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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

For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation THE LAMACCHIA FAMILY FOUNDATION 31-1645287 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 1335 PARTRIDGE PLACE NORTH (561)738-1135 City or town, state, and ZIP code C if exemption application is pending, check here 33436 BOYNTON BEACH, FLInitial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J Accounting method: | X Cash F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 149, 186. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income ıncome N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 1,393. 1,393. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 28,939. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 100,854. 28,939. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications <u>VON</u> 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 30,332. 30,332. 12 Total, Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 300. 300. 0. c Other professional fees 182. 182. 0. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 400. 400. 0. 23 Other expenses 24 Total operating and administrative 882 482 400. expenses. Add lines 13 through 23 86,865. 86,865. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 87,747 482 87,265. Add lines 24 and 25 Subtract line 26 from line 12: <57,415. 43 Excess of revenue over expenses and disbursements 29,850 Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

_	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
	arı	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	441.	14,087.	14,087.
	3	Accounts receivable -			
	)	Less: allowance for doubtful accounts			·
	4	Pledges receivable ►		İ	
	ŀ	Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	ţ	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
4	l	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			<del></del>
	I	Investments - corporate bonds			
	11	investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans	175,018.	103,957.	125 000
	l	Investments - other STMT 4	1/3,010.	103,957.	135,099.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	40	Total assets (to be completed by all filers)	175,459.	118,044.	149,186.
_	17		173, 4331	110,014.	147,100.
	18	Grants payable			
"	19				
Liabilities	20	•		····	
ΙĘ	21	Mortgages and other notes payable	<del></del>		
Ë	l l	Other liabilities (describe )			
		Curior national (desertion )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
a	25	Temporarily restricted			
Ва		Permanently restricted			
Net Assets or Fund Bala	1	Foundations that do not follow SFAS 117, check here			
표	1	and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	175,459.	118,044.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Š	30	Total net assets or fund balances	175,459.	118,044.	
	l		155 450	110 044	
_	31	Total liabilities and net assets/fund balances	175,459.	118,044.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
_			30	<del></del>	
'		I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return)	Ju	] 1]	175,459.
2	•	r amount from Part I, line 27a		2	<57,415.>
		er increases not included in line 2 (itemize)		. 2	(27,412.)
		lines 1, 2, and 3			118,044.
		reases not included in line 2 (itemize)	•	5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		118,044.
÷					Form <b>990-PF</b> (2011)

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Part IV Capital Gains	and Losses for Tax on l	nvestment	Income				
(a) List and descri	ribe the kind(s) of property sold (e.g	, real estate,		(b) How acquired P - Purchase	1 (0)	Date acquired	(d) Date sold
	rehouse; or common stock, 200 sh	s. MLC Co.)		D - Donation		no., day, yr.)	(mo., day, yr.)
1a MERRILL LYNCH				P	_ VZ	ARIOUS	VARIOUS
b CAPITAL GAINS	DIVIDENDS				<del>_</del>		
<u>c</u>		······································					
<u>d</u>				ļ			
e	(6) Democratic and House of	(-) (		<u> </u>		(h) Cara as (lasa	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		et or other basis expense of sale	_	(6	(h) Gain or (loss e) plus (f) minus	(g)
a 100,000.			71,91	5.			28,085.
b 854.		<u> </u>		-			854.
<u>c</u>							
d		<del> </del>				<del></del>	
Complete only for accets showing	ng gain in column (h) and owned by	the foundation	on 12/31/60		(I) Co	una (Cal. (b) gain	
Complete only for assets shown	(j) Adjusted basis	T	cess of col. (i)		col. (k)	uns (Col. (ħ) gaın ı, but not less tha	iiiiius n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			osses (from col. (	
		+		-			28,085.
b		<del> </del>		<del></del>	_	<del></del>	854.
C				-			
d		-		-			
e		<del>                                     </del>		<del></del>			
	∫ If gain, also ente	r in Part I line	7				· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net ca				) 2			28,939.
3 Net short-term capital gain or (los		nd (6):					
If gain, also enter in Part I, line 8,	column (c).			<b>}</b>		N/A	
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Investment	Incor		·
(For optional use by domestic private	<del></del>						
(i or optional use by domestic private	, roundations subject to the section	4540(a) ax 011	not invostment in	1001110.)			
If section 4940(d)(2) applies, leave t	his part blank.						
Was the foundation liable for the sec	tion 4942 tax on the distributable ar	mount of any ve	ear in the base nei	riod?			Yes X No
If "Yes," the foundation does not qua			•	,	•		
	each column for each year, see inst			es.			<del></del>
(a) Base period years	(b)			(c)		Dietril	(d) bution ratio
Calendar year (or tax year beginni			Net value of no	ncharitable-use as		(col. (b) div	vided by col. (c))
2010		35,315.		266,8			.319693
2009	10	3,789.		315,0			.329429
2008		L <b>4</b> ,890.		585,9			.196067
2007		11,465.		829,0			.170642
2006		34,927.		863,0	02.		.098409
2 Total of line 1, column (d)		•			L	2	1.114240
3 Average distribution ratio for the		on line 2 by 5,	or by the number	of years			000040
the foundation has been in existe	nce if less than 5 years				1	3	.222848
4 Enter the net value of noncharital	ola uca accata for 2011 from Part V	line 5				4	196,181.
4 Either the net value of noncharitat	He-use assets for 2011 Hoth Fall A	,	•		H	<del></del>	
5 Multiply line 4 by line 3					ŀ	5	43,719.
3 Multiply line 4 by line 3		• •	•	•		<del></del>	=3,113.
6 Enter 1% of net investment incor	ne (1% of Part I. line 27b)					6	299.
	(				T		
7 Add lines 5 and 6						7	44,018.
	•	- •			Ī		
8 Enter qualifying distributions from	n Part XII, line 4					8	87,265.
	ı line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ng a 1% tax rate.	_		
See the Part VI instructions		,					
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_	990-PF (2011) THE LAMAUCHIA FAMILY FOUNDATION		1045			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see II	nstru	Ctior	15)
	Exempt operating foundations described in section 4940(d)(2), check here \[ \bigcup \] and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	_1_			2	99.
	of Part I, line 27b					
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-)	2				0.
3	Add lines 1 and 2	3			2	99.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2.	99.
6	Credits/Payments:					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1, 292.	1				
	Exempt foreign organizations - tax withheld at source	1	1			
	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	ļ		1,2	92.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	· · · · · ·		9	93.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax > 993 • Refunded	11				0.
	rt VII-A   Statements Regarding Activities	<u> </u>				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	: in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
c	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•				
_	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				
Ī	managers. ►\$ 0.			i		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
-	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
	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 either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	e 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?			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 instructions)					
	ОН					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х
			F	~ വവ		111100

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orm 990-PF (2011) THE LAMACCHIA FAMILY FOU			31-10452	8/ Pag	e 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	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	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	,?	Y₁	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		. L Y	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?	•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	. N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	5- <b>5(d)</b> .			]	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b   3	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No	} ]	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		-	N/A	7b	
Information About Officers, Directors, Trust		nagers, Highl	y	<del>!</del>	
Part VIII Paid Employees, and Contractors	·				
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth	se bor
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowance	S
ELIZABETH H LAMACCHIA	TRUSTEE	-			_
1335 PARTRIDGE PLACE NORTH	1				
BOYNTON BEACH, FL 33436	5.00	0.	0.	(	0.
JOHN T LAMACCHIA	TRUSTEE				
1335 PARTRIDGE PLACE NORTH	1				
BOYNTON BEACH, FL 33436	5.00	0.	0.	(	0.
JOHN P LAMACCHIA	TRUSTEE	<u> </u>			_
1335 PARTRIDGE PLACE NORTH	†				
BOYNTON BEACH, FL 33436	5.00	0.	0.	(	0.
	<u></u>	-			
	1				
	1				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."	<u> </u>		_
· <u></u>	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expens	3e
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, oth allowance	ner :S
NONE	<del> </del>	†	- COMPANAGE W	,	_
		<del> </del>			
	1				
	<del>                                     </del>	<del>                                     </del>			
<del></del>	†				
<del></del>		<del> </del>			
<del></del>	1		i i		
		†			
	†				
Total number of other employees paid over \$50,000	<u> </u>		<b></b>		0
Total Individual Children and Danis Contraction			Form	990-PF (20	_
					''

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	hly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of se	ervice (c) Compe	nsation
NONE		
<del></del>		
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		<u>_</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	<del></del>
1 N/A		
2		
3		
<u></u>	<del></del>	
4	<del></del>	
	<del></del>	
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		
		0.
2		
All discounts of the second of		
All other program-related investments. See instructions.		
3		
	<del></del>	
Total. Add lines 1 through 3	<b>•</b>	0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	194,346.
b	Average of monthly cash balances	1b	6,898.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	10	201,244.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0.	Į	
2	Acquisition indebtedness applicable to line 1 assets	2	2,075.
3	Subtract line 2 from line 1d	3	199,169.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,988.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	196,181.
6	Minimum investment return. Enter 5% of line 5	6	9,809.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	9,809.
2a	Tax on investment income for 2011 from Part VI, line 5 299.		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	299.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	299. 9,510.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,510.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,510.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		07.065
a		_1a	87,265. 0.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	87,265.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income. Enter 1% of Part I, line 27b	5	299.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,966.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies fo	r the section

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Page 9 Undistributed Income (see instructions) (d) (a) (b) (c) 2010 2011 Corpus Years prior to 2010 1 Distributable amount for 2011 from Part XI, 9,510. line 7 2 Undistributed income, if any, as of the end of 2011 0. a Enter amount for 2010 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2011: 42,921 a From 2006 102,473 **b**From 2007 85,879 c From 2008 88,076 dFrom 2009 72.242 eFrom 2010 391,591 f Total of lines 3a through e 4 Qualifying distributions for 2011 from 87,265 Part XII, line 4: ►\$ 0 a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 9,510. d Applied to 2011 distributable amount 77,755 e Remaining amount distributed out of corpus Ō. 0. Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 469,346. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 bPrior years' undistributed income. Subtract 0. line 4b from line 2b 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 0. assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2010. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 42,921 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. 426,425 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. 102,473 a Excess from 2007 85,879. b Excess from 2008 88,076. c Excess from 2009

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dExcess from 2010

e Excess from 2011

72,242.

77,755.

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Part XIV Private Operating F		<del></del>	A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ [	<del></del>	
<b>b</b> Check box to indicate whether the found		g foundation described in		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	747,0000	(4) 7.4.1
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,	-				
line 4 for each year listed					
d Amounts included in line 2c not		-			
used directly for active conduct of				-	
exempt activities					
e Qualifying distributions made directly		_			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					<del> </del>
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
• • •			-		<del>                                     </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,			1		
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					<del>                                     </del>
an exempt organization					
(4) Gross investment income					<del>                                     </del>
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during t				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation				<del> </del>	
a List any managers of the foundation wh	o have contributed more		ributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
JOHN T LAMACCHIA					
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large po	rtion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here   if the foundation of	only makes contributions t	to preselected charitable	organizations and does	s not accept unsolicited reqi	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:	<del></del>	
ELIZABETH H LAMACCHI					
1335 PARTRIDGE PLACE					
b The form in which applications should				····.	
ALL APPLICATIONS MUS					
c Any submission deadlines:					
NONE	<del></del>		duranta antico de d		<del></del>
d Any restrictions or limitations on award	is, such as by geographica	ai areas, charitable fields,	kinds of institutions, o	or other factors:	
NONE					
400CD1 40 00 44	<del></del>	<del></del>			Form <b>QQ0-PF</b> (2011)

Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
- <del></del>	or substantial contributor	recipient		
a Paid during the year				
			1	
CARIDAD CTR	NONE	501(C)(3)	GENERAL SUPPORT	
8645 WEST BOYNTON BEACH BLVD				
BOYNTON BEACH, FL 33472				1,00
		}		
CINCINNATI COUNTRY DAY SCHOOL	NONE	501(C)(3)	GENERAL SUPPORT	
6905 GIVEN ROAD				
CINCINNATI, OH 45243				50
		}	1	
CINCINNATI NATURE CENTER	NONE	501(C)(3)	GENERAL SUPPORT	
4949 TEALTOWN ROAD				
MILFORD, OH 45150				50
		1		
CINCINNATI PUBLIC RADIO	NONE	501(C)(3)	GENERAL SUPPORT	
1223 CENTRAL PARKWAY			ļ	
CINCINNATI, OH 45214		<del>                                     </del>		50
			1	
CINCINNATI ZOO & BOTANICAL GARDENS	NONE	501(C)(3)	GENERAL SUPPORT	
3400 VINE STREET				
CINCINNATI	ONDINITADION CHE	<u> </u>		10,00
Total SEE CO  b Approved for future payment	ONTINUATION SHE	<u> </u>	▶ 3a	86,86
• Approved for fature payment				
NONE				
			1	
	}	J		
· · · · · · · · · · · · · · · · · · ·		1		· · · · · · · · · · · · · · · · · · ·
		]		
Total			▶ 3b	
				m <b>990-PF</b> (20

er gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			1 1		
b					
C	"				
d		<u> </u>			
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments		_			
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	1,393.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	28,939.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:	1				
a			<u> </u>		
b	_	A	+		
c	_		<u> </u>		
•	1 1				
d	}		l l		
e			<del></del>		
e Subtotal. Add columns (b), (d), and (e)		0		30,332.	20 2
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0		30,332.	30,3
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations.)	<u> </u>			. 13	30,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  Relationship of Activities	to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  ne No.  Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  ne No.  Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  ne No.  Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  ne No.  Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  ne No.  Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Accon	nplishment of E	xempt F	Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in the foundation's exempt purposes (other that	s to the Accon	nplishment of E	xempt F	Purposes	

12

Form **990-PF** (2011)

123621 12-02-11

Part XVI	Information Re Exempt Organia		rs To a	and Transactions	and Relations	ships With Nor	ncharitable	е	<u></u>
1 Did the	organization directly or indire	ectly engage in any of the	followin	g with any other organizati	on described in sec	tion 501(c) of		Yes	No
	e (other than section 501(c)(								
a Transfe	rs from the reporting foundat	tion to a noncharitable ex	kempt or	ganization of:			}		
(1) Cas	sh				-		1a(1)		X
(2) Oth	er assets .						1a(2)		Х
	ansactions:								
	es of assets to a noncharitab						1b(1)		X
	chases of assets from a non		ızatıon				1b(2)		X
	ntal of facilities, equipment, o	r other assets			-	-	1b(3)	<u> </u>	X
	mbursement arrangements	-			•	•	1b(4)		X
-	ns or loan guarantees			•	• •	•	1b(5)	<u> </u>	X
	formance of services or men	-		• • •			1b(6)		X
_	of facilities, equipment, mail						1c	<u> </u>	
or servi	swer to any of the above is " ces given by the reporting for (d) the value of the goods, o	undation. If the foundation	on receiv					sets,	
(a)Line no	(b) Amount involved			exempt organization	(d) Description	on of transfers, transaction	ns, and sharing ar	rangeme	ents
	, ,		N/A						
				7					
				<del></del>					
	oundation directly or indirectly	-			izations described			Γ <del>τ</del> σ	л
	on 501(c) of the Code (other		or in sect	tion 52/?	-	-	L Yes	LA	No
b_lf "Yes,"	complete the following sche (a) Name of orga			(b) Type of organization	T	(c) Description of re	lationehin		
		11112411011		(b) Type of Organization	<del>-</del>	(c) Description of le	iationship		
-	N/A			<del> </del>	<del> </del>				
							· <del></del>		
					<del> </del>				
				<u> </u>	<del> </del>	<del></del>			
Une	der penalties of perjury, I declare to	hat I have examined this retur	rn, includir	g accompanying schedules and	statements, and to the	e best of my knowledge			
	belief, it is true, correct, and com						May the IHS return with the	e prepar	rer
Here	Elezabet N.	La mandia		111-15-12	2000		shown below		] No
<b>  </b>	ignature of officer or trustee	Millucchia		Date	Title	mes_	- LAN 168	·	_ NO
	Print/Type preparer's nai	me   Pre	parer's s	244	Date		PTIN		
	, , , , , , , , , , , , , , , , , , , ,		•	·		self- employed			
Paid	JACQUELYN (	C. OTTO					P00366	544	
Prepare			LP			Firm's EIN ► 8			
Use Onl	F .								
	Firm's address ▶ 22	0 E MONUMEN	T AV	E STE 500					
	4	YTON, OH 45				Phone no. (5	513)784	-71	00
			<del>-</del> _		-		Form <b>990</b>	_	

3 Grants and Contributions Paid During th				
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		
CIVIC GARDEN CENTER	NONE	501(C)(3)	GENERAL SUPPORT	
2715 READING RD	i		1	
INCINNATI, OH 45206				10,00
		E01/0)/3)	and a suppose	
CORNELL UNIVERSITY	NONE	501(C)(3)	GENERAL SUPPORT	
CORNELL UNIVERSITY				2 00
THACA, NY 14853				2,00
PREE STORE FOOD BANK	NONE	501(C)(3)	GENERAL SUPPORT	
112 E LIBERTY ST				
CINCINNATI, OH 45202				50
GIRL SCOUNTS OF NM TRAILS	NONE	501(C)(3)	GENERAL SUPPORT	
4000 JEFFERSON PLAZA NE				[
ALBUQUERQUE, NM 87109				20
		F01/G1/31	GYPDOPE	
GIRL SCOUTS OF WESTERN OHIO	NONE	501(C)(3)	GENERAL SUPPORT	
4930 CORNELL ROAD CINCINNATI, OH 45242-1804				15,00
CINCINNAII, ON 45242-1004				20,00
MISSIPPI CENTER FOR JUSTICE	NONE	501(C)(3)	GENERAL SUPPORT	
5 OLD RIVER PLACE, SUITE 203				
JACKSON, MS 39215				50
SPCA	NONE	501(C)(3)	GENERAL SUPPORT	
3949 COLERAIN AVENUE CINCINNATI, OH 45223				1,00
ST. JOSEPH HOME	NONE	501(C)(3)	GENERAL SUPPORT	
10722 WYSCARVER ROAD				
CINCINNATI, OH 45241				1,00
	, torre	E01/G)/3\	CRAIRD AT GUNDORU	
THE LIBRARY FDN	NONE	501(C)(3)	GENERAL SUPPORT	
620 SW FIFTH AVE, SUITE 1025 PORTLAND, OR 97204				10,00
VANDERBILT UNIVERSITY	NONE	501(C)(3)	GENERAL SUPPORT	
211 KIRKLAND HALL		1		
NASHVILLE, TN 37240		<u></u>		50
Total from continuation sheets		_ <del>.</del>		74,36

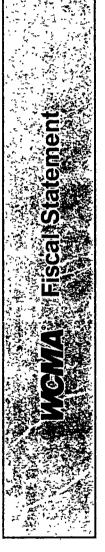
Year (Continuation)	<u>,</u>		
If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
or substantial contributor	recipient	Contradition	
NONE	501(C)(3)	GENERAL SUPPORT	
			10
	F01(G)(2)	GENERAL GURRORE	
NONE	B01(C)(3)	GENERAL SUPPORT	
			1,00
NONE	501(C)(3)	GENERAL SUPPORT	
			1,00
NONE	501(C)(3)	GENERAL SUPPORT	
			35
		***	
NONE	501(C)(3)	GENERAL SUPPORT	
	<u> </u>		20
NONE	501(C)(3)	GENERAL SUPPORT	
			1,52
NONE	501(C)(3)	GENERAL SUPPORT	
			50
NONE	501(0)(3)	GENERAL SUPPORT	
		52.13.2	1,00
NONE	501(C)(3)	GENERAL SUPPORT	
			50
	1		1
NONE	501(C)(3)	GENERAL SUPPORT	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE  NONE  NONE  NONE  NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  SO1(C)(3)   If recipient is an individual, show any relationship to any foundation manager or substantial contributor   Foundation status of recipient	

THE LAMACCHIA FAMILY FOUNDATION 31-1645287

Part XV Supplementary Informatio  3 Grants and Contributions Paid During the			<del></del>	
Recipient	If recipient is an individual,	F	Dung	<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<del> </del>	
·				
GREAT RIVERS GIRL SCOUT COUNCIL 4930 CORNELL ROAD	NONE	501(C)(3)	BANQUET AT QUEEN CITY	
BLUE ASH, OH				12,290
				· · · · · · · · · · · · · · · · · · ·
ST. GERTRUDE	NONE	501(C)(3)	GENERAL SUPPORT	
7630 SHAWNEE RUN ROAD				
CINCINNATI, OH 45243				1,200
OB PS (OLAVE BADEN-POWELL SOCIETY)	NONE	501(C)(3)	GENERAL SUPPORT	40.000
WAGGS				10,000
THE CROSSING SCHOOL	NONE	501(C)(3)	GENERAL SUPPORT	
				100
MATERNITY CARE COALITION	NONE	501(C)(3)	GENERAL SUPPORT	
2000 HAMILTON STREET, SUITE 205				
PHILADELPHIA, PA 19130				300
SOUTHERN POVERTY LAW CENTER	NONE	501(C)(3)	GENERAL SUPPORT	
400 WASHINGTON AVENUE				500
MONTGOMERY, AL 36104				
	10)177	E01/C\/2\	CEMERAL CUIDORM	
GFWC SOUTHWEST OHIO VALLEY 414 E. COLUMBIA AVENUE	NONE	501(C)(3)	GENERAL SUPPORT	3
READING, OH 45215				100
DESERT MONT SCHOOL	NONE	501(C)(3)	GENERAL SUPPORT	2,000
		<del> </del>		
Total from continuation sheets		<u> </u>		



MARK GAUDET



# REALIZED CAPITAL GAIN AND LOSS SUMMARY

	Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
	107.0000	FIRST EAGLE GLOBAL CL C	02/12/09	02/02/11	4.955 17	3.305.23	1.649.94 LT
	0.6560	FIRST EAGLE	02/12/09	02/02/11	30.39	20.27	
	0.3120	FIRST EAGLE GLOBAL CL C	02/12/09	02/02/11	14 44	9.63	4 81 LT
	110.0000		02/12/09	03/17/11	4,976 40	3,397.90	1,578.50 LT
	0.1780	FIRST EAGLE	02/12/09	03/17/11	90 8	5.50	2.56 LT
	0.3440	FIRST EAGLE GLOBAL CL C	02/12/09	03/17/11	15.56	10.62	4.94 LT
	215.0000	IVY ASSET STRATEGY FD C	02/12/09	03/17/11	4,988.00	3,779.70	1,208.30 LT
	0.5170	IVY ASSET STRATEGY FD C	02/12/09	03/17/11	11.99	60.6	
	430.0000	WF ADV ASSET ALLOC FD C	02/12/09	03/17/11	4,992.30	3,779.70	1,212.60 LT
	0.2710	WELLS FARGO ADVANTAGE	02/12/09	03/17/11	3.15	2.39	
	0.3920	WF ADV ASSET ALLOC FD C	02/12/09	03/17/11	4.55	3.44	1.11 LT
	275.0000	BLACKROCK GLOBAL ALLOC C	02/12/09	03/17/11	4,985.75	3,734.50	1,251.25 LT
	0.6370	BLACKROCK GLOBAL	02/12/09	03/17/11	11.55	8.66	2.89 LT
	0.1490	BLACKROCK GLOBAL ALLOC C	02/12/09	03/17/11	2.70	2.02	0.68 LT
	206.0000	FIRST EAGLE GLOBAL CL C	02/12/09	07/07/11	9,988.94	۲۲ 6,363.34	3,625.60 LT
	0.2280	FIRST EAGLE GLOBAL CL C	02/12/09	07/07/11	11.06	7.04	4.02 LT
	382.0000	IVY ASSET STRATEGY FD C	02/12/09	07/07/11	9,985.48	6,715.56	3,269.92 LT
	0.4160	IVY ASSET STRATEGY	02/12/09	07/07/11	10.88	7.32	3.56 LT
	0.1390	IVY ASSET STRATEGY FD C	02/12/09	07/07/11	3.63	2.44	_
	814.0000	WF ADV ASSET ALLOC FD C	02/12/09	07/07/11	9,987.78	7,155.06	2,832.72 LT
	0.2670	WELLS FARGO ADVANTAGE	02/12/09	07/07/11	3.28	2.35	0 93 LT
	0.7290		02/12/09	07/07/11	8.94	6.40	_
	527.0000	BLACKROCK GLOBAL ALLOC C	02/12/09	07/07/11	9,981.38	7,156.66	2,824.72 LT
	0.6200	BLACKROCK GLOBAL	02/12/09	07/07/11	11.75	8.42	
	0.3630	BLACKROCK GLOBAL ALLOC C	02/12/09	07/07/11	6.87	4.92	1.95 LT
	256.0000	FIRST EAGLE GLOBAL CL C	02/12/09	10/19/11	11,461.12	7,907.84	_
_	0.2740	FIRST EAGLE	02/12/09	10/19/11	12 27	8.47	3.80 LT
_	0.5940	FIRST EAGLE GLOBAL CL C	02/12/09	10/19/11	26.59	18.35	8.24 LT
	410.0000	IVY ASSET STRATEGY FD C	02/12/09	10/19/11	8,983.10	7,207.80	1,775.30 LT
_	0.1870	IVY ASSET STRATEGY	02/12/09	10/19/11	4 10	3.29	0.81 LT
_	0.5840	IVY ASSET STRATEGY FD C	02/12/09	10/19/11	12.79	10.26	
	430.0000	WF ADV ASSET ALLOC FD C	02/12/09	10/19/11	4,996.60	3,779.70	1,216 90 LT
_	0.2930	WF ADV ASSET ALLOC FD C	02/12/09	10/19/11	3.40	2.57	0.83 LT
_	550.0000	BLACKROCK GLOBAL ALLOC C	02/12/09	10/19/11	9,487.50	7,469.00	2,018.50 LT
_	0.3450	BLACKROCK GLOBAL	02/12/09	10/19/11	5.96	4.69	1.27 LT
	0.3800	BLACKROCK GLOBAL ALLOC C	02/12/09	10/19/11	6.55	5.16	1.39 LT
_ =					86.866.66	71,915.29	28,084,69

PLEASE SEE REVERSE SIDE
Page Statement Period
10 of 12 Year Ending 12/31/11

Account No. 731-07327

FORM 990-PF DIVIDENT	DS AND	INTER	EST FRO	M SEC	CURITIES	STATEMENT
SOURCE		GROSS	AMOUNT		APITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH			2,247	· •	854.	1,393
TOTAL TO FM 990-PF, PART I, I	LN 4		2,247	•	854.	1,393
FORM 990-PF (	OTHER	PROFES	SIONAL	FEES		STATEMENT
DESCRIPTION	EXPE	A) INSES BOOKS	NET IN			
MERRILL LYNCH WCMA FEES		300.		300	).	0
TO FORM 990-PF, PG 1, LN 16C		300.		300	0.	0
FORM 990-PF	C	THER E	XPENSES	5		STATEMENT
DESCRIPTION	EXPE	A) ENSES BOOKS	(E NET IN MENT I	WEST		
POSTAGE		400.	-	(	0.	400
TO FORM 990-PF, PG 1, LN 23		400.	· <del></del>		0.	400
FORM 990-PF	OTI	HER INV	ESTMENT	rs		STATEMENT
DESCRIPTION			LUATION ETHOD		BOOK VALUE	FAIR MARKET VALUE
BLACKROCK GLOBAL FIRST EAGLE IVY ASSET STRATEGY WELLS FARGO ADVANTAGE			COST COST COST		27,312. 24,089. 26,806. 25,750.	33,964 34,435 32,982 33,718
TOTAL TO FORM 990-PF, PART I	I, LI	VE 13			103,957.	135,099

# 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

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex					X	
Electro required of time	nic filing $_{(e-file)}$ . You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-mo to file any of the forms listed in Part I or Part II with the ex-	ou need a nth extens ception of	sion of time. You can electronically f Form 8870, information Return for	ne to file (i ile Form 8 Transfers .	6 months for a corp 868 to request an o Associated With C	extension ertain	
	al Benefit Contracts, which must be sent to the IRS in pap w.irs.gov/efile and click on e-file for Chanties & Nonprofits		(see instructions). For more details of	on the elec	ctronic filing of this	form,	
Part			submit original (no copies no	odod)			
	pration required to file Form 990-T and requesting an autor					<del></del>	
Part I o	-1		orth extension - check this box and	complete			
All othe	nly		rusts must use Form 7004 to reques	it an exter	sion of time		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (EIN) or	
-	THE LAMACCHIA FAMILY FOUNDATION X 31-1645					87	
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security numbers of the security numbers of th					cunty number (SSI	N)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BOYNTON BEACH, FL 33436						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)	•		0 4	
Application Return Application						Return	
Is For		Code	Is For			Code	
Form 990 01 Form 990-T (corporation) 07							
Form 990-BL 02 Form 1041-A						08	
5 000 57						09	
E 000 PE						10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Tele	ELIZABETH H. L2 books are in the care of ► 1335 PARTRIDGE bohone No. ► (561)738-1135 corganization does not have an office or place of business s is for a Group Return, enter the organization's four digit of the group, check this box ►	PLACI s in the Ur Group Exe	E NORTH - BOYNTON  FAX No. ►  Inted States, check this box  Emption Number (GEN)	f this is fo	r the whole group,	check this	
is	request an automatic 3-month (6 months for a corporation	required to the transfer to th		until			
2 lf	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	1,					300.	
b if	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
<u>e</u>	stimated tax payments made. Include any prior year overp	ayment a	llowed as a crèdit.	3b	\$	1,292.	
	alance due. Subtract line 3b from line 3a. Include your pa	-	- · · · · · · · · · · · · · · · · · · ·				
	y using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.	
Cautio	n. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fe	orm 8879-	EO for payment ins	structions.	

123841 01-04-12

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

Form 8868 (Rev. 1-2012)

Form 8	868 (Rev. 1-2012)					Page 2	
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ 🗶	
Note.	Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	3868.		
<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, comple						
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies nee	ded)	
			Enter filer's	identifyin	g number, :	see instructions	
Type o	·						
print							
File by th							
due date filing you return Se	e date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SS)						
city, town or post office, state, and ZIP code. For a foreign address, see instructions.  BOYNTON BEACH, FL 33436							
				-			
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90	01_					
Form 9	90-BL	02	Form 1041-A			08	
Form 9	90-EZ	01	Form 4720			09	
Form 9	90-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	
STOP!	Do not complete Part II if you were not already granted			iously file	d Form 886	8.	
	ELIZABETH H. LA				^	2426	
• The	books are in the care of 1335 PARTRIDGE	PLAC.		BEACH	, FL 3	3436	
	phone No. ► (561)738-1135		FAX No. ▶			. $\square$	
	e organization does not have an office or place of busines					▶ 📖	
	is is for a Group Return, enter the organization's four digit						
box			ach a list with the names and EINs o	all memb	ers the exte	nsion is for.	
	roquot ar additional o morning or morning are	MOVEM	BER 15, 2012				
	For calendar year $2011$ , or other tax year beginning		, and endin	-		<del></del> '	
6 I	f the tax year entered in line 5 is for less than 12 months, o	heck reas	son: LInitial return L	i Final r	etum		
	Change in accounting period						
7 9	State in detail why you need the extension						
	ADDITIONAL THIRD PARTY INFORMATION IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN						
- '	COMPLETE AND ACCORATE RETURN					<del> </del>	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 c	enter the tentative tax loss any				
	nonrefundable credits. See instructions.	Oi 0003, e	enter the tentative tax, less any	8a	\$	300.	
-	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1	<del></del>		
	tax payments made. Include any prior year overpayment al			1			
	previously with Form 8868.	iorica as	a ordan and any amount paid	8b	\$	1,292.	
	Balance due. Subtract line 8b from line 8a. Include your pa	wment w	th this form if required by using		Ψ		
	EFTPS (Electronic Federal Tax Payment System). See instr		aratio form, ir required, by doing	8c	\$	0.	
			st be completed for Part II				
Hoder i	penalties of perjury, I declare that I have examined this form, includ				f my knowled	ge and belief.	
rt is tru	e, correct, and complete, and that I am authorized to prepare this fo	orm.	, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,		i.,	1	
Signatu		CSA		Date	▶ 8/16	oladia)	
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