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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

Fo	cai	lendar year 2011 or tax year beginning	2/16/2011 , an	d ending	12/	31/2011	
Na	me o	foundation			A Er	nployer identification nu	mber
We	sele	y Family Charitable Foundation				921	
		and street (or P.O box number if mail is not delivered to street ad-	dress)	Room/suite	В Те	elephone number (see inst	
For	ında	ation Source 501 Silverside Rd		123	1	(800) 839-	1754
		own, state, and ZIP code		1 120	Cifa	exemption application is pe	
Wil	min	gton	DE 1	19809-1377	" "	exemption application is pe	monthly, check here
_		<u> </u>	return of a former p		n 4	Foreign organizations, che	ort hom
·	•		nded return	abilo orianty			_
			e change			Foreign organizations mee check here and attach con	
_	Ch.		 		'	CIRCA HEIE AND AUACH CON	irputation P
		eck type of organization: X Section 501(c)(3) exer	•			onvate foundation status w	
느		ction 4947(a)(1) nonexempt charitable trust C			un	der section 507(b)(1)(A), c	heck here . P
		market value of all assets at end J Accounting n		Accrual	-	he foundation is in a 60-m	
		ear (from Part II, col. (c), Other (sp			un	der section 507(b)(1)(8), c	heck here ▶
D a	rt I	16) > \$ 38,154 (Part I, column (c	ı) must be on cash bası:	s. <i>)</i>	<u> </u>		(d) Disbursements
Гс	11.1	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net investm	ent	(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	expenses per books	ıncome		income	purposes
_	4			·			(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule)	117,161				<u>'</u>
	3	Check ▶ if the foundation is not required to attach Sch. B	3		3		
	4	Interest on savings and temporary cash investments Dividends and interest from securities	411		411		
		a Gross rents	411		411		
_	_	b Net rental income or (loss)			-		
93		a Net gain or (loss) from sale of assets not on line 10	1,872				
ē		b Gross sales price for all assets on line 6a 119,033	1,072				
Revenue	7	Capital gain net income (from Part IV, line 2)		69	,858		-
Œ	8	Net short-term capital gain			,,,,,,,,		
	9	Income modifications					
	10	a Gross sales less returns and allowances					
		b Less: Cost of goods sold					
		C Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	119,447	70),272		,
9	13	Compensation of officers, directors, trustees, etc.					
Expenses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
X		a Legal fees (attach schedule)					
•		b Accounting fees (attach schedule)					
Administrativ		C Other professional fees (attach schedule)		-			
ij	17	Interest	4 550				
Ë	18	Taxes (attach schedule) (see instructions)	1,552		52		
Ē	19	Depreciation (attach) schedule) and depletion					
Ą	20 21	Occupant	4 240				4 240
	22	Travel, conferences and meetings	1,318				1,318
and	23	Other expenses (attach schedule)	7,713		54		7 850
Bu	24	Total operating and administrative expenses.	1,113		54		7,659
Operating	~~	Add lines 13 through 23	10,583		106		8,977
ĕ	25	Contributions, gifts, grants paid	70,710		100	<u> </u>	70,710
ŏ	26	Total expenses and disbursements. Add lines 24 and 25.			100		
; —	27	Subtract line 26 from line 12	81,293		106		79,687
)	- '	a Excess of revenue over expenses and disbursements	38,154				ł
		b Net investment income (if negative, enter -0-)	30,134	7(0,166		
•		C Adjusted net income (if negative, enter -0-)			,,,,,,,,		
4							Form 990-PF (2011)
-01	AP AT	perwork Reduction Act Notice, see instructions.				•	Earn WWII-PF (2011)

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11 Investments—land, buildings, and equipment: basis ▶ Less: accumulated deprecation (attach schedule) ▶ 12 Investments—other (attach schedule) ▶ 13 Investments—other (attach schedule) ▶ 14 Land, buildings, and equipment: basis ▶ Less: accumulated deprecation (attach schedule) ▶ 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1; item 1) 0 38,154 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Loars from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ 23 Total liabilities (describe ▶ 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bidg, and equipment fund 29 29 Retained earnings, accumulated income, endowment, or other funds. 29 29 Retained earnings, accumulated income, endowment, or other funds. 29 20 Intel all stock, trust principal, or current funds 29 20 Intel activities and net assets/fund balances (see instructions). 30 Total inet assets or fund balances (see instructions). 31 Total inet 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). 31 Total and 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). 32 Enter amount from Part I, line 27a. 33 Other increases not included in line 2 (itemize) ▶ 34 Add lines 1, 2, and 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5		l	b Investments—corporate stock (attach schedule)				
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Foundations that do not follow SFAS 117, check here. and complete lines 27 through 31. Capital stock, trust principal, or current funds Retained earnings, accumulated income, endowment, or other funds. Total net assets or fund balances (see instructions). Total liabilities and net assets/fund balances (see instructions). Dart III Analysis of Changes in Net Assets or Fund Balances 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) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize)	Ba	l	· · · · ·				
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2 Enter amount from Part I, line 27a	-			=	1	o	
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3	2				· · · · · · · · · · · · · · · · · · ·		
4 Add lines 1, 2, and 3		• •					
5 Decreases not included in line 2 (itemize) ▶ 5						38,154	
						•	
to rotal net assets or fund paramoes at end of year (line 4 minus line 5)—Part II, column (b), line 30 0 38.154			net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30	6	38,154	

(a) List and describe the	I LOSSES FOR TAX ON INVE kind(s) of property sold (e.g., real es e, or common stock, 200 shs MLC (state,	me (b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a Publicly-traded Securities		·			
b					
С					
d					<u> </u>
<u>e</u>		,			J
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		un or (loss) (f) minus (g)
a 119,033			49,175		69,858
b					
c					
d					
e		<u> </u>	42/D4/F0		
Complete only for assets showing		T T			ol. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i) ol (j), if amy		ot less than -0-) or (from col. (h))
a					69,858
b					
С					
d		ļ			
<u>e</u>		<u> </u>			
2 Capital gain net income or (also enter in Pa , enter -0- in Pa		2	69,858
3 Net short-term capital gain of	or (loss) as defined in section	ns 1222(5) and	(6):		
lf gain, also enter in Part I, li	ne 8, column (c) (see instru	ctions) If (loss)	, enter -0-		
	<u> </u>		<u>.</u> ,	3	
Part V Qualification Und	er Section 4940(e) for R	educed Tax o	on Net Investme	ent Income	
(For optional use by domestic parties of the section 4940(d)(2) applies, lea	•	the section 49	40(a) tax on net ir	vestment income	.) N/A - 1ST YEAR
Was the foundation liable for the If "Yes," the foundation does no				the base penod?	∐ Yes ∐ No
1 Enter the appropriate amo	unt in each column for each	year; see the ir	nstructions before	making any entre	es.
(a)	(b)		(c)		(d)
Base penod years Calendar year (or tax year beginning in	duditelb payfileup beteribA	ons Net value	of noncharitable-use a	CCDIC I	stribution ratio) divided by col. (c))
2010	"			1001	0.000000
2009					0.000000
2008					0.000000
2007				·	0.000000
2006					0.000000
2 Total of line 1, column (d)				. 2	0.000000
3 Average distribution ratio for the number of years the four					0.000000
4 Enter the net value of nonch				4	
		•			
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment	income (1% of Part I, line 27	7b)		6	0
7 Add lines 5 and 6				. 7	C
8 Enter qualifying distributions If line 8 is equal to or greate				that part using a	0 1% tax rate. See
the Part VI instructions.		•		, ,	

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction 27-5022			ge 44
			<u>,</u>	
1 8	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			Ī
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	403	لـــــا
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here Indicate and enter 1% of Part I, line 27b		,403	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2	1	,403	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1	,403	
6	Credits/Payments:			
a	2011 estimated tax payments and 2010 overpayment credited to 2011		1	
t	Exempt foreign organizations—tax withheld at source			
•	Tax paid with application for extension of time to file (Form 8868) 6c 0			
C	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d	1	,500	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		97	-
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 97 Refunded ▶ 11		0	
Рa	rt VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	<u>1c</u>		X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers. \$	2		X
2				^
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ì) If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	х	
	If "Yes," attach the statement required by General Instruction T.	* *	,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	-	٠,١١	
	By language in the governing instrument, or		l '	
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Х	
8 8	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
	DE			
•	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		<u> </u>	L
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	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,"			ļ
	complete Part XIV	9	1	łΧ

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

10

om	990-PF (2011) Weseley Family Charitable Foundation 27-502	<u> 2921</u>	Pa	age 5
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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address			
14	The books are in care of ▶ Foundation Source Telephone no. ▶		839-	1754
	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-1377			<u></u>
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		1	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		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 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
la	During the year did the foundation (either directly or indirectly):			i
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		* ,	,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)			
þ	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	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			~
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		<u> </u>	
2	that were not corrected before the first day of the tax year beginning in 2011?	1c		X
	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		-	
Þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		. :	
	to all years listed, answer "No" and attach statement—see instructions.)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1071	
_	20, 20, 20, 20	1	1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?		1	
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		l	
	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 penod? (Use Schedule C, Form 4720, to determine		<u> </u>	
	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		Х
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		!	<u> </u>
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Form	1990-PF (2011) Weseley Family Charitable F	oundation					27-	022921	l P	age 6
Pa	rt VII-B Statements Regarding Activit		rm 47	20 May Be R	equired (continued)			
	During the year did the foundation pay or incur an									
	(1) Carry on propaganda, or otherwise attempt	to influence legislation	n (secti	ion 4945(e))? .		Yes	XN	o		
	(2) Influence the outcome of any specific public	election (see section	1 4955);	or to carry		_			1	
	on, directly or indirectly, any voter registration	n drive?				Yes	XN	0		
	(3) Provide a grant to an individual for travel, st	udy, or other similar	purpose	s?		Yes	XN	。		
	(4) Provide a grant to an organization other that	•					_			,
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see instri	ıctions)			Yes	XN	0		
	(5) Provide for any purpose other than religious	, charitable, scientific	c, literar	y, or		_	_			,
	educational purposes, or for the prevention	of cruelty to children	or anim	als?		Yes	XN	o	1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to q	ualify u	nder the exceptio	ns describe	ed in				
	Regulations section 53.4945 or in a current notice	regarding disaster a	ssistan	ce (see instructio	ns)?			5b	N/A	
	Organizations relying on a current notice regardin	g disaster assistance	check	here			$\cdot \sqcap$			
C	If the answer is "Yes" to question 5a(4), does the	- foundation claim exe	mption	from the				- 1		
	tax because it maintained expenditure responsibil	ty for the grant? .				Yes	Пи	0		'
	If "Yes," attach the statement required by Regulat	ons section 53.4945	⊢5(d).				_			
6a	Did the foundation, during the year, receive any fu	nds, directly or ındir	ectly, to	pay						
	premiums on a personal benefit contract?					Yes	X N	0		
b	Did the foundation, during the year, pay premiums	, directly or indirectly	y, on a p	personal benefit o	contract?		. .	6b		X
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, was the foundation	n a party to a prohib	ited tax	shelter transactio	on?	Yes	XN	o		1
b	If "Yes," did the foundation receive any proceeds	or have any net inco	me attri	butable to the tra	nsaction?.			7b	N/A	
P	art VIII Information About Officers	, Directors, Tru	stees,	Foundation	Manage	s, Highly	Paid I	Employ	yees,	
	and Contractors	<u> </u>								
1	3 · 4 · 4 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6									
<u> </u>	List all officers, directors, trustees, found						<u>s).</u>			
•	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs	(e) Expe	nse acco	
	(a) Name and address	(b) Title, and average	e (c) Compensation	(d) Co employ	ntributions to	rs			
		(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation not paid, enter	(d) Co employ	ontributions to se benefit plan	rs			
SEI	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	e (c) Compensation not paid, enter -0-)	(d) Co employe and defen	intributions to se benefit plar ed compensa	is tion	other a		
SEI	(a) Name and address E ATTACHMENT Compensation of five highest-paid emplo	(b) Title, and average hours per week devoted to position	e (c) Compensation not paid, enter -0-)	(d) Co employe and defen	intributions to se benefit plar ed compensa	is tion	other a		
SEI	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	e (c) Compensation not paid, enter -0-)	(d) Co employs and defen	intributions to be benefit plan ed compensa	ns). If	other a		
SEI	(a) Name and address E ATTACHMENT Compensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position yees (other than	those) Compensation not paid, enter -0-)	(d) Co employs and defen	intributions to be benefit plan ed compensa	ns). If	other a	allowance	es
SEI	(a) Name and address E ATTACHMENT Compensation of five highest-paid emplo	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those) Compensation not paid, enter -0-)	(d) Comploys and defended the second defended	intributions to be benefit plan ed compensa	ns). If	none,	allowance	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than	those) Compensation not paid, enter -0-)	(d) Coremploys and defen	instruction Contributions to be benefit planed compensation instruction Contributions riployee benefit	ns). If	none,	nse acco	es s
SEI	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sition) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sition) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sition) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sitton .00) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sition) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sitton .00) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sitton .00) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s
2 (a)	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50	(b) Title, and average hours per week devoted to position yees (other than (b) Title, and a hours per w	those verage eek sitton .00) Compensation not paid, enter -0-)	(d) Coremploys and defended the first seed (d) coremplate the firs	instruction Contributions to be benefit planted to compensate the	ns). If	none,	nse acco	es s

Weseley Family Chantable Foundation		27-5022921 Page r
Part VIII Information About Officers, Directors, Trustees, Fo. ; and Contractors (continued)	oundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	<u> </u>
: (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-/.),,	(17
NONE		
Total number of others receiving over \$50,000 for professional services .		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficianes served, conferences convened, research papers.		Expenses
1		
•••••••••••••••••••••••••••••••••••••••		
2		
••••••		
3		
		
4		
~		
•••••		
Part IX-B Summary of Program-Related Investments (see ins	structions)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1		
<u> </u>		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign se'e instructions.)	foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	I I	
•	purpòses:		
а	Average monthly fair market value of securities	1a	15,552
ь	Average of monthly cash balances	1b	51,733
c	Fair market value of all other assets (see instructions)	1c	01,73
d	Total (add lines 1a, b, and c)	1d	67,285
e	Reduction claimed for blockage or other factors reported on lines 1a and	'	07,203
•	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	67,285
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see	-	07,203
•	instructions)	4	1,009
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	66,276
6	Minimum investment return. Enter 5% of line 5 MIR PRORATED - SHORT YEAR	6	2,896
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		2,030
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	2,896
2a	Tax on investment income for 2011 from Part VI, line 5		2,000
ь	Income tax for 2011. (This does not include the tax from Part VI.)	1 1	
c	Add lines 2a and 2b	2c	1,403
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1, 403 1,493
4	Recoveries of amounts treated as qualifying distributions	4	1,430
5	Add lines 3 and 4	5	1,493
6	Deduction from distributable amount (see instructions)	6	1,400
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	<u> </u>	
-	line 1	7	1,493
Par	t XII Qualifying Distributions (see instructions)		.,,,,,,,
=	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	[(Z,]	
'a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	79,687
b	Program-related investments—total from Part IX-B	1b	79,007
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	15	
-	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b		3b	0
4	Cash distribution test (attach the required schedule)	4	79,687
5		 	19,081
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	5	0
6	income. Enter 1% of Part I, line 27b (see instructions)	6	<u>_</u>
U	Adjusted qualifying distributions. Subtract line 5 from line 4		79,687
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	adon	

Pari	XIII Undistributed Incom	ne (see instructions)				
	•	·	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 fro	om Part XI,	Corpus	Years prior to 2010	2010	2011
	lıne`7					1,493
2	Undistributed income, if any, as	of the end of 2011:				
a	Enter amount for 2010 only				0	
b	Total for prior years: 20,	20 , 20		0		
3	Excess distributions carryover, if					
a	From 2006	0				
b	From 2007	0				
C	From 2008	0				
d	From 2009	0			1	
е	From 2010	0				
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2011					ı
	XII, line 4: ▶ \$					
а					0	l
	Applied to undistributed income					
	(Election required—see instructi			ol		
C	Treated as distributions out of co	•				
	required—see instructions)					1
d						1,493
e			78,194			1
5	Excess distributions carryover a	•	0			0
•	(If an amount appears in column	• •				***
	same amount must be shown in	· · · ·		*		
6	Enter the net total of each col	umn as	*	* ,		
-	indicated below:		,			
а	Corpus. Add lines 3f, 4c, and 4e	. Subtract line 5	78,194			
	Prior years' undistributed income				, <^ *	
	line 4b from line 2b			0		*
C	Enter the amount of pnor years'					,
	income for which a notice of def				,	į
	been issued, or on which the se	•				
	tax has been previously assesse	• • •			`	•
d	Subtract line 6c from line 6b. Ta					` ` ` \
	amount—see instructions			o		` % :
e			*			. \$
	4a from line 2a. Taxable amoun	t—see				1
	instructions				O	٠.
f	Undistributed income for 2011.					
	lines 4d and 5 from line 1. This	amount must	·			
	be distributed in 2012					О
7	Amounts treated as distributions	s out of		·		
	corpus to satisfy requirements in	mposed by			,	
	section 170(b)(1)(F) or 4942(g)(•				
8	Excess distributions carryover fi	• • • •	-			
	not applied on line 5 or line 7 (se		О			
9	Excess distributions carryove	•	-			
	Subtract lines 7 and 8 from line		78,194			
10	Analysis of line 9:	· · · · ·	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2007	O				
t	Excess from 2008	<u>-</u>				
-	Excess from 2009	 				
c	Excess from 2010		ĺ			
6	Excess from 2011		1			

		Weseley Family Charitable F		I D - + > # +		27-502	
		V Private Operating Foundations (s			uestion 9)		N/A
1 a		e foundation has received a ruling or determina			_		
		ndation, and the ruling is effective for 2011, ent		•		<u></u>	
		eck box to indicate whether the foundation is a j	private operating fou	ndation described in	n section	4942(j)(3) or	4942(j)(5)
2 a		er the lesser of the adjusted net	Tax year		Prior 3 years		
		ome from Part I or the minimum estment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
		r listed	0	(=) ====	(0) 0.11		0
	-	6 of line 2a	0	0	0	0	
		alifying distributions from Part XII,	- V		<u> </u>	ı v	0
·		4 for each year listed					
_		·	0				0
O		ounts included in line 2c not used directly					_
_		active conduct of exempt activities					0
е		alifying distributions made directly active conduct of exempt activities.					
		otract line 2d from line 2c					
3		mplete 3a, b, or c for the	0	0	0	0	0
•		mative test relied upon:					
а	"As	sets" alternative test-enter:			ļ		
	(1)	Value of all assets					0
	(2)	Value of assets qualifying					
	• •	under section 4942(j)(3)(B)(i)					0
b	"En	dowment* alternative test—enter 2/3					
		ninimum investment return shown in					
		t X, line 6 for each year listed	0				0
C	"Su	pport" atternative test—enter:					
	(1)	Total support other than gross					
		investment income (interest, dividends, rents, payments					
		on secunties loans (section					
		512(a)(5)), or royalties)					0
	(2)	Support from general public					
		and 5 or more exempt organizations as provided in					
		section 4942(j)(3)(B)(iii)			1		o
	(3)	Largest amount of support	<u>. </u>				<u>_</u>
	(-,	from an exempt organization				1	o
	(4)	Gross investment income					0
Pa	• •	V Supplementary Information (Co	malete this nart	only if the four	ndation had \$5	000 or more in	
		assets at any time during the ye	•	_		,000 01 111010 111	
-	Inf	ormation Regarding Foundation Manag		uons.)			
١,		t any managers of the foundation who have con		% of the total contri	ibutions received by	the foundation	
٠		ore the close of any tax year (but only if they ha				uie logikation	
Mai		J Weseley Randi Wes					
_		t any managers of the foundation who own 10%		of a comoration (c	or an equally large n	ortion of the	
_		nership of a partnership or other entity) of which		•			
NC	NE	, , , , , , , , , , , , , , , , , , , ,		J			
2		ormation Regarding Contribution, Gran	t Gift Loan Sch	olarship etc. Pr	marams.		
_		eck here $\blacktriangleright X$ if the foundation only makes			-	nes not accent	
		solicited requests for funds. If the foundation ma					
		er conditions, complete items 2a, b, c, and d.	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	,			
	The	e name, address, and telephone number of the	person to whom app	lications should be	addressed:	··· <u>-</u>	
•					· 		
_							
t	The	e form in which applications should be submitte	d and information an	d materials they sh	ould include:		
	A	a cubmission doublines					
•	, MI	y submission deadlines:					
_	An	y restrictions or limitations on awards, such as I	by geographical area	s, charitable fields,	kinds of institutions	, or other	<u> </u>
	fac	tors:					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
۱ Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	COLUBRIAN				
a Paid during the year							
ALAN T BROWN FDN TO CURE PARALYSIS	N/A	509(a)(1)	General & Unrestricted	36			
185 E 85TH ST		(-)(-)					
NEW YORK NY 10028		•	1				
AMERICAN FRIENDS OF ALYN HOSPITAL INC	N/A	509(a)(2)	General & Unrestricted	180			
51 E 42ND ST RM 308	''''		0011014. 4 011100410104	.00			
NEW YORK NY 10017							
AMERICAN JEWISH JOINT DIST COMMITTEE	N/A	509(a)(1)	General & Unrestricted	10,000			
711 3RD AVE	'*'`	000(0)(1)	Concrar & Chirconolea	10,000			
NEW YORK NY 10017		1					
ANTI-DEFAMATION LEAGUE	N/A	509(a)(2)	General & Unrestricted	10,000			
605 3RD AVE	10/1	303(4)(2)	Concrar & Official Co	10,000			
NEW YORK NY 10158							
BEIT CHAVERIM SYNAGOGUE OF WESTPORT	N/A	509(a)(1)	General & Unrestricted	1,000			
85 POST RD W	100	303(8)(1)	Ceneral & Onlessioled	1,000			
WESTPORT CT 06880							
BI CULTURAL DAY SCHOOL	N/A	509(a)(1)	General & Unrestricted	2,500			
2186 HIGH RIDGE RD	I WA	303(a)(1)	General & Onlesuicted	2,300			
STAMFORD CT 06903							
INSTIT FOR STUDY OF GLOBAL ANTI-SEMITISM	N/A	509(a)(1)	General & Unrestricted	2,500			
100 BRADLEY RD	17/2	303(4)(1)	General d Onicationed	2,300			
WOODBRIDGE CT 06525		ŀ					
JEWISH COMMUNAL FUND	N/A	509(a)(1)	Lily Weseley Charitable	2,500			
575 MADISON AVE STE 703	1	000(4)(1)	Fund	2,000			
NEW YORK NY 10022							
JUVENILE DIABETES RESEARCH FON INTL	N/A	509(a)(1)	Charitable Event	100			
26 BROADWAY, 14TH FL		000(0)(1)	Ondinable Event	100			
NEW YORK NY 10004		ļ					
PRINCETON UNIVERSITY	N/A	509(a)(1)	General & Unrestricted	2,500			
GIFT RECORDS, BOX 5357				_,,,,,			
PRINCETON NJ 08543		1					
THE JEWISH HIGH SCHOOL OF CT INC	N/A	509(a)(1)	General & Unrestricted	26,708			
2710 PARK AVE				·			
BRIDGEPORT CT 06604		l					
Total See Attached Statement		<u> </u>	▶ 3a	70,710			
b Approved for future payment							
			i				
		1					
	1						
	1						
Total		1	▶ 3 b	0			
	<u></u>						

Enter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					
· ————————————————————————————————————					
	-				
•					
g Fees and contracts from government agencies					
2 Membership dues and assessments		-			-
3 Interest on savings and temporary cash investments			14	3	
4 Dividends and interest from securities			14	411	
5 Net rental income or (loss) from real estate:			14	411	· · · · · · · · · · · · · · · · · · ·
a Debt-financed property		 	1		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					<u> </u>
8 Gain or (loss) from sales of assets other than inventory			18	1,413	- · · · · · · · · · · · · · · · · · · ·
9 Net income or (loss) from special events	· · · · · · · · · · · · · · · · · · ·		10	1,413	
10 Gross profit or (loss) from sales of inventory					
		· · · · · ·			
11 Other revenue: a					
d					
-			-		· - · · -
e		0		1.827	0
e		0		1,827 13	
e				1,827 13	0 1,827
e					
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
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e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827
e	complishment	of Exempt P	urposes VI-A contributed in	13	1,827

Form 990-PF (2011) Weseley Family Charitable Foundation 27-5022921

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

		. E	xempt Organiza	ations	sicis io and irans	aoaons a	iiu ite	ationships w		4510		
1	Did th				ngage in any of the fo	llowing with	any off	ner organization	described		Yes	No
					section 501(c)(3) organ					l 1		
	organi			(555.		10 politica.			
а	Trans	fere i	from the reporting	foundation to	а nonchaпtable exem	nt organiza	tion of					
a					· · · · · · · · ·					1a(1)		X
			assets							1a(1)		Ŷ
b	` '		sactions:							14(2)		<u> </u>
_				charitable exe	empt organization .					1b(1)		X
					able exempt organizat					1b(2)		$\hat{\mathbf{x}}$
					rassets					1b(3)		$\hat{\mathbf{x}}$
										1b(4)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
										1b(5)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
					nip or fundraising solic					1b(6)		X
C					ts, other assets, or pa					1c		$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$
					complete the following							
	value	of th	e goods, other ass	ets, or service	es given by the report	ina foundati	on. If th	e foundation rec	eived less than	fair ma	rket	
	value	in ar	ny transaction or st	naring arrange	ement, show in columi	n (d) the va	lue of t	he goods, other	assets, or servi	ces rece	eived.	
(a)	Line no.	Τ ((b) Amount involved	(c) Name	of nonchantable exempt orga	anization	(d) De	scription of transfers,	transactions, and sl	haring arra	angem	ents
									·			
		<u> </u>										
		_										
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		+					-					
		\vdash										
2a	Is the	foun	dation directly or u	ndirectly affilia	ated with, or related to	one or mo	re tax-e	exempt organizat	ions			
	descri	bed	in section 501(c) o	f the Code (o	ther than section 501(c)(3)) or in s	section	527?		es X	No	
b			omplete the followi		`					[
		(a	a) Name of organization		(b) Type of or	ganization		(c)	Description of relation	onship		
	- 1							L		·····		
	4	Inder p	enaities of perjury, I declare t	hat I have examined	this return, including accompanying	g schedules and s	tatements,	and to the best of my kno	wledge and betief, it is to	JID,		
Si	gn °	Direca,	and complete Declaration of	preparer (other than	taxpayer) is based on all informati	on of which prepar	er has arry	knowledge	May the IRS	discuss th	is retui	n
	re		1. 11.	/	11/21	L		Dene April	•			
. 10			W1 /V /		1814112	- Chair	· ~ a -	/President	instructions)?	X Ye	s 🔲	No
			ature of officer or touster		- Date	Title						
Pa	id]	Print/Type preparer's na	ame	Preparer's signature			Date	Check I if	PTIN		
			Jeffrey D. Haskell		Jeffrey D. Haske	ell		4/25/2012	Check rf self-employed	P0134	5770	
	epare	·		undation Sou				712012012		1-03983		
US	e On	IV }			Fairfield, CT 06824				· · ·)) 839-1		
									1 (000	,, .,	<u></u>	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization	 		Employer identification number
Weseley Family Chantable	-		27-5022921
Organization type (check of	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter num	ber) organization	
	4947(a)(1) nonexempt cha	ntable trust not treated as a private four	dation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private for	oundation	
	4947(a)(1) nonexempt cha	ntable trust treated as a private foundation	on
	501(c)(3) taxable private for	oundation	
<u></u>			
· •	covered by the General Rule or 7), (8), or (10) organization can ch	a Special Rule. neck boxes for both the General Rule and	d a Special Rule. See
inda dodono.			
General Rule			
	filing Form 990, 990-EZ, or 990-Pl ne contributor. Complete Parts I a	F that received, during the year, \$5,000 and II.	or more (in money or
Special Rules			
sections 509(a)(1) a	nd 170(b)(1)(A)(vi) and received fi	r 990-EZ that met the 33 1/3% support te rom any one contributor, during the year, Part VIII, line 1h, or (ii) Form 990-EZ, lin	, a contribution of the greater
the year, total contr	outions of more than \$1,000 for us	Form 990 or 990-EZ that received from a se exclusively for religious, charitable, s hildren or animals. Complete Parts I, II, a	cientific, literary, or
the year, contribution total to more than \$ year for an exclusive	ns for use exclusively for religious 1,000. If this box is checked, enter ely religious, charitable, etc., purportization because it received nonex	Form 990 or 990-EZ that received from a s, charitable, etc., purposes, but these contributions that were recose. Do not complete any of the parts ur clusively religious, charitable, etc., contributions.	ontributions did not ceived dunng the nless the General Rule
990-EZ, or 990-PF), but it n	ust answer "No" on Part IV, line 2	Rule and/or the Special Rules does not file, of its Form 990; or check the box on lire the filing requirements of Schedule B (e H of its Form 990-EZ or on

Name of organization
Weseley Family Charitable Foundation

Employer identification number
27-5022921

	army character odridation		21-0022321
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Weseley, Mitchell J. 35 Fanton Hill Road Weston CT 06883 Foreign State or Province: Foreign Country:	\$117 <u>,</u> 161	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
2	Foreign State or Province: Foreign Country:	\$o	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
. 3	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) 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
6	Foreign State or Province: Foreign Country:	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number
Weseley Family Charitable Foundation 27-5022921

Part II , Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Faitii	Noncash Property (see Instructions). Use duplicate co	pies of Part II ii additional spat	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MILLICOM INTL CELLULAR S.A. MICCF.PK, 193 sh.	\$ 20,916	6/1/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ULTRA OIL & GAS PROSHARES DIG, 300 sh.	\$ 18,246	4/26/2011
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PROSHARES ULTRA BASIC MATERIALS UYM, 400 sh.	\$ 22,950	4/26/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VANGUARD ENRGY ETF VDE, 100 sh.	\$ 11,583	4/26/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CLIFFS NATURAL RESOURCES INC. CLF, 456 sh.	\$ 43,466	3/28/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of or					Employer identification number
	amily Charitable Foundation		<u> </u>		27-5022921
Part III	Exclusively religious, charitable, etc.,				
•	total more than \$1,000 for the year. Con				
	For organizations completing Part III, enter				·
	contributions of \$1,000 or less for the year	-		e instructi	ons) ▶ \$0
(a) No.	Use duplicate copies of Part III if additional	al space is nee	eded		
(a) NO. from	(b) Purpose of gift	(c) Use of gift	(4) Description of how gift is held
Part I	(2) : 4:1000 0: 9:10	,,,	, 000 01 g.i.t		, occompany or now gire is now
					• • • • • • • • • • • • • • • • • • • •
		i			
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relation	nship of	transferor to transferee
					•
	For Bon. Country				
(a) No.	For. Prov. Country	<u> </u>	I		
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	Relatio	onship of	transferor to transferee
				· · · · · ·	
					•••••••••••••••••••••••••••••••••••••••
					
4-1 81-	For. Prov. Country				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(1)		,	,,,	
			·		
		(a) 7	ransfer of gift		<u></u>
		(e) i	iansier or gift		
	Transferee's name, address, and	71D + 1	Pelatic	nehin of	transferor to transferee
	Transieree 3 hame, address, and		Keiude	Manip or	dansieror to dansieree
	For. Prov. Country	_			
(a) No.	(h) Duran a a a a aigh		\		N S
from Part I	(b) Purpose of gift	(c) Use of gift	(0) Description of how gift is held
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relation	onship of	transferor to transferee
	For Press				

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

, 0	_
(d) Charitable Purpose	
(c) Adjusted Net Income 0	
552 52 52 (b) r Net Investment A Income 0 52 52 52	
(a) Expenses per Books 1,500 52	
TOTAL: Description 1 Estimated Tax for 2011 2 Foreign Tax Paid 4 4 5 6 6 7 7	
- 0 m 4 m 0 r m 0	9

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

Weseley Family Charitable Foundation

(a) (b) (c) (d) Expenses per Description Description Expenses per Income Incomposition Fees 4,750 0 0 0 1,533 0 0 0 4,750 0 0 0 0 4,750 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			TOTAL	7,713	54	0	7,659
Description Expenses per Books Books Net Investment Income Adjusted Net Purposs Charitab Purposs 9e 4,750 0 0 0 Fees 500 0 0 0 Fees 850 0 0 0 26 0 0 0 0				(a)	(q)	(၁)	(p)
Description Books Income Purposs 3e 4,750 0 0 5e 54 54 0 Fees 500 0 0 7ees 850 0 0 26 0 0 0 26 0 0 0			ш	expenses per	Net Investment	Adjusted Net	Charitable
1,533 0 0 99 4,750 0 0 Fees 54 54 0 Fees 500 0 0 26 0 0 26 0 0 26 0 0 26 0 0 26 0 0 27 0 0 28 0 0 29 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0 0 20 0				Books	Income	Income	Purpose
39e 4,750 0 0 54 54 0 Fees 500 0 0 Res 850 0 0 26 0 0 36 0 0 4,750 0 0 26 0 0 36 0 0 4 0 0 5 0 0 6 0 0 7 0 0 8 0 0 9 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0 0 10 0	-	Administrative Fees		1,533	0	0	1,533
54 54 0 Fees 500 0 0 50 850 0 0 0 8 26 0 0 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 5 6 6 6 6 6 6 7 6 6 6 8 6 6 6 6 8 6 6 6 6 8 6 6 6 6 8 6 6 6 6 8 6 6 6 6 9 6 6 6 6 9 6 6 6 6 9 7 6 7 7 9 8 7 8 8 8 9 9 9 9 9 9	7	Administrative Set-Up Fee		4,750	0	0	4,750
Fees 500 0 0 50 850 0 0 0 0 26 0 0 0 0 860 0 0 0 0 870 0 0 0 0 870 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 880 0 0 0 0 0 880 0 0 0 0 0 0 880 0 0 0 0 0 0 0 880 0 0 0 0 0 0 0 0 0 880 0 <th>က</th> <td>Bank Charges</td> <td></td> <td>54</td> <td>54</td> <td>0</td> <td>)</td>	က	Bank Charges		54	54	0)
850 0 0 0 26 0 0 0 6 0 0 0	4	Delaware Incorporation Fees		200	0	0	200
26 0 0	2	IRS Application Fees		820	0	0	950
7 8 9 9 10	9	Miscellaneous Expense		26	0	0	26
9 01	7						
10	æ						
10	6						
	10						

Form 990-PF, Part VII-A, Line 5 - Substantial Contraction

This statement is submitted to report the distribution of certain assets during the above-referenced year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF nstructions:

Foundation") received its initial endowment and the finding of a substantial contraction in this case was made by reference to the fair market value of Typically, a finding of a substantial contraction of assets is made by reference to the fair market value of a foundation's net assets on the first day of he Foundation's assets on the date that it received its initial endowment. Accordingly, the degree of contraction of the Foundation's net assets may ts calendar year. However, the taxable year ending December 31, 2011, was the year in which Weseley Family Charitable Foundation (the have been exaggerated.

Collectively, the distributions in excess of current income totaled \$70,710. This amount represents more then 25% of the Foundation's net assets of December 31, 2011. Although the Foundation technically experienced a "substantial contraction," it will continue in existence and has no plans for \$43,466 (as measured by fair market value) on the day that the Foundation received its initial endowment in the Foundation's taxable year ending During the taxable year ending December 31, 2011, the Foundation made distributions from assets from sources other than current income. dissolution.

The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

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orm 990-PF. Part VII-A. L
orm 990-PF. Part VII-A. L

Weseley Family Charitable Foundation

[Name	Street	City	State	Zip Code
-	1 Mitchell J Weseley	35 Fanton Hill Road	Weston	CT	06883
7	2 Randi Weseley	35 Fanton Hill Road	Weston	CT	06883
3					
4					
5					
8					
7				_	
8					
9					
10					

Weseley Family Charitable Foundation

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

0	Expense Acct	0	0								
0	Benefits	0	0								
0	Сотр	0	0								
TOTAL:	Avg Hrs	-	-								
TC TC	Title	President / Director / Secretary	Vice President / Director								
	Zip Code	19809	19809		-						
	State	DE	DE								
	City	Wilmington	Wilmington								
	Street	Foundation Source 501 Silverside Rd	Foundation Source 501 Silverside Rd								
	Name	1 Mitchell J Weseley									
		1	7	3	4	9	9	2	8	6	10

Weseley Family Charitable Found				27-502		1 of 1
Form 990-PF, Part XV, Line	3a - Grants and	I Con	tributions P	aid During the	Year	
Recipient(s) paid during the year		-				
Name						
	ODIAL MUSEUM					
UNITED STATES HOLOCAUST MEM Street	ORIAL MUSEUM		· · · · · · · · · · · · · · · · · · ·			
100 RAOUL WALLENBERG PL SW						
City		State	Zip Code	Foreign Coun	tmr	
WASHINGTON		DC	20024	Foreign Coun	u y	
Relationship	Foundation Status		20024		.	
N/A	509(a)(1)	'				
Purpose of grant/contribution	1000(4)(1)				Amount	
General & Unrestricted					- Iniodine	36
Perance The Thursday of the Charles	<u> </u>	* ### 7 <u></u>	anie:aat.a	fer-1-loktant- for		
Name						
WASHINGTON INSTITUTE FOR NEA	R EAST POLICY					
Street						
1828 L ST NW STE 1050		1				
City			Zip Code	Foreign Coun	try	
WASHINGTON		DC	20036			
Relationship	Foundation Status	•				
N/A	509(a)(1)				Ta	
Purpose of grant/contribution					Amount	
General & Unrestricted						12,650
Name					- No. 10 to	
Street	-					
City	•••	State	Zip Code	Foreign Coun	try	_
Relationship	Foundation Status		<u> </u>			
Purpose of grant/contribution			_		Amount	
					Amount	0
and a said of the said and the said and the said of	in in the party of the second		ika na dik dan mida Pika makali suma	n and grade and a second	Amount	0
			aled and tills then make Piles om findle unen	The state of the s	Amount	0
Name			ilmi set 18 Sen artiselleran floriman		Amount	0
and a said of the said and the said and the said of			iini nii ili iloo miile ileemi ilailone		Amount	0
Name Street		State	Zip Code	Foreign Coun	1018 - 1050 To 1025 - 1025 - 1050 - 1050	0
Name		State	Zip Code	Foreign Coun	1018 - 1050 To 1025 - 1025 - 1050 - 1050	0
Name Street City	Foundation Status	<u> </u>	Zip Code	Foreign Coun	1018 - 1050 To 1025 - 1025 - 1050 - 1050	0
Name Street	Foundation Status	<u> </u>	Zip Code	Foreign Coun	1018 - 1050 To 1025 - 1025 - 1050 - 1050	0
Name Street City Relationship	Foundation Status	<u> </u>	Zip Code	Foreign Coun	try	0
Name Street City	Foundation Status	<u> </u>	Zip Code	Foreign Coun	1018 - 1050 To 1025 - 1025 - 1050 - 1050	0
Name Street City Relationship Purpose of grant/contribution		<u> </u>	Zip Code	Foreign Coun	try	
Name Street City Relationship			Zip Code	Foreign Coun	try	
Name Street City Relationship Purpose of grant/contribution Name			Zip Code	Foreign Coun	try	
Name Street City Relationship Purpose of grant/contribution			Zip Code	Foreign Coun	try	
Name Street City Relationship Purpose of grant/contribution Name Street		T. # ***			try	
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