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Form **990-PF** Department of the Treasu 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

For	calen	dar year 2011 or tax year beginning		, and ending					
		foundation	A Employer id	Jentification	number				
		ETTE & WILLIAM J. COLEM	IAN FAMILY						
		NDATION, INC.				55068	_		
		d street (or P O box number if mail is not delivered to stree	,	Room/su	D Totophone i				
		NORTH FRANKLIN TURNPIP	Œ		(201)	927-1	919		
		wn, state, and ZIP code			C If exemption a	pplication is pe	nding, check h	nere	▶
_		SEY, NJ 07446		· · · · · · · · · · · · · · · · · · ·	<u> </u>			_	
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign o	irganizations,	check here	•	>
		Final return	Amended return		Foreign or	ganızations mee and attach cor	eting the 85%	test,	
		Address change	Name change		2. check here	and attach cor	nputation		-
H (_	type of organization: X Section 501(c)(3) e	• •		E If private for				
<u></u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda			on 507(b)(1)(· ·		>
		rket value of all assets at end of year J Account		Accrual		F If the foundation is in a 60-month termination			
,		Part II, col. (c), line 16)	ther (specify)	12010)	- under section	under section 507(b)(1)(B), check here			
	·\$ art l	Analysis of Revenue and Expenses	T		(a) Adrus	tod not	(d) Dist	oursemer	nts
P	#F L 1	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investmen income	t (c) Adjus Incor		for charita	ble purp	oses
		Contributions, gifts, grants, etc., received	30,000.		N/2	<u> </u>	(583) [5111	,,
	ı	Check Influence of the foundation is not required to attach Sch. B	30,000						
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	38,216.	38,21	6.		STATE	MENT	<u>r 1</u>
	5a	Gross rents	,	<u>-</u>					
	l .	Net rental Income or (loss)							
_	١	Net gain or (loss) from sale of assets not on line 10	4,271.						
Revenue	١.	Gross sales price for all assets on line 6a 4,271.							
		Capital gain net income (from Part IV, line 2)		4,27	1.				
ď	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	c	Gross profit or (loss)	0.666				G		
	11	Other income	-9,666.	-9,66			STATE	MEN.	r 2
_	12	Total. Add lines 1 through 11	62,821.	32,82					0.
	13	Compensation of officers, directors, trustees, etc	0.		0.				
	14	Other employee salaries and wages							
Š	l	Pension plans, employee benefits							
nse	168	Legal fees			 				
x		Accounting fees Other professional fees			- - 	RECE	VED	$\overline{}$	
e E	17	Interest			N		· · · · · · · · · · · · · · · · · · ·	18	
ati	18	Taxes STMT 3	1,125.		0. 8	NOV 2 (2012	Ö	0.
inistra	19	Depreciation and depletion			1 10	140 x Z 4	7012	33	
í	20	Occupancy					1 117	- - 	
> ₹	21	Travel, conferences, and meetings				OGDE	v, U I	二丁	
V V COIL	22	Printing and publications	-						
> @	23	Other expenses STMT 4	176.	1'	76.				0.
Operating	24	Total operating and administrative							
i i	.]	expenses. Add lines 13 through 23	1,301.	1'	76.				0.
	25	Contributions, gifts, grants paid	37,100.					<u>37,</u> :	100.
Ī	26	Total expenses and disbursements.							4 6 6
		Add lines 24 and 25	38,401.	1'	76.			<u>37,</u>	100.
Ñ	27	Subtract line 26 from line 12:							
	1	Excess of revenue over expenses and disbursements	24,420.	30.0	·				
		Net investment income (if negative, enter -0-)		32,6		7			
ৰতক		Adjusted net income (if negative, enter -0-)			N/	<u>~</u>	[[[]	0 DF	(2011)
12-0	123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.						Form 99	,U-PF	(الراناء)

ARLETTE & WILLIAM J. COLEMAN FAMILY
Form 990-PF (2011) FOUNDATION, INC.

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Form **990-PF** (2011)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year			
Щ	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
	2	Savings and temporary cash investments	168,538.	36,903.	36,903.			
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts						
	4	Pledges receivable						
		Less: allowance for doubtful accounts		, , , , , , , , , , , , , , , , , , ,	<u> </u>			
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	l _	disqualified persons						
	7	Other notes and loans receivable						
	١.	Less; allowance for doubtful accounts						
Assets	8	Inventories for sale or use						
Ass	1,0-	Prepaid expenses and deferred charges						
_		Investments - U.S. and state government obligations Investments - corporate stock STMT 5	181,237.	243,334.	227 420			
		Investments - corporate stock STMT 5 Investments - corporate bonds	101,237.	243,334.	237,439.			
	l l							
	l'''	Investments - land, buildings, and equipment basis						
	12	Less accumulated depreciation Investments - mortgage loans						
	ı	Investments - other STMT 6	372,234.	466,192.	466,192.			
	l	Land, buildings, and equipment basis			100/1321			
		Less accumulated depreciation						
	15	Other assets (describe ►						
	İ							
	16	Total assets (to be completed by all filers)	722,009.	746,429.	740,534.			
	17	Accounts payable and accrued expenses						
	18	Grants payable						
es	19	Deferred revenue		-				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ë	1	Mortgages and other notes payable						
_	22	Other liabilities (describe)		_				
		T. 10 5000 / 11	_	,				
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	0.				
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted						
auc	25	Temporarily restricted						
Ba	l	Permanently restricted						
Fund Balance		Foundations that do not follow SFAS 117, check here		-				
		and complete lines 27 through 31.						
SO	27	Capital stock, trust principal, or current funds	722,009.	746,429.				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.				
Š	30	Total net assets or fund balances	722,009.	746,429.				
_	31	Total liabilities and net assets/fund balances	722,009.	746,429.	_			
P	art	III Analysis of Changes in Net Assets or Fund B	alances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	1.7				
		st agree with end-of-year figure reported on prior year's return)		1	722,009.			
		r amount from Part I, line 27a		2	24,420.			
		r increases not included in line 2 (itemize)		3	0.			
4	Add	lines 1, 2, and 3		4	746,429.			
5	Decr	eases not included in line 2 (itemize)		5	0.			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	746,429.			

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ഥ	Part IV Capital Gains	and Losses for lax on it	nvestmen	t income						
		ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sh			ÏΡ	How ac - Purc - Dona	Hase I	c) Date ac (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
18	COLEMAN OAKHIL	L INVESTORS K-1					PV	ARIO	US	VARIOUS
-	COLEMAN OAKHIL	L INVESTORS K-1	_		1	•		ARIO		VARIOUS
_	LATIGO PARTNER	S LP						ARIO		VARIOUS
_	1									
_					1					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 ,0,	st or other basis expense of sale			<u></u>	(h) Gair (e) plus (or (loss f) minus	
a	647.						-			647.
_	2,576.							-		2,576.
_	1 0 4 0									1,048.
-						-				_,
-							•			
Ť		ng gain in column (h) and owned by	the foundation	on 12/31/69			71)	Gains (Col	(h) gain	minus
		(j) Adjusted basis		cess of col. (i)				k), but no		
	(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (fr		
_							_	-		647.
				_						2,576.
_								·		1,048.
_0										1,040.
_										
				_	_		<u> </u>			
2	Capital gain net income or (net ca	$ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line)- in Part I, line	7 : 7	}[2				4,271.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):							
	If gain, also enter in Part I, line 8,				ĴΙ					
_	If (loss), enter -0- in Part I, line 8				J	3			N/A	
F	Part V Qualification U	nder Section 4940(e) for	Reduced	l Tax on Net	: Inv	estn	nent Inco	ome		_
lf s	section 4940(d)(2) applies, leave the	e foundations subject to the section his part blank. tion 4942 tax on the distributable an								Yes X No
		lify under section 4940(e). Do not co		•	ilou•					165 [21] NU
<u> </u>		each column for each year, see instr			es.			-		
_	(a)	(b)	-		(c)					(d)
	Base periód years Calendar year (or tax year beginni		tributions	Net value of no	nchar	ritable-	use assets	l (c	Distrit ol (h) div	oùtión ratio vided by col. (c))
_	2010		0,750.		-	69	8,958		o (b) a	•058301
	2009		0,650.				9,188	1		.076816
_	2008		9,089.				3,644			.061083
_	2007		8,180.				9,454			.052401
_	2006		5,788.		1		5,332			.052863
_			13,700.	L		, 05	3,332	'\		.032803
^	Total of line 4, column (d)									201464
	Total of line 1, column (d)	e						2		.301464
3		5-year base period - divide the total	on line 2 by 5,	or by the number	or yea	ars				0.0000
	the foundation has been in exister	nce if less than 5 years						3		.060293
4	Enter the net value of noncharitab	ele-use assets for 2011 from Part X,	line 5					4		762,817.
5	Multiply line 4 by line 3							5		45,993.
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		326.
7	Add lines 5 and 6							7		46,319.
8	Enter qualifying distributions from	n Part XII, line 4						8		37,100.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ıg a 19	% tax ı	rate.			

ARLETTE & WILLIAM J. COLEMAN FAMILY

	990-PF (2011) FOUNDATION, INC. rt VI Excise Tax Based on Investment Income (Section 494	0(a) 4940(b) 494			3555			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and e)	3 40 -	300 11	13110	-	13)
	Date of ruling or determination letter: (attach copy of letter if nec		.,					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		"	1			6	53.
U	of Part I, line 27b	and enter 170	ſ	-				
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part Lline 12 col (h	,,					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0		, j. J	2				0.
	Add lines 1 and 2	dieis citei o j		3			6	53.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-1		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	oners enter o)		5			6	53.
	Credits/Payments;			۳				
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	560.					
	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c	-	1				
	Backup withholding erroneously withheld	6d		1				
	Total credits and payments. Add lines 6a through 6d			7			5	60.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is atta	ached		8				7.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			1	00.
				10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	l _B	efunded	11				
	rt VII-A Statements Regarding Activities	1."						
	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participat	e or intervene	ın			Yes	No
	any political campaign?					1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for	definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar			ed or				
	distributed by the foundation in connection with the activities	,	•					
C	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	e year:						
	(1) On the foundation. > \$ 0. (2) On foundation managers		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend		ndation	•				
	managers ▶ \$ 0.							l
2	Has the foundation engaged in any activities that have not previously been reported to the I	RS?				2		X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of in	corporation, o	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	jes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?				4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year'	?				5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict	with the state	e law				ļ
	remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	
	If "Yes," complete Part II, col (c), and Part XV							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) - NONE						
	The second secon	AM						
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the			ייודאיםו	. 7	۱		v
_	of each state as required by General Instruction G? If "No," attach explanation		STATEM		7	8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of si		2(J)(5) for cale	endar		_	ŀ	v
40	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," or					9	-	X
ıU	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	iule listing their names and a	agresses			10	L	

	ARLETTE & WILLIAM J. COLEMAN FAMILY	'		, *
ırm	990-PF (2011) FOUNDATION, INC. 22-3555	068		Page 5
	rt VII-A Statements Regarding Activities (continued)	000		raye o
	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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			<u> </u>
14	The books are in care of ► WILLIAM J. COLEMAN Telephone no. ► (201) 9	27-	191	9
	Located at ≥ 275 NORTH FRANKLIN TURNPIKE, RAMSEY, NJ ZIP+4 ≥07			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			İ
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	. :		\ _v
_	before the first day of the tax year beginning in 2011?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)): 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			
d	before 2011? Lax year 2011, did the foundation have any undistributed income (lines of and be, Part XIII) for tax year(s) beginning Lax No			
	If "Yes," list the years ▶ , , ,			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
Ü	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		-
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
h	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,			1
	Form 4720, to determine if the foundation had excess business holdings in 2011.) N/A	3b		İ

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

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2011)

ARLETTE & WILLIAM J. COL Form 990-PF (2011) FOUNDATION, INC.			22-35550	6'8 Pag	je 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· //		es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire				
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	•				_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			
expenditure responsibility for the grant?		I/A □ γ _€	es No		
If "Yes," attach the statement required by Regulations section 53 494		., 1,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• /				
a personal benefit contract?	pay premiums on		es X No		
·	organal hanofit contract?	10	ES LAL NO	er 1	i.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b 2	<u>X</u>
If "Yes" to 6b, file Form 8870.	h-h		□	1 1	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		inagers, Highly	y 		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
		T	T.7 K.	, 	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth allowances	e 1er S
	(b) Title, and average hours per week devoted to position	(If not paid,	employee benefit plans and deferred	(e) Expens account, oth allowances	se her s
	to position	(If not paid,	employee benefit plans and deferred	(e) Expens account, oth allowances	se her s
WILLIAM J. COLEMAN	to position	(If not paid,	employee benefit plans and deferred	allowances	<u> </u>
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD	to position PRESIDENT 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	se her s
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458	to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	<u> </u>
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD	to position PRESIDENT 0.00 SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	<u>s</u> D .
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458	to position PRESIDENT 0.00 SEC/TREAS 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	<u> </u>
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN	to position PRESIDENT 0.00 SEC/TREAS	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	<u>s</u> D .
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances).).
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances	<u>s</u> D .
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances).).
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation O .	allowance:	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) 0. 0.	employee benefit plans and deferred compensation	allowance:).).
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) 0. 0.	employee benefit plans and deferred compensation O . O .	allowances	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) 0. 0.	employee benefit plans and deferred compensation O .	allowance:	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incompensation of five highest-paid employees (other than the compensation of five highest-pai	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.
WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 ARLETTE COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458 DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791 2 Compensation of five highest-paid employees (other than those inc) (a) Name and address of each employee paid more than \$50,000	to position PRESIDENT 0.00 SEC/TREAS 0.00 DIRECTOR 0.00 DIRECTOR 0.00 Liuded on line 1). If none, hours per week	(If not paid, enter -0-) 0. 0. enter "NONE."	employee benefit plans and deferred compensation O . O . O . (d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	0. 0.

Total number of other employees paid over \$50,000

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Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(4))	\-/ ·
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce:	information such as the	Expenses
1 N/A	-, -, -, -, -	
	· ·	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A	Tunu L.	7 HIOGH
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.

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P	art X Minimum Investment Return (All domestic foundations mus	st complete this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	etc., purposes:		
а	Average monthly fair market value of securities	,, .	1a	647,750.
b	Average of monthly cash balances		1b	126,683.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	774,433.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	ie 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	774,433.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se	ee instructions)	4	11,616.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa		5	762,817.
6_	Minimum investment return Enter 5% of line 5		6	38,141.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations check here and do not complete this part.)	(j)(5) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	38,141.
2a	Tax on investment income for 2011 from Part VI, line 5	a 653.		<u> </u>
b	Income tax for 2011. (This does not include the tax from Part VI.)	P.b.		
C	Add lines 2a and 2b	-	2c	653.
3	Distributable amount before adjustments. Subtract line 2c from line 1	i	3	37,488.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	•	5	37,488.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII	II, line 1	7	37,488.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos	ses:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	37,100. 0.
b	- 3		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,	etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		}	
a	Suitability test (prior IRS approval required)		3a	
þ			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and I	•	4	37,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	nent		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	37,100.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when 4940(e) reduction of tax in those years.	n calculating whether the foundation o	ualifies for the	section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

			- · · · · · · · · · · · · · · · · · · ·	
,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,		· · ·	•	
line 7				37,488.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:		.		
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 7,695. b From 2007 13,716.				
c From 2008 10,529. d From 2009 14,191.				
eFrom 2010 6,343.				
f Total of lines 3a through e	52,474.			
4 Qualifying distributions for 2011 from	32,11.			
Part XII, line 4: ►\$ 37,100.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				37,100.
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))	388.			388.
6 Enter the net total of each column as indicated below:		•	-	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	52,086.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	U •			
8 Excess distributions carryover from 2006	7,307.			
not applied on line 5 or line 7	7,307.		·	
9 Excess distributions carryover to 2012 Subtract lines 7 and 8 from line 6a	44,779.			
10 Analysis of line 9:	==,,,,,,,,			
a Excess from 2007 13,716.				
b Excess from 2008 10,529.				
c Excess from 2009 14,191.				
dExcess from 2010 6,343.				
e Excess from 2011				
				F 000 DE (0011)

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Part XIV Private Operating Foundations (see instru

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rait.	AIV Private Operating F	ouridations (see in	structions and Part VII-	A, question 9)	N/A	
	ne foundation has received a ruling of					
	indation, and the ruling is effective for			. ▶ └┬_	L 40.49(.)(0)	10()(5)
	eck box to indicate whether the found		ng foundation described in		4942(j)(3) or 49)42(j)(5)
	ter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
	ome from Part I or the minimum	(a) 2011	(8)2010	(6) 2003	(u) 2000	(6) 10(2)
	estment return from Part X for					
	ch year listed					
	% of line 2a					
	alifying distributions from Part XII,					
	e 4 for each year listed					
	nounts included in line 2c not					
	ed directly for active conduct of					
	empt activities				-	
	alifying distributions made directly					
	active conduct of exempt activities.					
	btract line 2d from line 2c					
	mplete 3a, b, or c for the ernative test relied upon:					
a "As	sets" alternative test - enter:					
(1)	Value of all assets	,				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "En	dowment" alternative test - enter					
2/3	of minimum investment return own in Part X, line 6 for each year					
	ipport" alternative test - enter:					
	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		1			
(0)	an exempt organization					
(4)	Gross investment income					
Part		rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	ore in assets
	at any time during t					J. O 255515
1 Int	ormation Regarding Foundatio	n Managers:				
a Lis	t any managers of the foundation wh	o have contributed more	than 2% of the total contr	ributions received by the	e foundation before the clo	se of any tax
yea	ar (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
SEE	STATEMENT 8					
	t any managers of the foundation wh			or an equally large port	on of the ownership of a p	artnership or
oth	ier entity) of which the foundation has	s a 10% or greater intere	st			
NONE	1					
2 Int	ormation Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
	eck here 🕨 🗓 ıf the foundation o				not accept unsolicited requ	ests for funds. If
	foundation makes gifts, grants, etc.					
a Th	e name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b Th	e form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
	u aubmioaian daadhaas		·			
C AN	y submission deadlines:					
d An	y restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of ınstitutions, or	other factors:	

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALZHEIMER'S FOUNDATION OF AMERICA NONE N/P GENERAL 322 8TH AVENUE, 7TH FL NEW YORK, NY 10001 500. BOYS TOWN JERUSALEM FOUNDATION OF NONE N/P GENERAL AMERICA INC 12 WEST 31 STREET SUITE 300 NEW YORK, NY 10001 10,000. NYU SCHOOL OF MEDICINE NONE N/P GENERAL 550 FIRST AVENUE NEW YORK, NY 10016 10,000. PBA SADDLE RIVER NONE N/P GENERAL 368 W SADDLE RIVER ROAD UPPER SADDLE RIVER, NJ 07458 600. PLAY FOR P.I.N.K. NONE N/P GENERAL 60 EAST 56TH STREET, 8TH FLOOR NEW YORK, NY 10022 500. SEE CONTINUATION SHEET(S) **▶** 3a 37,100. **b** Approved for future payment NONE Total **▶** 3b

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Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SLOAN KETTERING HOSPITAL NONE N/P GENERAL 1275 YORK AVENUE NEW YORK, NY 10021 5,000. UNIVERSITY OF VIRGINIA NONE N/P GENERAL PO BOX 400314 CHARLOTTESVILLE, VA 22904 6,000. MARINE CORPS - LAW ENFORCEMENT NONE N/P GENERAL FOUNDATION 10 ROCKEFELLER PLAZA, STE 1007 NEW YORK, NY 10020 2,000. SUSAN G. KOMEN FOR THE CURE NONE N/P GENERAL P.O. BOX 650309 DALLAS, TX 75265-0309 500. HEAVEN CAN WAIT ANIMAL SOCIETY NONE N/P GENERAL 546 N. EASTERN, STE.175 LAS VEGAS, NV 89101 2,000. Total from continuation sheets 15,500.

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Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		ed business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		_	1-1		
b	_		1		.
С	_		1 1		<u>-</u>
d	_	· · · · · · · · · · · · · · · · · · ·	1 1		
e	_		1		
f	_	•	1-1		
g Fees and contracts from government agencies	-		1 1		
Membership dues and assessments			1 1		
Interest on savings and temporary cash			1		- · · · · · · · · · · · · · · · · · · ·
investments					
Dividends and interest from securities			14	38,216.	
Net rental income or (loss) from real estate:					·
a Debt-financed property			1 1		
b Not debt-financed property					
Net rental income or (loss) from personal					
property			1 1		
Other investment income			14	-9,715.	
Gain or (loss) from sales of assets other					
than inventory			18	4,271.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a MISC INCOME			01	49.	
b					
c					·
d	_				
е					
Subtotal. Add columns (b), (d), and (e)		0	•	32,821.	(
Total. Add line 12, columns (b), (d), and (e)				13	32,821
ee worksheet in line 13 instructions to verify calculations.))				
Part XVI-B Relationship of Activities	to the Acc	omplishment of F	vemnt	Purnoses	
		_	_		
ine No. Explain below how each activity for which in	come is reported i	n column (e) of Part XVI-	A contribu	ited importantly to the accomp	lishment of
the foundation's exempt purposes (other that	an by providing fu	nds for such purposes).			
					
•					

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

1	Did the or	ganization directly or indir	rectly engage in any of the follow	ing with any other organization	described in section 501(c) of		Yes	No		
)(3) organizations) or in section 5			l				
a		•	ation to a noncharitable exempt o							
	(1) Cash		·			1a(1)	İ	X		
	(2) Other	r assets				1a(2)		X		
b	Other tran									
	(1) Sales	of assets to a noncharital	ble exempt organization			16(1)	ľ	X		
			ncharitable exempt organization			1b(2)		X		
		al of facilities, equipment,	·			1b(3)		X		
	(4) Reimbursement arrangements									
	(5) Loans or loan guarantees									
			embership or fundraising solicitat	ions		1b(6)		X		
С			uling lists, other assets, or paid e			1c		X		
					ys show the fair market value of the goods, of		ets.			
					in any transaction or sharing arrangement, sh		,			
			other assets, or services received							
a)L	ine no	(b) Amount involved	(c) Name of noncharitat	le exempt organization	(d) Description of transfers, transactions, and si	naring arra	ingeme	nts		
			N/A							
	ŀ									
		-								
		· · · · · · · · · · · · · · · · · · ·								
2 a			tly affiliated with, or related to, or		tions described	٦.,	177	١		
			r than section 501(c)(3)) or in se	ction 52/?	_	_ Yes	LA.] No		
D	If "Yes," co	omplete the following sche		(h) Type of organization	(c) Description of relationsh	<u> </u>				
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relationsh	,p				
		N/A								
				+						
				+						
	Under	penalties of perjury, I declare	that I have examined this return, include	_1	atements, and to the best of my knowledge					
Sid	gn and be	elief, it is true, offrect, and con	mplete Declaration of preparer (other the	nan taxpayer) is based on all informat	return	the IRS di	prepare	er		
	re	v Bulle	11/11	- X11/15/12	show	vn below (see inst	7)? No		
	<u> </u>	nature of officer or trustee	- Carrier	Date	Title	<u> </u>		140		
		Print/Type preparer's na			Date Check If PTIN					
			/ V/In	14/ 0//1-	self- employed					
Pa	id	MARC BLUME	NTHAL AUGUL	Monthat CH	10/50/1V P00	0488	357			
Pr	eparer		1 40/	CO., PC	Firm's EIN ► 22-31					
	e Only			-		_				
	_	Firm's address ▶ 85	5 VALLEY ROAD							
		CL	IFTON, NJ 0701	3-2483	Phone no. 973-4	72-6	525	0		
										

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

Schedule of Contributors

ARLETTE & WILLIAM J. COLEMAN FAMILY

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

F	OUNDATION, INC.	22-3555068			
Organization type (check	one).				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions			
	of the delication of the second of the secon	die. Gee Hattactions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n plete Parts I and II	noney or property) from any one			
Special Rules					
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reposition (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributions for If this box is chec purpose Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one continues exclusively for religious, charitable, etc., purposes, but these contributions did not tooked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because one, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000 ely religious, charitable, etc ,			
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PE)	• • • • • • • • • • • • • • • • • • • •			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ARLETTE'& WILLIAM J. COLEMAN FAMILY FOUNDATION, INC.

Employer identification number

22-3555068

Part I	Contributors	(see instructions).	. Use duplicate co	pies of Part I if addition	al space is needed.
	Continuators	(300 1113010000113).	Osc auplicate co	pico di i ait i ii additidii	ai space is riceded.

		<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARLETTE & WILLIAM J. COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458	\$10,000.	Person X 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
2	BRADLEY COLEMAN 3 HIGH MEADOW ROAD SADDLE RIVER, NJ 07458	\$\$	Person X 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
3	DANIELLE VITAGLIANO 1576 LAUREL HOLLOW ROAD LAUREL HOLLOW, NY 11791	\$\$	Person X 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
		 \$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452 01 0		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-2	D- 14	ochequie d (Form)	770, 770-EL, UI YYU-FF)(LUII)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization ARLETTE & WILLIAM J. COLEMAN FAMILY FOUNDATION, INC.

Employer identification number

22-3555068

Part II	Noncash Property	(see instructions)	Use duplicate copi	es of Part II if additio	nal space is needed
Part II	Noncash Property	(see instructions)	Use duplicate copi	es of Part II if additio	nal space is ne

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 01-2		\$Sahadula B (Form 6	390 990-F7 or 990-PF1 (2011)
∠3453 U1-2:	3-12	achedule milhorm s	330. 330°CZ. OF 930°PF) (71)111

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization

Employer identification number

ARLETTE &	W]	LLIAM	J.	COLEMAN	FAMILY
FOINDATTO	J	TNC.			

	a william o. Collina limitli	
FOUNDAT	ION, INC.	22-3555068
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization	ns that total more than \$1,000 for the
	year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter	

No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			_
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's flame, address, c		Treationship of dansferor to dansferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$-\left \frac{-}{-} \right $			
		(e) Transfer of gift	•
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No.	(h) Purpose of fift	(a) Hea of gift	(d) Description of how gift is hold
No. om art I	(b) Purpose of ģift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of ģift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of ģift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
No. om art I		(e) Transfer of gift	
art I		(e) Transfer of gift	
No. om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
art I	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 (c) Use of gift	Relationship of transferor to transferee
art I	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND	INTER	EST	FROM	SECU	JRITIE	S	STATEMENT	1
SOURCE			GROSS	AMO	UNT		PITAL DIVIDE		COLUMN (AMOUNT	
COLEMAN A10 CAPITAL CAPITAL CAPITAL CAPITAL COLEMAN CALIFORNIA IN LLC K-1 COLEMAN OAKHILL INVESTIGATION OF COLEMAN OAKHILL INVESTIGATION OF CAPITAL TO FM 990-PF, INTERPRETATION OF CAPITAL TO FM 990-PF, INTE	NVESTORS, STORS K-1 STORS K-1	4		2,	377. 2. 884. 456. 497.			0. 0. 0. 0.	2, 9,	377. 2. 884. 456. 497.
FORM 990-PF OTHER INCOME STATEMENT 2										
DESCRIPTION ORDINARY INCOME FROM MISC INCOME	TRADING		I	REV	A) ENUE BOOKS		MENT	B) NVEST- INCOME -9,715.		
TOTAL TO FORM 990-PF	, PART I, 1	LINE	11		-9,(666.		-9,666.		
FORM 990-PF TAXES						STATEMENT	3			
DESCRIPTION		EXPE	A) NSES BOOKS		(B) INVI IT IN			(C) JUSTED	(D) CHARIT PURPO	ABLE
FEDERAL EXCISE TAX		:	1,125.		-	0	•			0.
TO FORM 990-PF, PG 1	, LN 18	,	1,125.			0				0.

FORM 990-PF	OTHER E	OTHER EXPENSES				4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INTEREST EXPENSE RELATED TO TRADING	176.		176.			0.
TO FORM 990-PF, PG 1, LN 23	176.		176.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	5
DESCRIPTION			B00	K VALUE	FAIR MARKE VALUE	ET
MICROSOFT CORP VALLEY NATIONAL BANCORP CISCO SYS INC.				66,969. 140,091. 36,274.	64,9 136,3 36,1	79.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			243,334.	237,4	39.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	B00	K VALUE	FAIR MARKE VALUE	T
COLEMAN OAKHILL INVESTORS, LE COLEMAN A10 CAPITAL INVESTORE COLEMAN CALIFORNIA INVESTORS	S, LLC	COST COST COST		93,664. 305,458. 67,070.	93,6 305,4 67,0	158.
TOTAL TO FORM 990-PF, PART I	I. LINE 13			466,192.	466,1	92.

EXPLANATION

THE STATE OF NEW JERSEY, NEW JERSEY OFFICE OF ATTORNEY GENERAL NO LONGER REQUIRES A FOUNDATION WHICH RECEIVED CHARITABLE CONTRIBUTIONS ONLY FROM THE FOUNDER TO REGISTER. THEREFORE NJ DOES NOT REQUIRE THE SUBMISSION OF THE FEDERAL FORM 990PF.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

7

STATEMENT

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

8

NAME OF MANAGER

WILLIAM J. COLEMAN ARLETTE COLEMAN

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form. visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or ARLETTE & WILLIAM J. COLEMAN FAMILY print FOUNDATION, INC. 22-3555068 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 275 NORTH FRANKLIN TURNPIKE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions RAMSEY, NJ 07446 0 | 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return is For Code Is For Code Form 990-T (corporation) 07 Form 990 Form 990-BL Form 1041-A 80 Form 990-EZ Form 4720 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 WILLIAM J. COLEMAN The books are in the care of ▶ 275 NORTH FRANKLIN TURNPIKE - RAMSEY, NJ 07446-0369 Telephone No \triangleright (201)927-1919 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any Ο. nonrefundable credits See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

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

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2012)

	and the pro-	4 1%	- Canada	_	~ ·	*4 * * *
Form	8868 (Rev 1-2012)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	s box		Page 2
	Only complete Part II if you have already been granted an				8868.	
	ou are filing for an Automatic 3-Month Extension, comple				3300.	
Par				al (no c	opies needed).	
			Enter filer's	identifyii	ng number, see ins	tructions
Туре	or Name of exempt organization or other filer, see instru	ictions			r identification numb	
print		N FAM	ILY			
File by				X	22-355506	8
due da filing y	Number, street, and room or suite no. If a P.O. box, s	ee instruc	ctions.	Social se	ecurity number (SSN)
return				<u> </u>		
instruc	City, town or post office, state, and ZIP code For a fine RAMSEY, NJ 07446	oreign add	dress, see instructions			
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Appli	cation	Return	Application			Return
<u>Is Fo</u>	r	Code	Is For			Code
Form	990	01				
Form	990-BL	02	Form 1041-A			.08
Form	990-EZ	01	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STO	P! Do not complete Part II if you were not already granted		matic 3-month extension on a prev	iously file	ed Form 8868.	
	WILLIAM J. COLI ne books are in the care of ▶ 275 NORTH FRAN elephone No ▶ (201)927-1919		TURNPIKE - RAMSEY,	N J 0	7446-0369	
	the organization does not have an office or place of business	s in the Ur				
	this is for a Group Return, enter the organization's four digit			f this is fo	r the whole group o	heck this
box l		1.	ach a list with the names and ElNs of			
4			BER 15, 2012	an morna	ord the extension is	101.
5	For calendar year 2011, or other tax year beginning		, and ending	a		
6	If the tax year entered in line 5 is for less than 12 months, or	heck reas		Final r	return	<u> </u>
	Change in accounting period					
7	State in detail why you need the extension SEE ST	ATEME:	NT 3			
						· · · · · ·
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			<u>. </u>
	nonrefundable credits. See instructions			8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, $$	enter any	refundable credits and estimated			
	tax payments made Include any prior year overpayment al	lowed as	a credit and any amount paid			
	previously with Form 8868			8b	\$	0.

EFTPS (Electronic Federal Tax Payment System) See instructions.

Signature and Verification must be completed for Part II only.

		_
Under penalties of perjury, I declare that I have examined this form, including	accompanying schedules and statements	and to the best of my knowledge and belie
it is true, correct, and complete, and that I am authorized to prepare this form	, , ,	

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using

Signature ► Brook Colon Title

Date > 1/15/12

8c

Form **8868** (Rev 1-2012)

0.