line 5 or line 7	983,862.			
9 Excess distributions carryover to 2012.	2 100 010			
Subtract lines 7 and 8 from line 6a	3,198,919.			
10 Analysis of line 9				
a Excess from 2007 415, 464.	]			
b Excess from 2008 971,681.		ll de la constant de		
c Excess from 2009 642,071.				
d Excess from 2010		,		
e Excess from 2011 1,169,703.				Form <b>990-PF</b> (2011)

123601 12-02-11

Part XVI-A Analysis of Income-Pr	oducing Activitie	s				
		ousiness income	Evaluate	d by section 512, 513, or 514		
nter gross amounts unless otherwise indicated	_ (a)	(b)	(C)	(d)	(e) Related or ex	vernet
4 D	Business	Amount	sion code	Amount	function inc	-
Program service revenue	code		Code	141104111		
a			<del>  </del>			-
b		<del></del>	+			
d	1		<del>  -</del>		·	
•			<del>  </del>			
e	<del></del>		<del>  -</del>			
Fore and contracts from accurate accurate			+			
g Fees and contracts from government agencies			+ +			
Membership dues and assessments						
Interest on savings and temporary cash			14	1 020		
Investments			14	1,828.		
Dividends and interest from securities			14	932,0/1.		
Net rental income or (loss) from real estate			╄	<del></del>		
a Debt-financed property			<del>  </del>			
b Not debt-financed property						
Net rental income or (loss) from personal						
property			1 4	<u> </u>		
Other investment income			14	<99,613.>		
Gain or (loss) from sales of assets other			1 10	2 007 277		
than inventory		<del></del>	18	2,007,377.		
Net income or (loss) from special events			+		<u>-</u> .	
Gross profit or (loss) from sales of inventory			+			
Other revenue						
<u> </u>			+			
b	1 1		+ +			
<u> </u>			<del>  </del>			
d			1			
S		0.	+	2,842,463.		(
Subtotal Add columns (b), (d), and (e)	1 1		<u>'I I</u>			
Total. Add line 12, columns (b), (d), and (e)	\			13	2,042	,403
ee worksheet in line 13 instructions to verify calculatio	ns)					
Part XVI-B Relationship of Activit	ies to the Accon	nplishment of E	kempt	Purposes		
ine No. Explain below how each activity for whice	h income is reported in	oolumn (a) of Part VVII-	oontribut	ad importantly to the second	lichment of	
the foundation's exempt purposes (othe			Continuat	ed importantly to the accomp	institution of	
V	, 2) p. 2	, , , , , , , , , , , , , , , , , , , ,				
				<del> </del>		
					-	
			<del></del>	<del></del>		<u> </u>
				<del></del> .		
				<del></del>		
					· · - · · ·	
<del></del>						

Lativan	information Re Exempt Organ		isters 10 a	and Transactions a	and Kelation	ships With Nonchar	itable	Э	
1 Did the oi			of the followin	g with any other organizati	on described in sec	ction 501(c) of	T'''''	Yes	No
				27, relating to political organ			1		
	from the reporting found								
(1) Cash	-		•	•			1a(1)		Х
(2) Othe	r assets				•	• ••	1a(2)		X
b Other tran	nsactions								
(1) Sales	s of assets to a noncharita	able exempt organiza	ation				16(1)		Х
	hases of assets from a no	. •					1b(2)		Х
	al of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·	•			•	1b(3)	<b></b>	X
• •	bursement arrangements						1b(4)		Х
	s or loan guarantees					•	1b(5)		X
• •	ormance of services or me	embership or fundra	isina solicitatio	ons		•	1b(6)		X
	of facilities, equipment, ma						1c	İ	X
		-			wavs show the fair	market value of the goods, o	_	sets	
						on or sharing arrangement, st		,	
	d) the value of the goods,				··· <b>,</b> ···-··-				
(a) Line no	(b) Amount involved	·, ·		e exempt organization	(d) Description	on of transfers, transactions, and s	haring a	rangeme	nts
	· //·		N/A	· · · · · · · · · · · · · · · · · · ·		<del></del>			
					-				
		<u> </u>				-			
					-				
		<del></del>							
						<del></del>			
		· · · · · · · · · · · · · · · · · · ·							
		<del>-</del>							
		<del>                                     </del>							
2a Is the fou	ndation directly or indirec	thy affiliated with or	related to one	or more tax-exempt organ	izations described	<del></del>			
	501(c) of the Code (othe				124110113 403011004	Г	Yes	X	No
	omplete the following sch	· ·	//(0// 01 III 000I	ION OLY		. С	163	1.43	טויו ב
<u> </u>	(a) Name of org			(b) Type of organization		(c) Description of relationsh	10		
	N/A			(2) type of organization		(e) Boothplan or rolationen			
	21,722					·			
						.,			
Under	penalties of perjury, I declare	that I have examined th	is return, includin	g accompanying schedules and	i statements, and to th	e best of my knowledge			
Sign and b	elief, it is true, correct, and coi	mplete Declaration of p	reparer (other than	n taxpayer) is based on all inform	mation of which prepar	prhae any knowledge May		discuss to e prepar	
Here	Trail Uk	ian		1 12 6/12	OFFIC	FD Show	_	(see ins	<b>-</b>
<b></b>	nature of officer or trustee			Date	Trtle		Yes	· L	J No
	Print/Type preparer's na		Droparor's si	· · · · · · · · · · · · · · · · · · ·	Date	Check rf PTIN			
	RIAZ S. QU		Preparer's si	CV.	1	_self- employed			
Paid	CPA	REISHI,	DIAZ C	. QUREISHI,	11.13.12	l I	047	002	
Preparer	Firm's name ▶ PER	ET CON WET	ARIAZ S INER LL		<u></u>	Firm's EIN ► 13-37			
Use Only	FAILIS HAME FER	THOOM ME	гирк рр	E		FIRM'S EIN P 13-37	713	72	
USE OINY	Firm's address ► ON	E DAG HAN	MADCVT	OLD PLAZA					
		W YORK, N				212 6	O.E.	210	Λ
	, NE	W TORK, I	11 1001	1-2200		Phone no 212-6			
						For	ш <b>эу</b> (	)- <b>PF</b> (	2011)

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient BRIGHAM & WOMEN'S HOSPITAL NONE CHARITY GENERAL PROGRAM 116 HUNTINGTON AVENUE, 5TH PLOOR SUPPORT BOSTON, MA 02116 10,000. BROOKLINE COMMUNITY FOUNDATION/STS NONE CHARITY GENERAL PURPOSE 40 WEBSTER PLACE BOSTON, MA 02445 10,000. BROOKLINE COMMUNITY MENTAL HEALTH NONE CHARITY GENERAL PURPOSE CENTER 41 GARRISON RD BROOKLINE, MA 02445 10,000. CHILDREN'S HOSPITAL BOSTON DEVELOPMENTAL MEDICINE NONE CHARITY 1 AUTUMN STREET #731 ENTER BOSTON, MA 02215 10,000. CIVIC LEADERSHIP FUND AT TBF NONE CHARITY GENERAL PURPOSE. 75 ARLINGTON ST. 10TH FLOOR BOSTON, MA 02116 25,000. COLUMBIA UNIVERSITY - SIPA NONE CHARITY ANNUAL FUND 420 WEST 118TH STREET, MAIL CODE 3328, 1508 INTERNATIONAL AFFAIRS BUILDING NEW YORK, NY 10027 50,000. COMBINED JEWISH PHILANTHROPIES BOSTON NONE CHARITY ANNUAL FUND 126 HIGH STREET BOSTON, MA 02110 400,000. CONEY ISLAND PREP BUILDERS NONE CHARITY GENERAL PURPOSE. 501 WEST AVE STE 300 BROOKLYN , NY 11224 10,000. **EDVESTORS** NONE CHARITY SCHOOLS ON THE MOVE PRIZE 140 CLARENDON STREET BOSTON, MA 02116 10,000. FACING HISTORY AND OURSELVES NONE CHARITY ANNUAL FUND, PLEDGE 16 HARD ROAD PAYMENT 350 000. BROOKLINE, MA 02445 2,780,660. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
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	Contribution	
ISABELLA STEWART GARDNER MUSEUM	NONE	CHARITY	GENERAL PROGRAM	
280 PENWAY			SUPPORT	1 175 00
BOSTON, MA 02215				1,175,000
KIPP ACADEMY LYNN	NONE	CHARITY	GENERAL PURPOSE	
90 HIGH ROCK STREET	1042		DEMONE TONIOSS.	
LYNN, MA 01902				25,000
MASSACHUSETTS GENERAL HOSPITAL	NONE	CHARITY	GENERAL PROGRAM	
165 CAMBRIDGE STREET BOSTON, MA 02114			SUPPORT	10 000
BOSTON, MA UZITY				10,000
MATCH CHARTER PUBLIC SCHOOL	NONE	CHARITY	GENERAL PURPOSE	
1001 COMMONWEALTH AVE	HOME	CHARITI	SEMERAL FORFOSE	
BOSTON, MA 02215				25,000
MILTON ACADEMY	NONE	CHARITY	ANNUAL FUND, CLASS I	
170 CENTRE STREET			2008 ENDOWMENT FUND	
MILTON, MA 02186			FOR FACULTY	50,000
PHILANTHROPY ROUNDTABLE 1150 17TH ST NW, SUITE 533	NONE	CHARITY	GENERAL PURPOSE.	
WASHINGTON, DC 20036		<u> </u>		10,000
PROJECT HOPE	none	CHARITY	GENERAL PURPOSE	
550 DUDLEY ST BOSTON, MA 02119				10 000
every our verti				10,000
ROXBURY PREPARATORY CHARTER SCHOOL	NONE	CHARITY	LITERACY	
120 FISHER AVENUE			POSITION/ANNUAL FUND	
ROXBURY, MA 02120				10,000
STEPPINGSTONE FOUNDATION	none	CHARITY		
155 FEDERAL ST #800 BOSTON, MA 02110		1	GENERAL PURPOSE	25 000
DOSTOR, ER VEITU		1		25,000
STRATEGIC GRANT PARTNERS	NONE	CHARITY	GENERAL PURPOSE	
240 NEWBURY ST		Printer L L	January Forford	
BOSTON, MA 02116				155,660
Total from continuation sheets				<del></del>

Part XV Supplementary Information	on			30020
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Amount
SUMMER SEARCH	NONE	CHARITY	GENERAL PURPOSE	
500 AMORY ST #2				
JAMAICA PLAIN, MA 02130				25,000
MILAU TAR AMERICA				
TEACH FOR AMERICA 60 CANAL ST	NONE	CHARITY	GENERAL PURPOSE	
BOSTON, MA 02114				5,000
THE INSTITUTE OF CONTEMPORARY ART BOSTON	NONE	CHARITY	GENERAL PURPOSE	
100 NORTHERN AVENUE				
BOSTON, MA 02110				10,000
THR DAVID PROJECT	NONE	CHARITY	GENERAL PURPOSE.	
PO BOX 52390		CHARITI	SERENAL FORFOSE.	
BOSTON, MA 02205				350,000
YEARUP	NONE	CHARITY	general purpose	
93 SUMMER STREET, 5TH FLOOR				
BOSTON, MA 02110				10,000
		-		
<del> </del>				
Total from continuation sheets	<del></del>			<u> </u>

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
2-story b	d describe the kind(s) of property sol rick warehouse, or common stock, 2	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr.)
1a GARDNER RUSSO			P		
b DOUBLELINE FUN			P		
	A INSTITUTIONAL		P		
	A INSTITUTIONAL		P		
	A INSTITUTIONAL		1 P		
	OX ILLIQUID FUND		P		·
	OX ILLIQUID FUND	·	P		_
	DOR PARTNERS LP.		P		
	DOR PARTNERS LP.		P		
	ES ASSOCIATES LP		P		
	ES ASSOCIATES LP		P		
	ES ASSOCIATES LP		P		<del></del>
m FROM K-1 RATIO		GROUP, LP-ST	P		
n FROM K-1 RATIO		GROUP, LP-LT	P		
0 FROM K-1 STAVR	OU PARTNERS LP		P		
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
<u>a</u>					1,001.
<u>b</u>					29,681.
<u>c</u>					<7,170.>
d					238,345.
<u>e</u>					32,206.
f					14,175.
9					255,852.
<u>h</u>					6,901.
<u> </u>					7,397.
<del></del>					<99,329.>
<u>k</u>					411,025.
<u> </u>					<761.>
<u>m</u>					4,521.
<u>n</u>			···		9,100.
Complete only for accets chows	l ng gain in column (h) and owned by	the foundation on 12/21/60	40.1		<1.>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess o	ses (from col. (h)) of col. (h) gain over ot less than "-0-")	col. (k),
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		··	1,001.
b					29,681.
				·	<7,170.>
d c					238,345.
					32,206.
f		<del> </del>			14,175.
<u>'</u>					255,852.
h		<del>                                     </del>			6,901.
1					7,397.
· 			•		$\frac{7,357.}{99,329.}$
<u>,</u>					411,025.
1	<u> </u>	<del>                                     </del>			<761.>
<u>'</u> m					4,521.
					9,100.
0	-	<del> </del>	<del> </del>		<1.>
<u> </u>		<del></del>			<u> </u>
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-(	r in Part I, line 7 )-" in Part I, line 7	2		
3 Net short-term capital gain or (lo		_ !			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c)	}	,		

ABRAMS FOUNDATIO	N INC.	C	4-68568	20	PAGE 2	OF 2
Part IV   Capital Gains and Lo	sses for Tax on Investment Income	·				
(a) List and 2-story b	d describe the kind(s) of property solorick warehouse; or common stock, 20	d, e g , real estate, 00 shs MLC Co		(b) How acquire P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
a FROM K-1 STAVR	OU PARTNERS LP	LT		P	-	
b FROM K-1 HIGHF	IELDS CAPITAL LT	D-ST		P		
c FROM K-1 HIGHF				P		
	IELDS CAPITAL LT		LOSS	P		
e FROM K-1 BAUPO				P		
f FROM K-1 BAUPO				P		
	ST LTD PARTNERSH	IPS- SEC 125	6 LOSS	P		
h FROM K-1 HIGHV				P		
FROM K-1 HIGHV		1056 0373		P		
k KOM K-1 HIGHV	ISTA II LP- SEC.	1256 GAIN		P		
<u></u>	<del> </del>				-	
m						
n						
0		<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(e)	h) Gain or (loss) plus (f) minus (g)	
a						84,392.
						196,690.
<u>.                                    </u>						393,378.
<u> </u>						<30,390. 19,468.
<del>]</del>						428,122.
•					<del></del>	<del>420,122.</del> <4.
<u>]</u> h						2,879.
						9,879
<u>                                     </u>						20.
· · · · · · · · · · · · · · · · · · ·					-	
I						
n						
n						
0		10.01.0				
(i) F M V as of 12/31/69	ng gain in column (h) and owned by (i) Adjusted basis as of 12/31/69	(k) Excess of col over col (j), if an	(1)	Gains (excess	osses (from col (h)) of col (h) gain ove not less than "-0-")	
	20 01 12/01/00	000 001 (1), 11 011	, <u> </u>			84,392.
<u>a</u> D				<del> </del>		196,690.
C						393,378.
<u> </u>						<30,390.
9						19,468.
<u> </u>						428,122.
]						<4.
1						2,879.
						9,879.
<u> </u>						20.
k					<del></del>	
n						
<u>1</u>	-					
0	<u> </u>	L		1		
Capital gain net income or (net ca	11 (1000); 01101 0		2		2,	007,377
Net short-term capital gain or (lo if gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an	nd (6)	}			
If (loss), enter "-0-" in Part I, line			∫   <sub>3</sub>		N/A	

				_
FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY C	ASH INVESTMENTS	STATEMENT	1
SOURCE			AMOUNT	
MERRILL LYNCH #04200			1,82	8.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		1,82	8.
			·	
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	l
DOUBLELINE FUNDS TRUST FROM K-1 ACACIA INSTITUTIONAL	429,618.	0.	429,61	8.
PARTNERS, L.P. FROM K-1 BAUPOST LIMITED	99,899.	0.	99,89	19.
PARTNERSHIP 1983 C-1 FROM K-1 EQUINOX ILLIQUID FUND,	69,842.	0.	69,84	12.
LP	59,214.	0.	59,21	4.
FROM K-1 HIGHFIELDS CAPITAL LTD. FROM K-1 HIGHVISTA II LIMITED	87,458.	0.	87,45	
PARTNERSHIP	4,432.	0.	4,43	
FROM K-1 LABRADOR PARTNERS L.P.	6,533.	0.	6,53	
FROM K-1 RAFFLES ASSOCIATES, LP FROM K-1 RATIONAL INVESTMENT	43,913.	0.	43,91	
GROUP, LP	4,245.	0.	4,24	
FROM K-1 STAVROU PARTNERS, L.P.	8,221.	0.	8,22	
GARDNER RUSSO & GARDENER	119,496.	0.	119,49	- 6 ·
TOTAL TO FM 990-PF, PART I, LN 4	932,871.	0.	932,87	1.
FORM 990-PF O	THER INCOME		STATEMENT	
	(A)	(B)	(C)	
	REVENUE	NET INVEST-		
DESCRIPTION	PER BOOKS	S MENT INCOME	NET INCOM	ΙE
FROM K-1 ACACIA INSTITUTIONAL				
PARTNERS, L.P.		645.> <47,645		
FROM K-1 HIGHVISTA II LP.		405.> <22,405		
FROM K-1 HIGHFIELDS CAPITAL LTD. FROM K-1 BAUPOST LIMITED	<101,0	072.> <101,072	: <b>.</b> >	
PARTNERSHIP 1983 C-1	61.2	229. 61,229	٠.	
FROM K-1 EQUINOX ILLIQUID FUND, LP		501. 9,501	. •	
FROM K-1 RAFFLES ASSOCIATES, LP	į	510. 510	•	

ABRAMS FOUNDATION INC.				04-6856820
FROM K-1 RATIONAL INVESTMENT LP	GROUP,	269.	269.	
TOTAL TO FORM 990-PF, PART I,	, LINE 11	<99,613.>	<99,613.>	
FORM 990-PF	ACCOUNTI	NG FEES	Si	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	9,000.	0.		9,000.
TO FORM 990-PF, PG 1, LN 16B	9,000.	0.		9,000.
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	53,017.			11,247
TO FORM 990-PF, PG 1, LN 16C	53,017.	·		11,247.
FORM 990-PF	TAX	ES	S	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	175.480.	0 -		0

DESCRIPTION	PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	PURPOSES
EXCISE TAXES	175,480.	0.		0.
OTHER TAXES	61,456.	1,015.		0.
FOREIGN TAXES	8,849.	8,849.		0.
FROM K-1 ACACIA				
INSTITUTIONAL PARTNERS,				
L.P FOREIGN TAXES	5,889.	5,889.		0.
FROM K-1 EQUINOX ILLIQUID				
FUND, LP- FOREIGN TAXES	3,905.	3,905.		0.
FROM K-1 RAFFLES				
ASSOCIATES LP- FOREIGN				_
TAXES	24,604.	24,604.		0.
FROM K-1 RATIONAL				
INVESTMENT GROUP, LP-				_
FOREIGN TAXES	577 <b>.</b>	577.		0.

ABRAMS FOUNDATION INC.			04-6856820
FROM K-1 STAVROU PARTNERS L.P FOREIGN TAXES	104.	104.	0.
FROM K-1 HIGHFIELDS CAPITAL LTD- FOREIGN TAXES FROM K-1 BAUPOST LTD	20,674.	20,674.	0.
PARTNERSHIP 1983 C-1- FOREIGN TAXES FORM K-1 HIGHVISTA II LP-	3,571.	3,571.	0.
FOREIGN TAXES	230.	230.	0.
TO FORM 990-PF, PG 1, LN 18	305,339.	69,418.	0.

OTHER EXPENSES		STATEMENT 7		
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
1,024.	0.		1,024.	
96,483.	96,483.		0.	
3,639.	3,639.		0.	
1,252.	1,252.		0.	
31,553.	31,553.		0.	
43,132.	43,132.		0.	
84,401.	84,401.		0.	
<u></u>			0.	
6,328.	6,328.		0.	
659.	659.		0.	
286,247.	285,223.		1,024.	
	(A) EXPENSES PER BOOKS  1,024.  96,483.  3,639.  1,252.  31,553.  43,132.  84,401. 17,776.  6,328.  659.	(A) (B) NET INVEST-PER BOOKS MENT INCOME  1,024. 0.  96,483. 96,483.  3,639. 3,639.  1,252. 1,252.  31,553. 31,553.  43,132. 43,132.  84,401. 17,776.  6,328. 6,328.  659. 659.	(A) (B) (C) ADJUSTED NET INVEST-PER BOOKS MENT INCOME NET INCOME  1,024. 0. 96,483. 96,483. 3,639. 3,639. 1,252. 1,252. 31,553. 31,553. 43,132. 43,132. 84,401. 17,776. 17,776. 6,328. 6,328. 659. 659.	

•			
FORM 990-PF OTHER DECREASES I	N NET ASSETS OR F	UND BALANCES	STATEMENT 8
DESCRIPTION			AMOUNT
BOOK/TAX DIFFERENCE - PARTNERSHI	P INCOME		1,793,494.
TOTAL TO FORM 990-PF, PART III,	LINE 5		1,793,494.
FORM 990-PF	CORPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
GARDNER RUSSO & GARDNER INVESTME DOUBLELINE FUNDS TRUST	NTS	4,315,986. 709,255.	5,289,292, 706,450.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	5,025,241.	5,995,742.
FORM 990-PF O	THER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
KENSICO OFFSHORE FUND, LTD RAFFLES ASSOCIATES, LP. ACACIA INSTITUTIONAL PARTNERS, L STAVROU PARTNERS, L.P. CROSS SHORE FUND, LTD. HIGHFIELDS CAPITAL LTD.	COST COST COST	2,650,000. 5,250,000. 5,000,000. 0. 1,000,000. 4,376,510.	7,442,862. 4,819,615. 6,349,610. 0. 1,210,267. 5,269,511.
BAUPOST LIMITED PARTNERSHIP 1983 C-1 HIGHVISTA II LP DALMATIAN OFFSHORE LTD EQUINOX ILLIQUID FUND, LP LABRADOR PARTNERS, LP RATIONAL INVESTMENT GROUP, LP	COST COST COST COST COST COST	2,672,000. 1,000,000. 0. 2,000,000. 3,137,806. 1,000,000.	6,581,592, 1,335,098, 0, 2,973,482, 531,932, 1,021,003,
TOTAL TO FORM 990-PF, PART II, L	INE 13	28,086,316.	37,534,972

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PREPAID TAXES OTHER RECEIVABLE	235,921.	0. 110.	0. 110.
DISTRIBUTION RECEIVABLE - STAVROU PARTNERS, L.P.	0.	1,122,568.	1,122,568.
TO FORM 990-PF, PART II, LINE 15	235,921.	1,122,678.	1,122,678.
	XV - LINE 1A OUNDATION MANAGE	ERS	STATEMENT 12

NAME OF MANAGER

DAVID C. ABRAMS AMY ABRAMS

## Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545:1709

		a separate app				
• If you ar	re filing for an Automatic 3-Month Extension, core filing for an Additional (Not Automatic) 3-Month of the file of	nth Extension, canted an automa	complete only Part II (on page 2 of atic 3-month extension on a previou	sly filed Fo	orm 8868.	<b>▶</b> [X]
Electronic	c filing (e-file) You can electronically file Form 88	368 if you need	a 3-month automatic extension of ti	me to file (	6 months f	for a corporation
required to	o file Form 990-T), or an additional (not automatic	) 3-month extens	sion of time. You can electronically	file Form 8	868 to req	uest an extension
	file any of the forms listed in Part I or Part II with					
	Benefit Contracts, which must be sent to the IRS					
	irs.gov/efile and click on e-file for Charities & Non		•			_
Part I			submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an					
Part I only	• -					▶ □
All other c	orporations (including 1120-C filers), partnerships me tax returns.	s, REMICs, and t	rusts must use Form 7004 to reque	st an exte	nsion of tim	ne
Type or print	Name of exempt organization or other filer, see	Instructions.		Employe		tion number (EIN) o
	ABRAMS FOUNDATION INC.			X	04-6	856820
Flie by the due date for filing your	Number, street, and room or suite no. If a P.O. 222 BERKELEY STREET	box, see Instruc	tions.	Social se	curity num	nber (SSN)
retum. See instructions.	City, town or post office, state, and ZIP code. F BOSTON, MA 02116	or a foreign add	lress, see instructions.			
Enter the F	Return code for the return that this application is	for (file a separa	te application for each return)			04
Applicatio	on	Return	Application			Return
is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-I	RI	02	Form 1041-A			08
Form 990-l	<del></del>	01	Form 4720			09
Form 990-1		04	Form 5227			10
		05	Form 6069			11
	T (sec. 401(a) or 408(a) trust)	<del></del>	Form 8870			
–otur 880-,	T (trust other than above)	06				( 12
The boo	T (trust other than above)  DAVID & AMY  oks are in the care of ▶ 222 BERKELES  one No. ▶ 617-646-6108  rganization does not have an office or place of but it for a Group Return, enter the organization's four	ABRAMS Y STREET	- BOSTON, MA 0211 FAX No. ►		· ····································	▶□
The boo Telepho	DAVID & AMY  books are in the care of > 222 BERKELES  one No. > 617-646-6108  rganization does not have an office or place of but for a Group Return, enter the organization's four	ABRAMS Y STREET Islness in the Ur digit Group Exe	— BOSTON, MA 0211  FAX No. ▶  Ilted States, check this box  emption Number (GEN)	 If this is fo	r the whole	. ▶ □
The box Telepho If the or If this is box	DAVID & AMY  oks are in the care of > 222 BERKELEY  one No. > 617-646-6108  rganization does not have an office or place of but of or a Group Return, enter the organization's four  . If it is for part of the group, check this box uest an automatic 3-month (6 months for a corpo	ABRAMS Z STREET  Islness in the Ur r digit Group Exe and atta oration required to	— BOSTON, MA 0211 FAX No. ▶  Ilted States, check this box  Importion Number (GEN)  Inch a list with the names and EINs of the form 990-T) extension of times	if this is fo f all memb until	r the whole ers the ext	group, check this tension is for.
The box Telepho If the or If this is box I req is for	DAVID & AMY  oks are in the care of > 222 BERKELEY  one No. > 617-646-6108  rganization does not have an office or place of but of or a Group Return, enter the organization's four  . If it is for part of the group, check this box uest an automatic 3-month (6 months for a corpo	ABRAMS Z STREET  Isiness in the United the Control of the United Street	— BOSTON, MA 0211 FAX No. ▶  ilted States, check this box emption Number (GEN) ch a list with the names and EINs o	if this is fo f all memb until	r the whole ers the ext	group, check this tension is for.
The box Telepho If the or If this is box I req is for	DAVID & AMY  also are in the care of 222 BERKELEY  and No. 617-646-6108  reganization does not have an office or place of but for a Group Return, enter the organization's four  If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporate of the organization's return for:  X calendar year 2011 or	ABRAMS Z STREET  Islness in the United the control of the control	— BOSTON, MA 0211  FAX No. ▶  Inited States, check this box  Pemption Number (GEN)  Inch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization name of the ending of the end of the ending of the end of t	if this is fo f all memb until	r the whole ers the ext	group, check this tension is for.
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The box Telepho If the or If this is box I req Is for I fine	DAVID & AMY  oks are in the care of 222 BERKELEY one No. 617-646-6108  rganization does not have an office or place of but if or a Group Return, enter the organization's four if it is for part of the group, check this box uest an automatic 3-month (6 months for a corporate of the organization's return for:  X calendar year 2011 or tax year entered in line 1 is for less than 12 month of the group of the organization or the organization of the group of the organization's return for:  X calendar year 2011 or tax year entered in line 1 is for less than 12 month of the group of the organization of the group of the g	ABRAMS Y STREET  Islness in the Ur r digit Group Exe and atta pration required to exempt organizate  Attack, check rease  1720, or 6069, et	— BOSTON, MA 0211  FAX No. ▶  Inted States, check this box perption Number (GEN)  Inch a list with the names and EINs of the form 990-T) extension of time tion return for the organization name the control on:  Initial return	if this is for fall member until ed above.	r the whole ers the ext The extens	e group, check this tension is for.
The box Telepho If the or If this is box I req Is for I for	DAVID & AMY  observed in the care of 222 BERKELES  one No. • 617-646-6108  regarization does not have an office or place of but it for a Group Return, enter the organization's four  office of It is for part of the group, check this box usest an automatic 3-month (6 months for a corporate of It is for part of the group, check this box usest an automatic 3-month (6 months for a corporate of It is for	ABRAMS Y STREET  Islness in the Ur r digit Group Exe and atta pration required to exempt organiza  Atths, check rease  1720, or 6069, en 6069, enter any	BOSTON, MA 0211  FAX No. ▶  Inted States, check this box comption Number (GEN)  Inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name to the inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name to the inch and the inc	if this is for fall member until ed above.	r the whole ers the ext The extens	e group, check this tension is for.
The box Telepho If the or If this is box I req is for I for I fithe is for I f	DAVID & AMY  oks are in the care of 222 BERKELEY one No. 617-646-6108  rganization does not have an office or place of but if or a Group Return, enter the organization's four if it is for part of the group, check this box uest an automatic 3-month (6 months for a corporate of the organization's return for:  X calendar year 2011 or tax year entered in line 1 is for less than 12 month of the group of the organization or the organization of the group of the organization's return for:  X calendar year 2011 or tax year entered in line 1 is for less than 12 month of the group of the organization of the group of the g	ABRAMS Y STREET  Islness in the Ur r digit Group Exe and atta ration required to exempt organiza  Atths, check rease  1720, or 6069, er  6069, enter any overpayment al	BOSTON, MA 0211  FAX No. ►  Inted States, check this box comption Number (GEN)  Inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name tending in inter the tentative tax, less any refundable credits and lowed as a credit.	if this is for fall member until ed above.	r the whole pers the ext The extens  n	e group, check this tension is for.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

Form 886	68 (Rev. 1-2012)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box		<b>X</b>	
-	nly complete Part II if you have already been granted an a				 3868.		
	are filing for an Automatic 3-Month Extension, complete						
Part I		xtensio	n of Time. Only file the origin	nal (no c	opies n	eeded).	
						r, see instructions	
Type or	Name of exempt organization or other filer, see instru-	ctions	2.1(0.1 11.0.1		Employer identification number (EIN) or		
print	Harne of exempt organization of other mer, see many	Olions		Cpioyo.		( <u>-</u> ,	
•	ABRAMS FOUNDATION INC.			X	X 04-6856820		
File by the due date for		ee instruc	tions	Social se	cunty nun	nber (SSN)	
filing your	222 BERKELEY STREET	oc manao	tions.		outily mon		
return See instructions		oreign add	lress see instructions				
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	D. I. C. M. and M. A. Marana and A. A. Giller		4!:4 <b>6h4h</b>			0 4	
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)	••	•		
A!!4		Detum	Andication			Return	
Applicat	ion	Return	Application			Code	
Is For		Code	Is For	<del></del>		Code	
Form 99		01	Farm 1041 A			08	
Form 99		02	Form 1041-A			09	
Form 99		01	Form 4720			10	
Form 99		04	Form 5227			11	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12	
	0-T (trust other than above)	06	Form 8870		4.5		
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	nously tile	a Form 8	808	
	DAVID & AMY ABI		DOCTION MA 0211	6			
	books are in the care of $\triangleright$ 222 BERKELEY ST	TREET		0	<del> </del>		
-	hone No.▶ <u>617-646-6108</u>		FAX No. ▶				
	organization does not have an office or place of business					🟲 🗀	
• If this	is for a Group Return, enter the organization's four digit	7					
box ►	. If it is for part of the group, check this box		ach a list with the names and EINs o	t all memb	ers the ex	tension is for.	
		NOVEM	BER 15, 2012.				
	r calendar year $2011$ , or other tax year beginning $\_$		, and endin			·	
6 If 1	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: Initial return L	Final r	etum		
L	Change in accounting period						
7 St	ate in detail why you need the extension	UTDED	EDON MILTON DADMIE	C MO	DIT D	π	
	DDITIONAL INFORMATION IS REQU		FROM THIRD PARTIE	S TU	FILE	Α	
<u>C</u>	OMPLETE AND ACCURATE TAX RET	UKN.					
				1			
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			25 000	
_	nrefundable credits. See instructions.			8a	\$	25,000.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,						
ta	x payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid			122 022	
	reviously with Form 8868.			8b	\$	132,933.	
с Ва	alance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th(this form) if required; by using			0	
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$		
			st be completed for Part II				
Under pe it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ling accom orm	panying schedules and statements, and t	o the best o	f my know	ledge and belief,	
Signature	Title ▶ (	OFFIC	ER	Date	<b>&gt;</b>		
						0000 (Day 1 0010)	

Form 8868 (Rev. 1-2012)