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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

2011

Department of the Treasury Internal Revenue Service

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

| For cale | endar year 2011, or tax year beginning | , 2011 | and ending | | , | |
|-------------------|---|---|----------------------------|--------------|---|--|
| Name of f | oundation LEN-ARI FOUNDATION, INC. | | | Α | Employer identification num 20-1317221 | nber |
| Number a 5642 | nd street (or P O box number if mail is not delivered to street COVENTRY LANE | eet address) | Room/suite | В | Telephone number (see the (260) 432-223 | |
| City or tov | WAYNE | | ZIP code 46804 | c | If exemption application is | pending, check here |
| G Che | ck all that apply Initial return | Initial Return of a form | mer public charity | D | 1 Foreign organizations, chec | k here |
| | Address change | Name change | | | 2 Foreign organizations meet here and attach computation | |
| H CI | heck type of organization X Section 507 Section 4947(a)(1) nonexempt charitable t | l(c)(3) exempt private f rust \int Other taxable p | | E | If private foundation status | was terminated |
| | or market value of all assets at end of year or Part II, column (c), line 16) | ounting method: X Co | ash Accrual | F | under section 507(b)(1)(A) If the foundation is in a 60 | _ |
| ► \$ Part I | | column (d) must be or | cash basis) | | under section 507(b)(1)(B) | , check here |
| <u> </u> | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net investme income | ent | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc, received (att sch) 2 Ck X if the foundn is not reg to att Sch B | | | | | |
| | 3 Interest on savings and temporary cash investments | | | | | |
| | 4 Dividends and interest from securities | 317,557. | 317,55 | 7. | | |
| | 5a Gross rents b Net rental income or (loss) | | | | | |
| R E | 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all | | | | | |
| E V E | assets on line 6a 7 Capital gain net income (from Part IV, line 2) | | | 0. | | |
| N U | 8 Net short-term capital gain | | | | 0. | |
| Ĕ | 9 Income modifications 10a Gross sales less returns and allowances | | | | | |
| | b Less Cost of | | | | | |
| | c Gross profit/(loss) (att sch) | | | | | |
| | 11 Other income (attach schedule) | | | | | |
| | ENDOWMENT TEI FUND L.P. K-1 Total. Add lines 1 through 11 | -14,766. 302,791. | -14,76 302,79 | | 0. | |
| | 13 Compensation of officers, directors, trustees, etc | 302,731. | 302,73 | <u> </u> | <u> </u> | |
| | 14 Other employee salaries and wages | | | | | - |
| | 15 Pension plans, employee benefits | | - | | | |
| A D | 16a Legal fees (attach schedule) | | | | | |
| M | b Accounting fees (attach sch) | | | | 5-00- | (====================================== |
| οŅ | c Other prof fees (attach sch) L-16c Stmt. | 76,387. | 76,38 | 37. | P : | 0 |
| O I S E T R | 18 Taxes (attach schedule)(see instrs) EXCISE TAX | 2,500. | | | IN ALL DA | 2002 |
| R R A A T T | 19 Depreciation (attach | 2,000 | | | AUG 2 0 | 23.5 |
| l į | sch) and depletion 20 Occupancy | | | | 1 63 6 | |
| N V G E | 21 Travel, conferences, and meetings | | | | CODE | |
| A E N X D P | 22 Printing and publications | | | | | نــــــــــــــــــــــــــــــــــــــ |
| D P E N | 23 Other expenses (attach schedule) LICENSES | 10. | | | | |
| S E | 24 Total operating and administrative expenses. Add lines 13 through 23 | 70 000 | 76.00 | | | |
| S | expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid | 78,897. 671,495. | 76,38 | 3/. | | 671,495. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 750,392. | 76,38 | 37. | | 671,495. |
| | 27 Subtract line 26 from line 12: | | | - | | , |
| | a Excess of revenue over expenses and disbursements | -447,601. | | _ | | |
| | b Net investment income (if negative, enter -0-) | | 226,40 |)4. | | |
| | C Adjusted net income (if negative, enter -0-) | <u> </u> | <u> </u> | | 0. | <u> </u> |

Decreases not included in line 2 (itemize)

1,636.

5

6

LOSS ON SALE OF ASSETS

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

| , ui | | | | | How acquired (C) Date acquired (d) D - Purchase (month, day, year) (month, | | |
|----------|--|---|---|------------|--|---|--------------------|
| 1 a | VARIOUS STOCKS | | - | P | | | Various |
| | CAPITAL GAIN DISTRIB | TITTON | | P | | Various | Various |
| c | | 011011 | | | | 7422045 | - tulious |
| d | | | | | • | | |
| e e | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sal | | | (h) Gain or (e) plus (f) m | (loss) inus (g) |
| a | 7,160,328. | , | 7.163 | 2,194. | | · | -1,866. |
| b | | - | | 0. | | | 230. |
| c | | | | | | | |
| <u>-</u> | | | | | | | |
| e | | | | | | | |
| | | ng gain in column (h) and owned by | the foundation on 12/31/69 | | | (I) Counc (Colu | /h) |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | (ı) ny | | (I) Gains (Colu ain minus column (I an -0-) or Losses (fr |), but not less |
| a | | | | | | | -1,866. |
| b | | 0. | | 0. | _ | | 230. |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| | Capital gain net income or (net | capital loss) — If gain, also If (loss), entoss) as defined in sections 1222(5) a | enter in Part I, line 7 er -0- in Part I, line 7 | | 2 | | -1,636. |
| Par | If gain, also enter in Part I, line in Part I, line 8 | 8, column (c) (see instructions) If (Section 4940(e) for Reduced | loss), enter -0- | | 3 | | -1,636. |
| If 'Ye | s,' the foundation does not quali | on 4942 tax on the distributable among under section 4940(e) Do not con | nplete this part | · | | Yes | ☐ No |
| | '''' | each column for each year, see the | | any entrie | S | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use as: | sets | (col | (d) Distributior umn (b) divided | |
| | 2010 | 638,772. | 14,090 | 0,686. | | | 0.045333 |
| | 2009 | 536,297. | 12,89 | 5,832. | | | 0.041587 |
| | 2008 | 203,126. | 9,81 | 7,567. | _ | | |
| | 2007 | 24,671. | | 3,178. | | | 0.038358 |
| | 2006 | 0. | 34 | 3,752. | | | 0.000000 |
| 2 | Total of line 1, column (d) | | , | | 2 | | 0.145968 |
| 3 | | e 5-year base period – divide the tot has been in existence if less than 5 | | | 3 | | 0.029194 |
| 4 | Enter the net value of noncharit | able-use assets for 2011 from Part) | K, line 5 | | 4 | 1. | 1,626,824. |
| 5 | Multiply line 4 by line 3 | | | | 5 | | 427,016. |
| 6 | Enter 1% of net investment inco | ome (1% of Part I, line 27b) | | | 6 | | 2,264. |
| 7 | Add lines 5 and 6 | | | | 7 | | 429,280. |
| 8 | | | | | | | |
| | Enter qualifying distributions fro | om Part XII, line 4 | | | 8 | | 671,495. |

| Form 9 | 90-PF (2011) THE LEN-ARI FOUNDATION, INC. 20-1317221 | | P | age 4 |
|------------|---|-----|----------|-------------|
| Part | | | | |
| 1 a E | xempt operating foundations described in section 4940(d)(2), check here | | | |
| | ate of ruling or determination letter: (attach copy of letter if necessary – see instrs) | | | |
| | omestic foundations that meet the section 4940(e) requirements in Part V, | | 2,2 | 64. |
| | heck here ► x and enter 1% of Part I, line 27b | | | |
| c A | Il other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2] | ax under section 511 (domestic section 4947(a)(1) trusts and taxable | _ | | |
| | oundations only. Others enter -0-) | | | 0. |
| | Add lines 1 and 2 | | 2,2 | 64. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 5 6 7 8 9 9 1 1 1 1 1 1 | | 2,2 | 0. |
| | credits/Payments | | 2,2 | 07. |
| | 011 estimated tax pmts and 2010 overpayment credited to 2011 6a 912. | | | |
| | Exempt foreign organizations – tax withheld at source | | | |
| | ax paid with application for extension of time to file (Form 8868) . 6c 2,088. | | | |
| | Backup withholding erroneously withheld 6d | | | |
| | otal credits and payments Add lines 6a through 6d | | 3 . በ | 00. |
| | Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached | | <u> </u> | |
| | ax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| | Iverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . | | | 736. |
| | nter the amount of line 10 to be Credited to 2012 estimated tax | | | |
| Part | VII-A Statements Regarding Activities | | | |
| | Ouring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | T | Yes | No |
| F | participate or intervene in any political campaign? | 1 a | | х |
| b [| Old it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? | 1 b | | x |
| | f the answer is 'Yes' to <i>1a</i> or <i>1b</i> , attach a detailed description of the activities and copies of any materials published for distributed by the foundation in connection with the activities | | | |
| с [| Did the foundation file Form 1120-POL for this year? | 1c | | х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | 1) On the foundation \$ (2) On foundation managers \$ | | | i |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on oundation managers | | | |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | x |
| | f 'Yes,' attach a detailed description of the activities | | | <u> </u> |
| 2 1 | does the foundation made any changes, not proviously reported to the IPS, in its governing instrument, articles | | | ĺ |
| J (| 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 |
| | Old the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | х |
| ы | f 'Yes,' has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 \ | Vas there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | х |
| | f '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 | ı | | |
| • | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | x | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | х | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | IN - Indiana | | | |
| b i | f the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | ļ |
| (| or designate) of each state as required by General Instruction G? If 'No,' attach explanation | 8ь | Х | |
| 9 | s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)7f '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

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| the | tax | year | beginning | ı'n | 201 | 17 |
|-----|-----|------|-----------|-----|-----|----|
| | | | | | | |

charitable purposes?

X

3ь

4a

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

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

determine if the foundation had excess business holdings in 2011)

| Form 990-PF (2011) THE LEN-ARI FOUND | | | 20-131 | 7221 | Page 6 |
|--|---|--|--|--------------------------|-----------------------|
| Part VII-B Statements Regarding Activity | | <u> 4720 May Be Requ</u> | uired (continued) | | , |
| 5a During the year did the foundation pay or inc | - | | — — | . | |
| (1) Carry on propaganda, or otherwise attern | pt to influence legislatio | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific pul on, directly or indirectly, any voter registr | blic election (see section ration drive? | 1 4955), or to carry | . Yes X | No | |
| (3) Provide a grant to an individual for travel | , study, or other similar | purposes? | Yes X | No | |
| (4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section | than a charitable, etc, or n 4940(d)(2)? (see instru | ganization described uctions) | Yes X | No | |
| (5) Provide for any purpose other than religi educational purposes, or for the preventi | ous, charitable, scientific on of cruelty to children | c, literary, or or animals? | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), didany of described in Regulations section 53.4945 or i (see instructions)? | the transactions fail to q n a current notice regard | ualify under the excepti ding disaster assistance | ons | 5b | |
| Organizations relying on a current notice reg | ardıng disaster assistand | ce check here | ▶ 🗌 | | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response | the foundation claim ex | emption from the | Yes | No | |
| If 'Yes,' attach the statement required by Reg | gulations section 53.4945 | 5-5(d). | | | |
| 6a Did the foundation, during the year, receive a on a personal benefit contract? | any funds, directly or ind | irectly, to pay premiums | Yes X | No | |
| b Did the foundation, during the year, pay pren | niums, directly or indirec | tly, on a personal benef | fit contract? | 6Ь | X |
| If 'Yes' to 6b, file Form 8870 | | | | | |
| 7a At any time during the tax year, was the four | | II- | | | |
| Part VIII Information About Officers, I | | | | 7b | |
| and Contractors | directors, trustees, | roundation manag | gers, mighty ratu E | ilibioaces | ', |
| 1 List all officers, directors, trustees, foundati | on managers and their | compensation (see inst | ructions). | | |
| T Elst all officers, affectors, trastees, foundate | (b) Title, and average | 1 | (d) Contributions to | (e) Expense | e account. |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other allo | |
| RICHARD RIFKIN | _ | | | | |
| 5642 COVENTRY LANE | PRESIDENT | | | | |
| FORT WAYNE IN 46804 | 0.00 | 0. | 0. | | 0. |
| ARIELA RIFKIN | _ | | | | |
| 5642 COVENTRY LANE | SECRETARY | | | | |
| FORT WAYNE IN 46804 | 0.00 | 0. | 0. | | 0. |
| JENNIFER L. WILSON | - | | | | |
| 5642 COVENTRY LANE | TREASURER | | | | • |
| FORT WAYNE IN 46804 | 0.00 | 0. | 0. | | 0. |
| | - | | | | |
| | <u> </u> | | | | |
| 2 Compensation of five highest-paid employe | | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expens other allo | e account, owances |
| NONE | - | | | | |
| | | | | | |
| 0 | 4 | | | | |
| 0 | | | <u> </u> | | |
| 0 | - | | | | |
| 0 | - | | | | |
| | | | | | |
| 0 | | | | | |
| | | | <u> </u> | | |
| Total number of other employees paid over \$50,0 | 00 | | <u> </u> | | None |
| BAA | TEEA0306 | 12/05/11 | | Form 99 |)-PF (2011) |

| Form 990-PF (2011) THE LEN-ARI FOUNDATION, INC. | 20-131722 | |
|---|-------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highland Contractors (continued) | y Paid Emp | loyees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'N | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (| C) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 1 | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | None |
| | | МОПЕ |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | | Expenses |
| 1 NONE | | · |
| | | |
| | | 0. |
| 2 | | |
| | · | |
| 2 | | |
| 3 | . – – – – | |
| | . – – – – | |
| 4 | | |
| · | . – – – – | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instructions) | | |
| | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a | and 2 | Amount |
| 1 NONE | | |
| | | • |
| | | 0. |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | None |
| BAA | ľ | Form 990-PF (2011) |

| Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.) | oreign | foundations, |
|---|-----------|-----------------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities | 1a | 14 100 400 |
| b Average of monthly cash balances | 1 b | 14,189,499. |
| c Fair market value of all other assets (see instructions) | 1 c | 660,069. |
| d Total (add lines 1a, b, and c) | 1d | 14,849,568. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | '4 | 11,019,308. |
| (attach detailed explanation) 1e | 1 1 | |
| 2 Acquisition indebtedness applicable to line 1 assets. | - 2 | |
| 3 Subtract line 2 from line 1d | 3 | 14,849,568. |
| 4 Cash deemed held for charutable activities. Enter 1-1/2% of line 3 | | |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 222,744. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 14,626,824. |
| 6 Minimum investment return.Enter 5% of line 5 | 6 | 731,341. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope | rating f | foundations |
| and certain foreign organizations check here ► and do not complete this part.) | | |
| 1 Minimum investment return from Part X, line 6 | 1 | 731,341. |
| 2a Tax on investment income for 2011 from Part VI, line 5 2a 2,264 | <u>-</u> | |
| b Income tax for 2011. (This does not include the tax from Part VI) | _ | |
| c Add lines 2a and 2b | 2c | 2,264. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 729,077. |
| 4 Recoveries of amounts treated as qualifying distributions . | 4 | |
| 5 Add lines 3 and 4 | 5 | 729,077. |
| 6 Deduction from distributable amount (see instructions) | 7 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | | 729,077. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc— total from Part I, column (d), line 26 | 1a | 671,495. |
| b Program-related investments – total from Part IX-B | 1b | 0,1,155. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes | 2 | |
| | | == |
| Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 671,495. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| 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 instructions) | 5 | 2,264. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 669,231. |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years | er the fo | oundation |
| qualifies for the section 4940(e) reduction of tax in those years BAA | | Form 990-PF (2011) |
| | | 1 UIIII 33U-FF (2011 |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|----------------------|----------------------------|--------------------|--------------------|
| Distributable amount for 2011 from Part XI, line 7 | | | | 720 077 |
| 2 Undistributed income, if any, as of the end of 2011: | | | | 729,077. |
| a Enter amount for 2010 only | | - | 482,478. | |
| b Total for prior years. 20, 20, 20 | | | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 | | | | |
| b From 2007 0 . | | | | |
| c From 2008 0. | | | | |
| d From 2009 0 . | | | | |
| e From 2010 0. | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2011 from Part | | | | |
| XII, line 4 ► \$ 671,495. | | - | 400 470 | |
| a Applied to 2010, but not more than line 2a | | | 482,478. | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions). | | | | |
| d Applied to 2011 distributable amount | | | | 189,017. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2011 | | | | |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| ,,, | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- | | | | |
| ed income for which a notice of deficiency has been issued, or on which the section | | | | |
| 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2010. Subtract line 4a from | | | _ | |
| line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2011 Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be distributed in 2012 | | | | E40 060 |
| 7 Amounts treated as distributions out of | | | | 540,060. |
| corpus to satisfy requirements imposed | | | | |
| by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| , | | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a | o. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2007 0. | | | | |
| b Excess from 2008 . 0 . | | | | |
| c Excess from 2009 0. | | | | |
| d Excess from 2010 0. | | | | |
| e Excess from 2011 0. | <u> </u> | | | |

| Part XIV Private Operating Foundat | | uctions and Da | d VII A guartier | 20-1317221 | |
|---|---------------------------------------|---|--|---|------------------------------------|
| 1 a If the foundation has received a ruling or o | determination letter | | | | N/A |
| is effective for 2011, enter the date of the | ruling | • | , - | | |
| b Check box to indicate whether the foundate | | erating foundation (| | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . | | | | | |
| • Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a 'Assets' alternative test – enter | | | | | |
| (1) Value of all assets (2) Value of assets qualifying under | | | | | |
| section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, | | | | | |
| line 6 for each year listed c 'Support' alternative test— enter. | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | <u> </u> | | | |
| Part XV Supplementary Information assets at any time during the | (Complete this | part only if the | e organization ha | id \$5,000 or moi | re in |
| Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have N/A | gers: have contributed m | ore than 2% of the | e total contributions re e section 507(d)(2)) | eceived by the foun | dation before the |
| b List any managers of the foundation who a partnership or other entity) of which the N/A | own 10% or more of foundation has a 1 | of the stock of a co 10% or greater inte | orporation (or an equa rest. | ally large portion of | the ownership of |
| 2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d. | makes contributions | s to preselected ch | aritable organization: | s and does not acce anizations under oth | ept unsolicited ner conditions, |
| a The name, address, and telephone number N/A | er of the person to | whom applications | should be addressed | d | |
| b The form in which applications should be N/A | submitted and info | rmation and materi | ials they should inclu | de | |
| c Any submission deadlines N/A | | | | | |
| d Any restrictions or limitations on awards, N/A | such as by geogra | ohical areas, charit | able fields, kinds of | nstitutions, or other | factors |
| PAA | | | | | Form 900 PF (2011 |

Part XV | Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Ye | If recipient is an individual, | | | |
|---|--|--------------------------------------|----------------------------------|---------|
| Recipient | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) a Paid during the year | 2002failtigi collitinatot | | | |
| SUSAN KOMEN FOUNDATION | | | | |
| 5005 LBJ FREEWAY, SUITE 250 | | | | |
| DALLAS TX 75244 | | 501 (c) (3) | MEDICAL | 5,000 |
| GRAND TETON MUSIC FESTIVAL | | 301(0)(3) | | 2,000. |
| 4015 W LAKE CREEK DR #1 | | | | |
| WILSON WY 83014 | | 501(c)(3) | ARTS - 2009 ANNUAL FUND | 50,000 |
| BALSCOM PALMER EYE INSTITUTE | | | | |
| 900 NW 17TH STREET | | | | |
| MIAMI FL 33136 | | 501(c)(3) | MEDICAL | 100,000 |
| THE RABBINICAL COLLEGE OF AMERICA | , | | | |
| 226 SUSSEX AVENUE | | 1 | | |
| MORRISTOWN NJ 07962 | | 501(c)(3) | EDUCATION | 25,000 |
| BLESSINGS IN A BACKPACK | | | | |
| 111 EAST WAYNE ST, SUITE 555 | ļ | | | 10.000 |
| FORT WAYNE IN 46802 | | 501(c)(3) | EDUCATION | 10,000 |
| ISRAEL CANCER ASSOCIATION USA 525 SOUTH FLAGER DRIVE SUITE 202 | | | | |
| WEST PALM BEACH FL 33401 | | E01 (a) (3) | MEDICAL | 18,000 |
| FRANCINE'S FRIENDS | | 301(0)(3) | MEDICAL | 10,000 |
| 709 CLAY STREET | | | | |
| FORT WAYNE IN 46802 | | 501 (c) (3) | MEDICAL | 1,000 |
| CENTER OF FAMILY SERVICES | | | | _, |
| 4101 PARKER AVE | | | | |
| WEST PALM BEACH FL 33405 | | 501(c)(3) | SOCIAL SERVICES | 3,500 |
| HELPING HAND | | | | |
| 200 MADISON AVE, SUITE 600 | | | | |
| NEW YORK NY 10016 | | 501(c)(3) | SOCIAL SERVICES | 3,050 |
| See Line 3a statement | | | | |
| | | | | 455 045 |
| | | | | 455,945 |
| | | | | |
| | | | | |
| Total | T | T | <u>► 3a</u> | 671,495 |
| b Approved for future payment | | | | |
| | | | | |
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| | | | | |
| Total | _t | <u> </u> | ► 3b | |
| I U(d) | · | | - 30 | |

| Part XVI-A Analysis of Income-Producing Activitie |
|---|
|---|

| Enter gross | amounts unless otherwise indicated | Unrelate | ed business income | Excluded | by section 512, 513, or 514 | (e) |
|---------------|--|-------------------------|---|-----------------------|---|--|
| | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income (See instructions) |
| _ | am service revenue | | | code | | |
| b | | | | | | |
| | | | | | | |
| d | | | | | | |
| | | | | | | |
| f | | | | | | |
| - | and contracts from government agencies | | | | | |
| | pership dues and assessments | | | 1 | | |
| | t on savings and temporary cash investments | | | 7.4 | 210 550 | |
| | ends and interest from securities | | | 14 | 317,557. | |
| | ental income or (loss) from real estate | | | | | |
| | financed property . | | | | | |
| | ebt-financed property ntal income or (loss) from personal property | | | | | - |
| | normicome of (1055) from personal property | | | + + | | |
| | (loss) from sales of assets other than inventory | | | 18 | -1,636. | |
| | ncome or (loss) from special events | | | 1 10 | -1,030. | |
| | s profit or (loss) from sales of inventory | | | | | , |
| 11 Other | | | | | | |
| | OWMENT TEI FUND K-1 | | | 14 | -14,766. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| 12 Subto | otal Add columns (b), (d), and (e) | | | | 301,155. | |
| 13 Total | . Add line 12, columns (b), (d), and (e) | | | | 13 | 301,155. |
| (See works | heet in line 13 instructions to verify calculation | ns) | | | | |
| Part XVI | -B Relationship of Activities to the | Accompli | shment of Exempt | t Purpos | ses | |
| Line No. ▼ | Explain below how each activity for which in accomplishment of the foundation's exempt | come is repo | orted in column (e) of Pa her than by providing fu | art XVI-A | contributed importantly uch purposes) (See in: | to the |
| N/A | | • • • | | | | <u> </u> |
| М/ В | | | | | | |
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Page **13**

Form 990-PF (2011) THE LEN-ARI FOUNDATION, INC. 20-1317221

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 0 | | | 1 | | U | | . 11 | | | Yes | No |
|--------------|------------------|---|--|-------------------------------------|---------------------|-------------------------|---------------------------------------|--|---------------------|------------------------------|--------------|
| l Did | tne o scribed | rganization directly of Lin section 501(c) of | or inairectly el f the Code (ot | ngage in any of her than section | the following v | vith any t anization | otner organizations) or in section 5 | 27. | | | |
| rel | ating t | in section 501(c) of political organization | ons? | | | a | 0, 0, 11, 0001,011 0 | | | | |
| | | from the reporting | | | | | | | | | |
| | | | | | | | | | 1a (1) | | X |
| | | rassets | | | | ,, , | | | 1 a (2) | | x |
| | | nsactions. | | | | | • | | (_/_ | | |
| | | | ميده والمعاربوط | | _ | | | | 1 5 (1) | | |
| | | of assets to a none | | | | | | | 1b(1) | | X |
| ٠,, | | nases of assets from | | | anization | • | | | 1 b (2) | | x |
| (3) | Rent | al of facilities, equip | ment, or othe | r assets | • | | • | ļ | 1 b (3) | | X |
| (4) | Reim | bursement arrangen | nents | | • | | | . [| 1 b (4) | | X |
| (5) |) Loan | s or loan guarantees | s . | | | | | | 1 b (5) | , | x_ |
| (6) | Perfo | rmance of services | or membersh | p or fundraising | solicitations | | | , | 1b (6) | | х |
| c Sh | narına d | of facilities, equipme | ent, mailing lis | ts. other assets | or paid empl | ovees | | | 1 c | | х |
| | | , | , | | , | -, | | (| | <u>'</u> | |
| d If t | the ans | swer to any of the at | oove is 'Yes,' | complete the fo | llowing schedu | ıle. Colun | n (b) should alway | s show the fair ma | rket value | of | |
| the | e good | swer to any of the at s, other assets, or s saction or sharing ar | ervices given | by the reporting | foundation. If | the foun | dation received (| ess than fair marke | t value ın | | |
| | | | | | | | | | | | |
| (a) Line | no. | (b) Amount involved | (c) Name o | of noncharitable exen | npt organization | (| d) Description of trans | sfers, transactions, and s | sharing arra | ngemen | ts |
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| 2a ls | the for | undation directly or i | indirectly affili | ated with, or rel | ated to, one o | r more ta | x-exempt organiz | ations | _ | _ | , |
| de | escribe | d in section 501(c) o | of the Code (o | ther than section | n 501(c)(3)) oı | ' in sectio | on 527? | | ∐ Ye | s X | No |
| b If | 'Yes,' | complete the following | ng schedule. | | | | | | | | |
| | (a) | Name of organizati | on | (b) Typ | e of organizat | ion | (0 |) Description of rela | ationship | | |
| | | | | , , , | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | _ | | |
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| | | | | | | | | | | | |
| | Under p | enalties of perjury, I declare and complete Declaration | e that I have exam | ined this return, inclu | iding accompanying | schedules | and statements, and to | the best of my knowledge | e and belief, | it is true | } , |
| C! | conecar | 2 Complete Declaration | · / / / / | | , ca on an intermet | / | propercy has any ration | cage | May the | IDS die | cuse |
| Sign | | Harrist 1 | クレー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファ | 1/1/- | 1 8/11/ | ر سد | | | this retu | rn with t | the i |
| Here | 4 | muyan o | 100 | | 10/14/1 | | TREASURER | | prepare (see ins | r snown <u>t</u> ructions | below s)? |
| | Signe | ture of officer or trustee | _ | | Date (| | Title | | | Yes | No |
| | | Print/Type preparer's nan | ne | Preparer's | signature | | Date | Check if | PTIN | | |
| Paid | | | | | | | | self-employed | | | |
| | VO." | Firm's name | | • | | | · · · · · · · · · · · · · · · · · · · | Firm's EIN ► | | | |
| Prepa | | | - | | | | | | | | |
| Use O | עומי | Firm's address | | | | <u>-</u> | | Dhara as | | | |
| | | 1 | | | | | | Phone no | | | |
| BAA | | | | | | | | | Form 9 | 90-PF | (2011) |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

| Recipient | If recipient is | Foun- | Purpose of | Person or |
|--------------------------------------|-----------------|-------------|-----------------------|-------------|
| recipient | an individual, | dation | grant or contribution | Business |
| | | | grant or contribution | |
| Name and address | show any | status | | Checkbox |
| (home or business) | relationship to | of re- | | |
| | any foundation | cipient | | Amount |
| | manager or | ' | | |
| | substantial | | | |
| | contributor | | | |
| | CONTRIBUTOR | | | |
| a Paid during the year | | | | |
| GREAT AMERICAN SONGBOOK | | | | Person or |
| | | | | |
| 130 BIRDSEYE ROAD | | | | |
| FARMINGTON CT 06032 | | 501(c)(3) | SOCIAL SERVICES | 5,000. |
| JACKSON HOLE LAND TRUST | | | | Person or |
| 555 EAST BROADWAY | | | | Business X |
| JACKSON WY 83001 | | 501(c)(3) | SOCIAL SERVICES | 50,000. |
| KRAVIS CENTER FOR PERFORMING ARTS | | | | Person or |
| 701 OKEECHOBEE BLVD | | | | Business X |
| WEST PALM BEACH FL 33401-639 | 9 | 501 (c) (3) | ARTS-ANNUAL CAMPAIGN | 25,000. |
| INSIGHT | | | | Person or |
| 101 PEMBROKE DRIVE | | | | Business X |
| PALM BEACH GARDENS FL 33418 | | 501 (c) (3) | EDUCATION | 1,125. |
| LIFE 35125 | | 301(0,(3) | 22001112011 | Person or |
| | | | | Business X |
| 6274 LINTON BLVD. STE. 103 | | | | |
| DELRAY BEACH FL 33484 | | 501(c)(3) | SOCIAL SERVICES | 25,000. |
| HOSPICE FDN OF PALM BEACH | | | | Person or |
| PO_BOX_269 | | | | Business X |
| PALM BEACH FL 33480 | | 501 (c) (3) | SOCIAL SERVICES | 2,750. |
| UNITED WAY OF ALLEN COUNTY | | | | Person or |
| 334 E BERRY ST | | | | Business X |
| FORT WAYNE IN 46802 | | 501(c)(3) | SOCIAL SERVICES | 100,000. |
| GRAND TETON NATIONAL PARK FOUNDATION | | l | | Person or |
| PO BOX 249 | | | | Business X |
| MOOSE WY 83012 | | 501 (c) (3 | SOCIAL SERVICES | 50,000. |
| TRI COUNTY HUMANE SOCIETY | | | | Person or |
| 21287 BOCA RIO ROAD | | | | Business X |
| BOCA RATON FL 33433 | | 501 (c) (3 | SOCIAL SERVICES | |
| PALM BEACH OPERA | | 301 (6)(3 | DOGINE BERVIOLE | Person or |
| 415 S OLIVE AVE | | | | Business X |
| WEST PALM BEACH FL 33401 | | | SOCIAL SERVICES | 40,750. |
| | | 501 (c) (3 | SUCTAL SERVICES | |
| RICHARD DAVIS KANN MELANOMA FON | | | | Person or |
| 621 CLEARWATER PARK ROAD | | | <u></u> | Business X |
| WEST PALM BEACH FL 33401 | | 501 (c) (3 | MEDICAL | 2,000. |
| LEUKEMIA & LYMPHOMA SOCIETY | | | | Person or |
| 4360 NORTHLAKE BLVD. | | | | Business X |
| PALM BEACH GARDENS FL 33410 | | 501 (c) (3 | MEDICAL | 40,000. |
| THE PALM BEACH POPS | | | | Person or |
| 500 AUSTRALIAN AVE, SUITE 100 | | _ | | Business x |
| WEST PALM BEACH FL 33401 | | 501 (c) (3 | SOCIAL SERVICES | 15,000. |
| FOOD FOR POOR, INC. | | | | Person or |
| 6401 LYONS ROAD | | | | Business X |
| | | F01 (5) (5) | SOCIAL SERVICES | 5,000. |
| COCONUT CREEK FL 33073 | | 20T (C) (3 | SOCIAL SERVICES | |
| JCC OF PALM BEACH | | | | Person or |
| 8500 JOG ROAD | | | | Business X |
| BOYNTON BEACH FL 33472 | <u>L</u> | 501 (c) (3 | SOCIAL SERVICES | 10,000. |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

| Recipient Name and address | If recipient is an individual, show any | Foun- dation status | Purpose of grant or contribution | Person or Business Checkbox |
|--------------------------------------|---|---------------------------|----------------------------------|-----------------------------------|
| (home or business) | relationship to any foundation manager or | of re- cipient | | Amount |
| | substantial contributor | | | |
| a Paid during the year | | | | |
| AMERICAN LUNG ASSOCIATION | | | | Person or |
| 2701 N AUSTRALIAN AVE | | | | Business X |
| WEST PALM BEACH FL 33407 | | 501 (c) (3 | MEDICAL | 30,345. |
| KIDSANCTUARY | | | | Person or |
| 350 SOUTH_COUNTY_ROAD | | | | Business X |
| PALM BEACH FL 33480 | | 501 (c) (3 | SOCIAL SERVICES | 3,000. |
| WXEL GARNET SOCIETY | | | | Person or |
| PO BOX 6607 | | | | Business X |
| WEST PALM BEACH FL 33405 | | 501 (c) (3 | SOCIAL SERVICES | 1,250. |
| AMERICAN FRIENDS OF MAGEN DAVID ADOM | | | | Person or |
| 5700 LAKE WORTH ROAD, SUITE 107 | | | | Business |
| LAKE WORTH FL 33463 | | 501 (c)(3 | SOCIAL SERVICES | 3,600. |
| PALM BEACH OPERA GUILD | | 1 | | Person or |
| 415 SOUTH OLIVE AVE | | | | Business X |
| WEST PALM BEACH FL 33401 | | 501 (c)(3 | SOCIAL SERVICES | 4,625. |
| PALM BEACH ROUND TABLE | | | | Person or |
| 44 COCOANUT ROW, SUITE T-2 | | | | Business X |
| PALM BEACH FL 33480 | | 501 (c) (3 | SOCIAL SERVICES | 1,000. |
| UNICORN CHILDREN FOUNDATION | | | | Person or |
| 3350 NW BOCA RATON BLVD, SUITE A-28 | | | | Business x |
| BOCA RATON FL 33431 | | 501 (c) (3 | SOCIAL SERVICES | 1,000. |
| AMERICAN BALLET THEATRE | | | | Person or |
| 890 BROADWAY | | | | Business X |
| NEW YORK NY 10003 | | 501 (c) (3 | SOCIAL SERVICES | 12,500. |
| ISRAEL CHILDREN'S CENTER | | | | Person or |
| 3275 WEST HILLSBORO BLVD, SUITE 102 | | | | Business X |
| DEERFIELD BEACH FL 33442 | | 501 (c) (3 | SOCIAL SERVICES | 4,000. |
| CLIMB WYOMING | | . | | Person or |
| 420 W PEARL AVE | | . | | Business X |
| JACKSON WY 83001 | | 501 (c)(3 | SOCIAL SERVICES | 5,000. |
| FRIENDS OF AKIM | | . | | Person or |
| | | | 1 | In |
| 400 SOUTH OCEAN BLVD, SUITE 204 | | .l | l | Business X |

Total

455,945.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| MERRILL LYNCH | INVESTMENT FEES | 76,387. | 76,387. | | |

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Continued

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| Total | | 76,387. | 76,387. | | |

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

| | End o | f Year | End o | f Year |
|---|--|---------------------------------------|--|-------------------------------------|
| Line 10a - Investments - US and State Government Obligations: | State and Local Obligations Book Value | State and Local Obligations FMV | US Government Obligations Book Value | US Government Obligations FMV |
| MERRILL LYNCH A/C XXX-X3532 | | | 2,618,866. | 2,914,011. |

Total

2,618,866. 2,914,011.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| | End of Year | | | |
|---|---------------|----------------------|--|--|
| Line 10b - Investments - Corporate Stock: | Book Value | Fair Market Value | | |
| ALTRIA GROUP INC. | 9,902. | 16,588. | | |
| CHEVRON CORP | 21,692. | 36,728. | | |
| EXXON MOBIL CORP | 22,023. | 30,169. | | |
| STEEL DYNAMICS INC | 1,421,000. | 668,783. | | |
| PHILIP MORRIS INTL INC | 23,955. | 46,652. | | |
| MERRILL LYNCH A/C XXX-X3528 | 2,790,005. | 2,809,240. | | |
| MERRILL LYNCH A/C XXX-X3529 | 1,567,619. | 1,661,473. | | |
| MERRILL LYNCH A/C XXX-X3530 | 653,907. | 729,378. | | |
| MERRILL LYNCH A/C XXX-X3531 | 993,053. | 940,632. | | |

Total

7,503,156. 6,939,643.

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

| | End of | Year | |
|---|---------------|----------------------|--|
| Line 10c - Investments - Corporate Bonds: | Book Value | Fair Market Value | |
| MERRILL LYNCH A/C XXX-X3532 | 837,133. | 922,281. | |
| Total | 837,133. | 922,281. | |

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

| | End of Year | | | |
|--|---------------|----------------------|--|--|
| Line 13 - Investments - Other: | Book Value | Fair Market Value | | |
| THE ENDOWMENT TEI FUND | 1,466,096. | 1,369,515 | | |
| MERRILL LYNCH A/C XXX-X3532 MUTUAL FUNDS | 1,191,478. | 1,162,239 | | |
| MERRILL LYNCH A/C XXX-X3528 | 190,246. | 191,285 | | |
| MERRILL LYNCH A/C XXX-X3529 | 64,510. | 66,146 | | |
| MERRILL LYNCH A/C XXX-X3530 | 14,199. | 14,400 | | |
| MERRILL LYNCH A/C XXX-X3531 | 22,307. | 22,338 | | |
| Total | 2,948,836. | 2,825,923 | | |

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

| | re filing for an Automatic 3-Month Extension, con | | | | ► <u>X</u> | |
|--|--|--|---|----------------------------------|-----------------------|--|
| - | re filing for an Additional (Not Automatic) 3-Mont | | | • | | |
| Do not com | <i>aplete Part II unless</i> you have already been granted | d an automa | atic 3-month extension on a previously fi | led Form 8868. | | |
| corporation request an Associated | filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www.irs.gov/efile.and.click.com | t automatic) Part I or Pa iust be sent | 3-month extension of time. You can ele art II with the exception of Form 8870, in to the IRS in paper format (see instructi | ctronically file formation Retui | Form 8868 to | |
| Rart I A | Automatic 3-Month Extension of Time. C | nly subm | it original (no copies needed). | | | |
| A corporation | on required to file Form 990-T and requesting an a | automatic 6 | month extension -eheck this box and co | mplete Part I o | nly . ► | |
| All other co | orporations (including 1120-C filers), partnerships, | REMICS, a | nd trusts must use Form 7004 to request | t an extension i | of time to file | |
| income tax | | | | · urr oxtoriorr (| , ,,,,,,, | |
| | | | Enter filer's identif | ying number, s | see instructions | |
| | Name of exempt organization or other filer, see instructions | | | Employer identifica | ation number (EIN) or | |
| Type or | | | | | | |
| print | THE LEN-ARI FOUNDATION, INC. | | | X 20-131 | 7221 | |
| File by the | Number, street, and room or suite number. If a P O box, see in | nstructions | | | ty number (SSN) | |
| due date for filing your | 5642 COVENTRY LANE | | | | | |
| return, See instructions. | City, town or post office, state, and ZIP code For a foreign add | lress, see ınstru | ctions | <u>-11, 1,</u> | | |
| | FORT WAYNE | | | IN 4 | 6804 | |
| | PORT WATER | | | IN4 | 0004 | |
| Enter the R | Return code for the return that this application is fo | or (file a sep | parate application for each return) | | 04 | |
| Application | 1 | Return Code | Application Is For | | | |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 | |
| Form 990-E | BL | 02 | Form 1041-A | | | |
| Form 990-E | | 01 | Form 4720 | | | |
| Form 990-F | | 04 | Form 5227 | 10 | | |
| | Γ (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | |
| | Γ (trust other than above) | 06 | Form 8870 | 12 | | |
| Telepho If the o If this is check to the external I requested to the control of t | one No. (260) 432-2233 rganization does not have an office or place of but is for a Group Return, enter the organization's four his box If it is for part of the group, organization is for. Just an automatic 3-month (6 months for a corporative form of the group) are sextension is for the organization's return for: Calendar year 20 11 or | isiness in the digit Group check this batton require ganization re | ed to file Form 990-T) extension of time eturn for the organization named above. | this is for the mes and EINs | | |
| 2 If the | calendar year 20 11 or tax year beginning, 20tax year entered in line 1 is for less than 12 months. | | | al return | | |
| | hange in accounting period | | | | | |
| | application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions | | O, enter the tentative tax, less any | 3a \$ | 3,000. | |
| b If this paym | application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al | 069, enter a llowed as a | any refundable credits and estimated tax credit | 3b\$ | 912. | |
| <u>EFTP</u> | nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See | instructions | <u> </u> | 3c \$ | 2,088. | |
| Caution. If | you are going to make an electronic fund withdra structions. | wal with this | s Form 8868, see Form 8453-EO and For | rm 8879-EO for | | |