

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2011

For	cale	ndar year 2011 or tax year beginning	, and	dending			
Nai	ne of f	oundation			Α	Employer identification number	
The	Spa	no Family Charitable Foundation Inc				20-3821314	
		nd street (or P O box number if mail is not delivered to street ad-	dress)	Room/suite	В	Telephone number (see instructions)	
Foi	ndati	ion Source 501 Silverside Rd		123	ļ	(800) 839-1754	
		wn, state, and ZIP code			c	If exemption application is pending, check here	▶□
\A/it	nıngt	on -	DE 1:	9809-1377		in exemption application to pending, creek here	
			I return of a former pu		۱,	Foreign organizations, check here	- □
~	01100		nded return	blic charty			
			ie change		1	Foreign organizations meeting the 85% test, check here and attach computation	
	<u> </u>				┨	check here and attach computation	
Н		ck type of organization X Section 501(c)(3) exer	- •			If private foundation status was terminated	
Ш		tion 4947(a)(1) nonexempt charitable trust C		oundation]	under section 507(b)(1)(A), check here	- [_
		market value of all assets at end J Accounting r	nethod 💢 Cash	Accrual	1 '	If the foundation is in a 60-month termination	_
		ar (from Part II, col (c), Other (sp			1	under section 507(b)(1)(B), check here	► L
		16) ▶\$ 992,771 (Part I, column (c	d) must be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investm	nent	(c) Adjusted net for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	income	CIIC	income purposes	•
		the amounts in column (a) (see instructions))	books			(cash basis onl	ly)
	1	Contributions, gifts, grants, etc., received (attach schedule)	140,667				
	2	Check ▶ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities .	36,473		6, <u>47</u>	3	
	5 a	Gross rents					
a	b	Net rental income or (loss)					
2	6 a	Net gain or (loss) from sale of assets not on line 10	-5,243				
Revenue	b	Gross sales price for all assets on line 6a 862,649					
쮼	7	, ,			5 <u>, 15</u>	52	
	8	Net short-term capital gain					
	9	Income modifications					
		Gross sales less returns and allowances				 	
		Less Cost of goods sold .				<u> </u>	
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)				- 	
	12	Total. Add lines 1 through 11	171,897	6·	1,62	25 FOFIVE	= [
တ္သ	13	Compensation of officers, directors, trustees, etc				RECEIVE	
્ર	14	Other employee salanes and wages					
Expenses	15	Pension plans, employee benefits				N MAY 1 7 21	012
X	16 a	Legal fees (attach schedule)				IVIAT A 6 C	
e	t	Accounting fees (attach schedule)				Ш	
₽		Other professional fees (attach schedule) .	6,386		6,38	BE DEN	با
Administrativ	17	Interest			_		
is	18	Taxes (attach schedule) (see instructions).	870				
Ē	19	Depreciation (attach schedule) and depletion		<u> </u>			
늉	20	Occupancy					
	21	Travel, conferences, and meetings					
and	22	Printing and publications					
0	23	Other expenses (attach schedule)	10,433			10	0,43
perating	24	Total operating and administrative expenses.					
ā		Add lines 13 through 23	17,689		<u>6,38</u>		0,43
ğ	25	Contributions, gifts, grants paid	230,711			230	0,71
0	26	Total expenses and disbursements Add lines 24 and 25.	248,400	(6,38	36 24	1,14
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements .	-76,503				
	t	Net investment income (if negative, enter -0-) .		5	5,23	39	
		Adjusted net income (if negative, enter -0-)		= 			

For Paperwork Reduction Act Notice, see instructions.

W/4

N

Form 990-PF (2011)

흥	19	Deferred revenue		
Liabilitie	20	Loans from officers, directors, trustees, and other disqualified persons		
<u>.ē</u>	21	Mortgages and other notes payable (attach schedule)		
┙╽	22	Other liabilities (describe ▶)		
	23	Total liabilities (add lines 17 through 22)	0	0
מ		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		
<u>a</u>	24	Unrestricted		
	25	Temporanly restricted		
	26	Permanently restricted		
runa.		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.		
ร้	27	Capital stock, trust principal, or current funds		
2	28	Paid-in or capital surplus, or land, bldg, and equipment fund		
ASSets	29	Retained earnings, accumulated income, endowment, or other funds.	1,026,080	949,727
۲	30	Total net assets or fund balances (see instructions)	1,026,080	949,727
Z E	31	Total liabilities and net assets/fund balances (see		
-		instructions)	1,026,080	949.727

17

18

Grants payable

Accounts payable and accrued expenses .

1.026.080

949,727

992,771

Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1,026,080 **2** Enter amount from Part I, line 27a 2 -76,503 3 Other increases not included in line 2 (itemize) Returned Grant 3 150 **4** Add lines 1, 2, and 3 4 949,727 5 Decreases not included in line 2 (itemize) ▶ 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 949,727

(a) List and describe the 2-story brick warehouse	nt incor	(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)				
1a Publicly-traded Securities						_			
b									
С									
_d	<u> </u>								
<u>e</u>				<u> </u>			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)			
a 862,649				837,497			25,152		
_b		<u> </u>							
C						_			
_d		<u> </u>							
<u>e</u>		44 4		10/04/00					
Complete only for assets showing gain in column (h) and owned		ea by the				-	(h) gain minus		
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (ı) l (ı), ıf any	_ co		tess than -0-) or rom col (h))		
a							25,152		
b				· ·					
С									
d									
е		<u></u>							
2 Capital gain net income or	$(\text{net capital loss}) \begin{cases} \text{If gain, a} \\ \text{If (loss)}. \end{cases}$			rt I, line 7 }	2		25,152		
3 Net short-term capital gain						_			
If gain, also enter in Part I,	line 8, column (c) (see instruc								
		<u> </u>			3				
Part V Qualification Unc									
(For optional use by domestic	private foundations subject to	the se	ection 494	10(a) tax on net ir	nvestmen	t income)			
If section 4940(d)(2) applies, le	ave this part blank.								
Was the foundation liable for th	ne section 4942 tay on the dis	stributa	hle amoi	int of any year in	the hase	neriod?	Yes X No		
If "Yes," the foundation does no				• •	tile base	period			
	ount in each column for each				making a	any entries			
(a)		, cu., c	occ the in		Indiange	arry Critico	(d)		
Base period years	(b) Adjusted qualifying distribution	ons	Net value	(c) of nonchantable-use a	ssets		Inbution ratio		
Calendar year (or tax year beginning i	n)					(col (b)	divided by col (c))		
2010		1,697 0,730	-		9,696		0 191062		
2008		4,942			2,791 3,116		<u>0 111469</u> 0 089046		
2007		2,283			0,019		0 164202		
2006		3,993			3,471		0 113426		
		, ,,,,,,,		1,700	5,47,1		0 110120		
2 Total of line 1, column (d)					. 2	2	0.669205		
3 Average distribution ratio for			e total on	line 2 by 5, or by					
	undation has been in existend				3	<u> </u>	0 133841		
4 Enter the net value of nonc	haritable-use assets for 2011	I from I	Part X, lır	ne 5	4	<u> </u>	1,225,750		
5 Multiply line 4 by line 3 .					5	<u> </u>	<u>164,056</u>		
6 Enter 1% of net investment	tincome (1% of Part I line 27	7h)			. 6	.	552		
• Furei 1/0 of thet mixestilletti	. moone (170 or Fatti, inie 27	,	•		· -		552		
7 Add lines 5 and 6					7	, L	164,608		
O Enter avalitives distantives	8 Enter qualifying distributions from Part XII, line 4								
	is from Part XII, line 4 .. er than line 7, check the box i		 VI, line 1	b, and complete			241,144 % tax rate See		
the Part VI instructions				·					

General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*.... Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If "Yes,"*

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

complete Part XIV .

their names and addresses .

8b

-OHIO	390-PF (2011) The Spano Family Charitable Foundation Inc 20-3	<u>8821314</u>	P8	age 🧿
Par	t 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		Х
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		_ X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .	13	Х	
	Website address ▶			
14	The books are in care of ► Foundation Source Telephone no. ►	(800) 839-	1754
	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-13	377		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		Þ	· [
	and enter the amount of tax-exempt interest received or accrued during the year		T	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, 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	Į	į	l
_	the foreign country			
Рa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			İ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	'		į
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	}		
	a disqualified person?	J		l
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	·		l
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	·		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No	·		ĺ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			ĺ
	If the foundation agreed to make a grant to or to employ the official for a penod			
_	after termination of government service, if terminating within 90 days) Yes X No)		1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b_	-	<u> </u>
_	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	40		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	· 1c	-	 ^-
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))]		
а	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 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	{		<u> </u>
	to all years listed, answer "No" and attach statement—see instructions)	. 2b	N/A	L
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20	1		1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		
	enterprise at any time during the year? Yes X No	,		
b	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	- <u>-</u>	ļ	
	If the foundation had excess business holdings in 2011)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a	-	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable	 -		-
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	. 4b	1_	<u>X</u>

Form	990-PF (2011) The Spano Family Charitable	e Fou	ndation Inc.						20	-3821	314	Р	age 6
Pa	t VII-B Statements Regarding Activi	ies f	or Which Forn	n 47	20 May Be R	equired	(conti	nued)					
5a	 (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration (3) Provide a grant to an individual for travel, s (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 4 	to influence to indicate the condition of the condition o	uence legislation (ion (see section 49 /e?	955), pose	or to carry			Yes Yes Yes		No No No			
	(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, chai	ntable, scientific, li	terar	y, ar			Yes		No			
	If any answer is "Yes" to 5a(1)—(5), did any of the Regulations section 53 4945 or in a current notic Organizations relying on a current notice regardil If the answer is "Yes" to question 5a(4), does the	e rega ng disa	rding disaster assi aster assistance ch	istan neck	ce (see instruction here		ed in	 . >			5b	N/A	
	tax because it maintained expenditure responsib If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any t	lity for tions s	the grant? section 53 4945–5	(d)	, .] Yes		No			
	premiums on a personal benefit contract? Did the foundation, during the year, pay premium			•		 contract?		Yes	X	No	6b		Х
	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation receive any proceeds							Yes	X	No	7b	N/A	
	Information About Officers and Contractors List all officers, directors, trustees, foun									l Em	ploy	ees,	
	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c	Compensation f not paid, enter -0-)	(d) C	ontribut	ions to efit plans	s			se acco	
SE	ATTACHMENT												
		_			-				_				
		-	<u> </u>									_	
2	Compensation of five highest-paid empl	yees	(other than the	ose	included on li	ne 1—se	e inst	ructio	ns). I	f non	е,		
	enter "NONE."												_
(a	Name and address of each employee paid more than \$5	0,000	(b) Title, and avera hours per week devoted to position	₹	(c) Compensation	n 'e	mploye	butions to e benefi deferre nsation	t			se acco	
<u>NO</u>	NE.			.00									
				.00									
<u></u>				00					-				
				.00					_				
<u></u>				.00									
To	al number of other employees paid over \$50	.000							. ▶				

Form 990-PF (2011)		20-3821314 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers	Highly Paid Employees,
	and Contractors (continued)	
3 Five highes	st-paid independent contractors for professional services (see instructions). If none, ente	r "NONE."
(a) N	ame and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
.,		
Total number o	f others receiving over \$50,000 for professional services	•
Part IX-A	Summary of Direct Charitable Activities	
	's four largest direct chantable activities during the tax year. Include relevant statistical information such as anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	anizations and other beneficialies served, comercines convened, research papers produced, etc	
'	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
•		
2		
All other program-r	related investments. See instructions	
3		
Total Add lines	s 1 through 3	▶ ∩

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign f see instructions.)	oundati	ons,
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	1,192,748
b	Average of monthly cash balances	1b	51,668
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,244,416
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	_
3	Subtract line 2 from line 1d	3	1,244,416
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	18,66 <u>6</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,225,750
6	Minimum investment return. Enter 5% of line 5	6	61,288
Par			
1	Minimum investment return from Part X, line 6	1	61,288
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)		
С	Add lines 2a and 2b	2c	552
3	Distributable amount before adjustments Subtract line 2c from line 1	3	60,736
4	Recovenes of amounts treated as qualifying distributions	4	150
5	Add lines 3 and 4	5	60,886
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	60,886
	t 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	241,144
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	241,144
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	552
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	240,592
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	dation	

Form 990-PF (2011)

20-3821314

Part	XIII Undistributed Incom	e (see instructions)	- (2)	(6)	(2)	
1	Distributable amount for 2011 fro	om Part XI.	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
-	line 7					60,886
2	Undistributed income, if any, as	of the end of 2011				
а					0	
b	Total for prior years 20,	20, 20 [0		
3	Excess distributions carryover, if	any, to 2011				
а	From 2006	124,174				1
b	From 2007	206,662				
С	From 2008	54,690		į		
d	From 2009	72,614				
е	From 2010	194,594				
f	<u> </u>		652,734			
4	Qualifying distributions for 2011					
	XII, line 4 • \$2					
	Applied to 2010, but not more th				0	
b	Applied to undistributed income	' '		_i		
_	(Election required—see instruction	· –		0		
C	Treated as distributions out of co	' ']		Ì
	•		-			60.006
	Applied to 2011 distributable am		180,258			60,886
е 5	Remaining amount distributed or Excess distributions carryover a	·	160,256			
3	(If an amount appears in column	· ·				
	same amount must be shown in					
6	Enter the net total of each col	umn as				ľ
	indicated below:	1-		ļ		
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	832,992			<u> </u>
b	Prior years' undistributed income	e Subtract				
	line 4b from line 2b	· · ·		<u> </u>		
С	Enter the amount of prior years'	undistributed				
	income for which a notice of defi	ciency has		i		
	been issued, or on which the se-	` '				!
	tax has been previously assesse					
d	Subtract line 6c from line 6b Ta	xable				!
	amount—see instructions .	-		0		
е	Undistributed income for 2010.					
	4a from line 2a Taxable amoun	t—see				
	instructions				0	
T	Undistributed income for 2011 S					
	lines 4d and 5 from line 1. This a					o
7	be distributed in 2012 .	· · · · ·				
•	Amounts treated as distributions corpus to satisfy requirements in					
	section 170(b)(1)(F) or 4942(g)(
8	Excess distributions carryover fr	į.		_		
•	not applied on line 5 or line 7 (se		124,174			
9	Excess distributions carryove	· -	127,174			
•	Subtract lines 7 and 8 from line		708,818		:	
10	Analysis of line 9	· · · · ·	. 30,010			
	Excess from 2007	206,662				
b	Excess from 2008 .	54,690				
c	Excess from 2009	72,614				
d	Excess from 2010 .	194,594				
е	Excess from 2011	180,258				

	1990-PF (2011) The Spano Family Charitable		A Dest VIII A		20-382	
	1 XIV Private Operating Foundations (s			uestion 9)		N/A
1 а	If the foundation has received a ruling or determine foundation, and the ruling is effective for 2011, ent	•				
	Check box to indicate whether the foundation is a	private operating foun	dation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(a) Total
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,					
ام	line 4 for each year listed	-0				0
u	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					0
	for active conduct of exempt activities					
3	Subtract line 2d from line 2c	0	0	0	0	0
	Complete 3a, b, or c for the alternative test relied upon	ļ				
а	"Assets" alternative test—enter (1) Value of all assets					0
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	اه				0
С	"Support" alternative test—enter		_			
	(1) Total support other than gross	1	ı	'		
	investment income (interest, dividends, rents, payments				:	
	on securities loans (section					
	512(a)(5)), or royalties)	<u> </u>				0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income			`	<u></u>	0
Pa	rt XV Supplementary Information (Cor assets at any time during the ye			ndation had \$5,	000 or more in	
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have cor				the foundation	
_	before the close of any tax year (but only if they ha	ave contributed more	than \$5,000) (See	section 507(d)(2).)		
	e Attached Statement List any managers of the foundation who own 10%	6 or more of the stock	of a corporation /c	or an equally large n	ortion of the	
~	ownership of a partnership or other entity) of which				ordon or the	
NO	NE					
2	Information Regarding Contribution, Gran		• •	•		
	Check here					
_	other conditions, complete items 2a, b, c, and d The name, address, and telephone number of the	nerson to whom and	ications should be	addressed		
d	name, address, and telephone number of the	Polocii to mioni appi	.cations silvaid DE			
	The form in which applications should be submitted	ed and information and	i materials they sh	ould include		
•	, The folial in William applications chosen be suphilities		s materials they on	odia irrolado		
	Any submission deadlines		_			
_	Any restrictions or limitations on awards, such as	by geographical areas	s, chantable fields,	kinds of institutions,	or other	
	factors					

Total

Part XV Supplementary Information (continut) 3 Grants and Contributions Paid During th		for Euturo	Daymont	
	If recipient is an individual,	ľ	Fayment	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		500()(4)		
ARMSINC	N/A	509(a)(1)	Project Little Soldier	1,000
265 BROAD ST				
EATONTOWN NJ 07724	N/A	E00(=)(2)	Memorial Golf Fund	600
ADAM P ARIAS MEMORIAL SCHOLARSHIP FUND 601B OMNI DR	N/A	509(a)(2)	Memorial Goil Fund	680
HILLSBOROUGH NJ 08844				
ADVANCING OPPORTUNITIES INC	N/A	509(a)(1)	General & Unrestricted	1,600
1005 WHITEHEAD RD EXTENSION		555(4)(1)		1,000
EWING NJ 08638				
ADVANCING OPPORTUNITIES INC	N/A	509(a)(1)	Charitable Event	10,000
1005 WHITEHEAD RD EXTENSION				
EWING NJ 08638		1		
ADVANCING OPPORTUNITIES INC	N/A	509(a)(1)	Charitable Event	2,000
1005 WHITEHEAD RD EXTENSION				
EWING NJ 08638				
ADVANCING OPPORTUNITIES INC	N/A	509(a)(1)	Charitable Event	200
1005 WHITEHEAD RD EXTENSION				
EWING NJ 08638	l			450
ALDERSGATE UNITED METHODIST CHURCH	N/A	509(a)(1)	Crisis Room Pantry	150
568 RYDERS LN			Funding Program	
E BRUNSWICK NJ 08816 AMERICAN RED CROSS - JERSEY CHAPTER	N/A	509(a)(1)	General & Unrestricted	2,500
1540 W PARK AVE	IN/A	303(a)(1)	General & Onlestricted	2,300
TINTON FALLS NJ 07724				
ASHLEY LAUREN FOUNDATION	N/A	509(a)(1)	Charitable Event	495
315 HWY 34 STE 135				
COLTS NECK NJ 07722				
ASHLEY LAUREN FOUNDATION	N/A	509(a)(1)	Charitable Event	10,000
315 HWY 34 STE 135				
COLTS NECK NJ 07722				
BIG BROTHERS/BIG SISTERS	N/A	509(a)(1)	Charitable Event	1,000
174 MAIN ST				
EATONTOWN NJ 07724	<u>l</u> ,	l		900 711
Total See Attached Statement	<u> </u>	 	▶ 3 a	230,711
b Approved for future payment				
	*See attached	d Descript	ibn of Distributions d	of Property
			/alue at Date of Dist	
			1	

▶ 3b

	7 mary one of infoomer i roudeling 7 total					
Enter g	ross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
_		Business code	Amount	Exclusion code	Amount	function income (See instructions)
	gram service revenue					(See instructions)
c _						
d _						
e _ f						
-	ees and contracts from government agencies .					
_						
	nbership dues and assessments rest on savings and temporary cash investments					
	dends and interest from securities			14	36,473	<u>.</u>
	rental income or (loss) from real estate			17	30,473	
	Debt-financed property					
	Not debt-financed property					
	rental income or (loss) from personal property			· · · · ·		
	er investment income					
	or (loss) from sales of assets other than inventory.			18	-5,243	
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
11 Othe	er revenue a					
C						
_						
d _ e _						
d _ e _ 12 Sub	totał. Add columns (b), (d), and (e)		0		31,230	
d _ e _ 12 Sub 13 Tota	total. Add columns (b), (d), and (e)		0		31,230 13	0 31,230
d _ e _ 12 Sub 13 Tota (See wo	total. Add columns (b), (d), and (e)					
d _ e _ 12 Sub 13 Tota (See wo Part X	total. Add columns (b), (d), and (e)	omplishment	of Exempt P	urposes	13	
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X	total. Add columns (b), (d), and (e)	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230
d _ e _ 12 Sub 13 Tota (See wo Part X Line No	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations) VI-B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	of Exempt Poumn (e) of Part X	urposes	13	31,230

r art.	X V III	Exempt Organiza	•	siers to and transc	ictions ai	14 1101	ationsinps wi	itii itoiloilaili	abic		
1 D	d the c			ngage in any of the follo	owing with	anv oth	er organization	described	T	Yes	No
				section 501(c)(3) organi						,	
	ganiza		(007		,		3		,	, ,	~ 1
	_		faundation to	a nancharitable avemn	t organizat	on of			4	*	
		•		a noncharitable exemp	it organizat	101101			1a(1)		Х
•) Cast	n			• •	•	•	• • •	1a(1)	 	X
•	•	in assets Insactions			•	•			19(2)		
			charitable eve	empt organization					1b(1)		X
				able exempt organization					1b(2)		X
				r assets			•		1b(3)		X
•	,	nbursement arrange							1b(4)		X
•		ns or loan guarantee							1b(5)		X
				nip or fundraising solicit					1b(6)		X
				ts, other assets, or paid					1c		Х
	_		-	complete the following						et	
Va	lue of	the goods, other ass	ets, or servic	es given by the reporting	o foundation	on. If th	e foundation rec	eived less than	ı faır ma	arket	
Va	lue in	any transaction or sh	naring arrang	ement, show in column	(d) the val	lue of th	ne goods, other a	assets, or servi	ces rec	eıved	
(a) Line	no	(b) Amount involved	(c) Name	of nonchantable exempt organ	nization	(d) Des	scription of transfers,	transactions, and s	hаппд ап	angem	ents
· /		, ,					·				
								- "			
								•			
							_				
						_					
				<u> </u>							

				·							
				ated with, or related to,					Yes X	l No	
		a in section 50 i(c) o complete the followi		ther than section 501(c)(3)) 01 111 8	section	5217	. Ц	162 [V] 140	
וו ט				(b) Type of org	tion		(0)	Description of relati	onchin		
		(a) Name of organization		(b) Type of org	anization		(6)	Description of relati	Oliship		
	-										
					_						
	$\overline{}$					-					
_	$\overline{}$	$\overline{}$									
	Unde	r nepalties of nerium declare t	hat I have examined	this return, including accompanying	schedules and st	tatements a	and to the best of my know	wledge and belief, it is t	nie.		
٠.	COLLEG			taxpayer) is based on all information							
Sign	/	1/2						May the IRS			
Here		VX \		15-8-12	//	OST.	Int	with the prep		_	w (see No
		anature of officer or trustee) 	Date	Title	7110	(7)	manuchoris)		·	1 1.00
		Print/Type properers no		Preparer's signature	-		Date		PTIN		
Paid				` •				Check I if			
Prep	arer	Jeffrey D Haskell		Jeffrey D. Haske	<u> </u>		5/2/2012	self-employed	P0134	5770	
Use			undation Sou		_				1-0398		
		Firm's address ► 55	Walls Drive,	Fairfield, CT 06824				Phone no (80	0) 839 <u>-</u>	1754	

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶Attach to Form 990, Form 990-EZ, or Form 990-PF. Name of the organization **Employer identification number** The Spano Family Charitable Foundation Inc. 20-3821314

Organiz	ation type (check one	2)
Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(7)	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General	Rule	
		ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or e contributor. Complete Parts I and II.
Special	Rules	
	sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and
	the year, total contribu	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during utions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
1	the year, contributions total to more than \$1,i year for an <i>exclusivel</i>	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during is for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not 000. If this box is checked, enter here the total contributions that were received during the y religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule cation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Name of organization

The Spano Family Chantable Foundation Inc.

Employer identification number
20-3821314

Parti			eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Spano, Claire 100 Five Points Freehold NJ 07728 Foreign State or Province Foreign Country	\$60,974	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Spano, Diane 196 Betsy Ross Drive Freehold NJ 07728 Foreign State or Province Foreign Country	\$ <u>25,915</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Spano, Joseph 196 Betsy Ross Drive Freehold NJ 07728 Foreign State or Province Foreign Country	\$ 52,157	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

The Spano Family Charitable Foundation Inc.

20-3821314

Part II	Noncash Property (see instructions). Use duplicate co	pies oi Part II ii additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MART RESOURCES INC MAUXF PK, 31000 sh	\$18,600	7/14/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SILVER QUEST RESOURCES LTD SQIFF, 7000 sh	\$6,790	6/3/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SILVER QUEST RESOURCES LTD SQIFF, 25000 sh	\$ 19,125	5/6/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	NEW JERSEY CMNTY BK NJCB, 2837 sh	\$ 18,157	8/12/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of ore	=	_		Employer identification number		
	Family Charitable Foundation Inc			20-3821314		
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions)					
	Use duplicate copies of Part III if additional			structions) > \$		
(a) No.	Ose duplicate copies of Fart III II addition.	ai space is nee	eded			
from	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held		
Part I						
		•••••				
		(e) T	ransfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
	For Deau					
(a) No.	For. Prov. Country	· · · · ·	<u> </u>			
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held		
Part I						
	(a) Transfer of gift					
	(e) Transfer of gift					
	Transferso's name address and 7ID 4					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
			•••••			
	For Prov Country					
(a) No. from	(h) Durango of wife		\	(d) Description of hour rift in held		
Part I	(b) Purpose of gift	(6) Use of gift	(d) Description of how gift is held		
	······					
	(a) Transfer of gift					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	, , , , , , , , , , , , , , , , , , ,			Relationship of transferor to transferee		
(a) No	For Prov. Country					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		` ·	· -			
	•••••					
		(e) T	ransfer of gift			
		, ,	_			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
	For Prov. Country					
	, , or , row. Course		•			

The Spano Family Charitable Foundation Inc

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

	TOTAL:	6,386	6,386	0)
		(a) Expenses per	(b) Net Investment	(c) Adjusted Net	(d) Charitable
1 Investment Management Services		6,386	6.386	0) Decoding
2					
8					
4					
5					
9					
8					
6					
10					

Form 990-PF, Part I, Line 18 - Taxes

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

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

		TOTAL:	904,662	947,706
			Book Value	FMV
	Description	Shares	End of Year	End of Year
-	DOUBLELINE TOTAL RETURN BOND (DBLTX)	9,072	102,035	100,062
7	2 FPA CRESCENT PORTFOLIO (FPACX)	2,904	860'29	77,756
က	3 IVA WORLDWIDE FUND CLASS I (IVWIX)	4,972	72,164	76,362
4	4 MART RESOURCES INC (MAUXF PK)	31,000	18,600	27,404
S	5 NEW JERSEY CMNTY BK (NJCB)	2,837	18,157	14,043
ဖ	6 NUVEEN TRADEWINDS GLOBAL ALL-CAP FUND CL R (NWGRX)	2	53	44
_	7 PIMCO FDS PACIFIC INV MGMT (PAUIX)	7,464	78,286	74,860
8	PIMCO INCOME FUND (PIMIX)	6,283	69,349	68,166
6	9 PIMCO UNCONSTRAINED BOND FUND, INST CL (PFIUX)	7,705	86,519	83,904
10	SILVER QUEST RESOURCES LTD (SQIFF)	46,000	28,940	46,460
=	TASEKO MINES LIMITED (TGB)	58,500	143,298	159,705
12	12 TCW GALILEO TOTAL RETURN BOND FUND CL I (TGLMX)	10,542	105,031	101,627
13	13 U S PRECIOUS METALS INC (USPR PK)	200,000	84,173	85,000
4	14 YACKTMAN FOCUSED FUND (YAFFX)	1,721	30,959	32,313

© 2011 CCH Small Firm Services. All rights reserved

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

The Spano Family Charitable Foundation Inc

						ĭ	TOTAL:	0	0	0
	Name	Street	City	State	Zıp Code	Title	Avg Hrs	Comp	Benefits	Expense Acct
	1 Thomas Gleckner	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President	-	0	0	0
2	Gary Mangino	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President	-	0	0	0
က	Anthony T Psomas	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President / Director		0	0	0
4	Claire Spano	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President	1	0	0	0
2	Diane Spano	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President	-	0	0	0
ဖ		Foundation Source 501 Silverside Rd	Wilmington	믬	19809	Vice President	-	0	0	0
7	Joseph Spano	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Vice President	1	0	0	0
8	Thomas Spano	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	President / Director	1	0	0	0
6	9 Mary Spano Gleckner	Foundation Source 501 Silverside Rd	Wilmington	DE	19809	Director / Secretary	-	0	0	0
10									_	

Form 990-PF, Part XV, Line 1a - Information Regarding Foundation Managers

1 Claire Spano	
2 Diane Spano	
3 Joseph Spano	
4 Mary Spano Gleckner	
5 Thomas Gleckner	
6 Thomas Spano	
7	
8	
9	
10	

The Spano Family Charitable Found	fation_Inc			20-382	1314 Page 9	of 9
Form 990-PF, Part XV, Line	3a - Grants and	I Con	tributions Paid	d During the	Year	
Recipient(s) paid during the year						
Name THE STREETLIGHT MISSION INC						
Street						
PO BOX 843 City		State	Zip Code	Foreign Count	rv	
ELIZABETH		NJ	07207	l oreign count		
Relationship N/A	Foundation Status					
Purpose of grant/contribution	[509(a)(1)				Amount	
General & Unrestricted		- makety-r	en e			750
Name		· 152 14.1	The second of th	4	The state of the s	
URBANPROMISE MINISTRIES INC Street						
3700 RUDDEROW ST						
City			Zip Code	Foreign Count	try	
PENNSAUKEN Relationship	Foundation Status	NJ	08110	<u> </u>		
N/A	509(a)(1)					
Purpose of grant/contribution					Amount	500
General & Unrestricted	n THANGSHOUGH SHOW IN AND HOUSE STORE TO		. A secretar over the contract subsection	or and the in the second of the	Toward Research and the electronic	500
Name YOUNG MENS CHRISTIAN ASSOC OF	SOMERSET VALLE	-v				
Street	JOINLINGET VALLE	<u>- '</u>				
2 GREEN ST		01-1-	I=: 0 . I	T=		
City SOMERVILLE		State NJ	Zip Code 08876	Foreign Count	try	
Relationship	Foundation Status	1,10	100010			
N/A	[509(a)(2)					
Durnose of grant/contribution					TA ma a comb	
Purpose of grant/contribution Hillsborough YMCA Strong Kids Project					Amount	400
Purpose of grant/contribution Hillsborough YMCA Strong Kids Project Name					Amount	400
Hillsborough YMCA Strong Kids Project Name					Amount	400
Hillsborough YMCA Strong Kids Project				Magnetic No. of the Control of the C	Amount	400
Hillsborough YMCA Strong Kids Project Name		State	Zip Code	Foreign Count		400
Name Street City		State	Zip Code	Foreign Count		400
Hillsborough YMCA Strong Kids Project Name Street	Foundation Status	State	Zip Code	Foreign Count		400
Name Street City		State	Zip Code	Foreign Count		400
Hillsborough YMCA Strong Kids Project Name Street City Relationship	Foundation Status		Zip Code		Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution	Foundation Status				Amount	0
Name Street City Relationship Purpose of grant/contribution Name	Foundation Status				Amount	0
Name Street City Relationship Purpose of grant/contribution Name Street	Foundation Status		The section of the second to record		Amount	0
Name Street City Relationship Purpose of grant/contribution Name	Foundation Status				Amount	0
Name Street City Relationship Purpose of grant/contribution Name Street	Foundation Status		The section of the second to record		Amount	0
Name Street City Relationship Purpose of grant/contribution Name Street City Relationship	Foundation Status		The section of the second to record		Amount	0
Name Street City Relationship Purpose of grant/contribution Name Street City	Foundation Status		The section of the second to record		Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution	Foundation Status		The section of the second to record		Amount	0
Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution	Foundation Status		The section of the second to record		Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution	Foundation Status		The section of the second to record		Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution Street City Relationship Purpose of grant/contribution Name Street	Foundation Status	State	Zip Code	Foreign Count	Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution Street City Relationship Purpose of grant/contribution Name Street City	Foundation Status Foundation Status	State	The section of the second to record		Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution Name Street	Foundation Status	State	Zip Code	Foreign Count	Amount	0
Hillsborough YMCA Strong Kids Project Name Street City Relationship Purpose of grant/contribution Name Street City Relationship Purpose of grant/contribution Street City Relationship Purpose of grant/contribution Name Street City	Foundation Status Foundation Status	State	Zip Code	Foreign Count	Amount	0

The Spano Family Charitable Foundation EIN: 20-3821314 Taxable Year Ending December 31, 2011

Form 990-PF, Part XV- Distributions of Property Valued at Fair Market Value at Date of Distribution

Total Grant Amt_	\$6,575
Book Value	\$6,575
EMX	\$6,575
Charity.	Bridge Community Church
Description.	Grant of Clothing, medical supplies and other goods
Date	06/13/11

Method for Determining FMV and Book Value: Cost per receipts