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

OMB No 1545-0052

2011

Department of the Treasury
Internal Revenue Service

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

For calendar year 2011, or tax year beginning

, 2011, and ending

THE RAIDY CHARITABLE FOUNDATION
P O BOX 1243
MONROVIA, CA 91017-1243A Employer identification number
33-0826574B Telephone number (see the instructions)
626-303-1616C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name changeH Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, column (c), line 16)
\$ 173,285.
J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)

| | | | | | | |
|-------------------------|---|--|---------|--------|--------|--------|
| REVENUE | 1 | Contributions, gifts, grants, etc., received (att sch) | | | | |
| | 2 | Cl <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 2,965. | 2,965. | 2,965. | |
| | 4 | Dividends and interest from securities | 2,748. | 2,748. | 2,748. | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain/(loss) from sale of assets not on line 10 | 495. | | | |
| | b | Gross sales price for all assets on line 6a | 95,299. | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 495. | | |
| | 8 | Net short-term capital gain | | | 75. | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| b | Less Cost of goods sold | | | | | |
| c | Gross profit/(loss) (att sch) | | | | | |
| 11 | Other income (attach schedule) | | | | | |
| 12 | Total. Add lines 1 through 11 | 6,208. | 6,208. | 5,788. | | |
| ADMINISTRATIVE EXPENSES | 13 | Compensation of officers, directors, trustees, etc | 5,301. | 5,301. | | |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | | | | |
| | 16a | Legal fees (attach schedule) | | | | |
| | b | Accounting fees (attach sch) SEE ST 1 | 833. | 833. | | |
| | c | Other prof fees (attach sch) SEE ST 2 | 2,579. | 2,579. | | |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule)(see instrs) SEE STM 3 | 10. | 10. | | |
| | 19 | Depreciation (attach sch) and depletion | | | | |
| | 20 | Occupancy | | | | |
| | 21 | Travel, conferences, and meetings | | | | |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (attach schedule) | | | | |
| | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 8,723. | 8,723. | | |
| | 25 | Contributions, gifts, grants paid PART XV | 8,664. | | | 8,664. |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 17,387. | 8,723. | 0. | 8,664. | |
| 27 | Subtract line 26 from line 12: | | | | | |
| a | Excess of revenue over expenses and disbursements | -11,179. | | | | |
| b | Net investment income (if negative, enter -0-) | | 0. | | | |
| c | Adjusted net income (if negative, enter -0-) | | | 5,788. | | |

614 11

| Part II Balance Sheets | | Beginning of year (a) Book Value | End of year | |
|-------------------------|---|-------------------------------------|----------------|-----------------------|
| | | | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 Cash — non-interest-bearing | 32,494. | 5,414. | 5,414. |
| | 2 Savings and temporary cash investments | | 27,411. | 27,411. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments — U.S. and state government obligations (attach schedule) STATEMENT 4 | | 40,620. | 41,605. |
| | b Investments — corporate stock (attach schedule) STATEMENT 5 | 143,818. | 94,785. | 98,855. |
| | c Investments — corporate bonds (attach schedule) | | | |
| LIABILITIES | 11 Investments — land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | |
| | 12 Investments — mortgage loans | | | |
| | 13 Investments — other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | |
| | 15 Other assets (describe) | 3,270. | | |
| | 16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I) | 179,582. | 168,230. | 173,285. |
| | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | 8,838. | 8,665. | |
| FUND ASSETS OR BALANCES | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe) | | | |
| FUND ASSETS OR BALANCES | 23 Total liabilities (add lines 17 through 22) | 8,838. | 8,665. | |
| | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, building, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 170,744. | 159,565. | |
| | 30 Total net assets or fund balances (see instructions) | 170,744. | 159,565. | |
| FUND ASSETS OR BALANCES | 31 Total liabilities and net assets/fund balances (see instructions) | 179,582. | 168,230. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|---|---|----------|
| 1 | Total net assets or fund balances at beginning of year— Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 170,744. |
| 2 | Enter amount from Part I, line 27a | 2 | -11,179. |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 159,565. |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)— Part II, column (b), line 30 | 6 | 159,565. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|---|-------------------------------------|
| 1 a SEE STATEMENT 6 | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|--|---|---|------|
| 2 Capital gain net income or (net capital loss). | — [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7] — | 2 | 495. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | | | |
| If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | —] — | 3 | 75. |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2010 | 8,838. | 179,582. | 0.049214 |
| 2009 | 8,880. | 175,541. | 0.050586 |
| 2008 | 9,375. | 257,887. | 0.036353 |
| 2007 | 15,305. | 270,777. | 0.056523 |
| 2006 | 15,748. | 279,758. | 0.056292 |

| | | |
|---|---|----------|
| 2 Total of line 1, column (d) | 2 | 0.248968 |
| 3 Average distribution ratio for the 5-year base period— divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.049794 |
| 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 | 4 | |
| 5 Multiply line 4 by line 3 | 5 | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | |
| 7 Add lines 5 and 6 | 7 | |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 8,664. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see instructions)

| | | | |
|-----|---|----|----|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary- see instrs) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 0. |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (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 | 0. |
| 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 | 0. |
| 6 | Credits/Payments: | | |
| a | 2011 estimated tax pmts and 2010 overpayment credited to 2011 | 6a | |
| b | Exempt foreign organizations- tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2012 estimated tax | 11 | |
| | Refunded | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|-----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| 1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | X |
| 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 | | |
| 1 c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities | | X |
| 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 | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T | | X |
| 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 law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) CA | | |
| 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 | X | |
| 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,' complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | X |

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Part 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 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u> | 13 | X | |
| 14 | The books are in care of <u>STEPHEN G FLOYD CPA</u> Telephone no. <u>626-303-1616</u> Located at <u>415 W MAPLE AVE. MONROVIA CA</u> ZIP + 4 <u>91016</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 | N/A | | N/A |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country | 16 | | X |

Part VII B Statements Regarding Activities for Which Form 4720 May Be Required

| File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
|---|---|-----|-----|
| 1a | During the year did the foundation (either directly or indirectly): | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 1b | 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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | N/A |
| 1c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__ .</u> | | |
| b | 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. <u>20__ , 20__ , 20__ , 20__ .</u> | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.) | 3b | N/A |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

N/A

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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? ☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

N/A

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 7 | | 0. | 0. | 5,301. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|-------|----------|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | 0. |

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | |
|--|-----------|----|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a Average monthly fair market value of securities | 1a | |
| b Average of monthly cash balances | 1b | |
| c Fair market value of all other assets (see instructions) | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 0. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0. |
| 6 Minimum investment return Enter 5% of line 5 | 6 | 0. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|--|-----------|-----------|----|
| 1 Minimum investment return from Part X, line 6 | | 1 | |
| 2a Tax on investment income for 2011 from Part VI, line 5 | 2a | | |
| b Income tax for 2011. (This does not include the tax from Part VI.) | 2b | | |
| c Add lines 2a and 2b | | 2c | |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | | 3 | |
| 4 Recoveries of amounts treated as qualifying distributions | | 4 | |
| 5 Add lines 3 and 4 | | 5 | |
| 6 Deduction from distributable amount (see instructions) | | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | | 7 | 0. |

Part XII Qualifying Distributions (see instructions)

| | | |
|---|-----------|--------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a Expenses, contributions, gifts, etc.— total from Part I, column (d), line 26 | 1a | 8,664. |
| b Program-related investments— total from Part IX-B | 1b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| 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 | 8,664. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 8,664. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7. | | | | 0. |
| 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 any, to 2011: | | | | |
| a From 2006 15,786. | | | | |
| b From 2007 15,333. | | | | |
| c From 2008 9,375. | | | | |
| d From 2009 8,880. | | | | |
| e From 2010 8,838. | | | | |
| f Total of lines 3a through e | 58,212. | | | |
| 4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ 8,664. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2011 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 8,664. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 66,876. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | 0. | | |
| e Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) | 15,786. | | | |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a | 51,090. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2007 15,333. | | | | |
| b Excess from 2008 9,375. | | | | |
| c Excess from 2009 8,880. | | | | |
| d Excess from 2010 8,838. | | | | |
| e Excess from 2011 8,664. | | | | |

N/A

- Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)**

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|---------------|
| a Paid during the year | | | | |
| SANTA CLARA UNIVESITY 94-115617 500 EL CAMINO REAL SANTA CLARA, CA 95053 | NONE | PUB CHAR. | SERVICE TO COMMUNITY | 2,888. |
| SAMUEL MERRITT UNIVERSITY 370 HAWTHORNE AVE OAKLAND, CA 94609 | NONE | PRIVAT E | SERVICE TO COMMUNITY | 2,888. |
| CARDINAL GIBBONS HIGH SCHOOL 1401 EDWARDS MILL ROAD RALEIGH, NC 27607 | NONE | PUB CHAR. | SERVICE TO COMMUNITY | 2,888. |
| Total | | | 3a | 8,664. |
| b Approved for future payment | | | | |
| Total | | | 3b | |

STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| TAX PREPERATION AND ACCOUNTING | \$ 833. | \$ 833. | | |
| TOTAL | <u>\$ 833.</u> | <u>\$ 833.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 2
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| BROKER FEES | \$ 2,579. | \$ 2,579. | | |
| TOTAL | <u>\$ 2,579.</u> | <u>\$ 2,579.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 3
FORM 990-PF, PART I, LINE 18
TAXES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| FTB | \$ 10. | \$ 10. | | |
| TOTAL | <u>\$ 10.</u> | <u>\$ 10.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 4
FORM 990-PF, PART II, LINE 10A
INVESTMENTS - U.S. AND STATE GOVERNMENT OBLIGATIONS

| U.S. GOVERNMENT OBLIGATIONS | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|-----------------------------|---------------------|-------------------|----------------------|
| GMMA | COST | \$ 14,634. | \$ 14,454. |
| | | \$ 14,634. | \$ 14,454. |
| STATE/MUNICIPAL OBLIGATIONS | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| VNGUARD TOTAL BOND ET | COST | 25,986. | 27,151. |
| | | \$ 25,986. | \$ 27,151. |
| | TOTAL | <u>\$ 40,620.</u> | <u>\$ 41,605.</u> |

STATEMENT 5
FORM 990-PF, PART II, LINE 10B
INVESTMENTS - CORPORATE STOCKS

| CORPORATE STOCKS | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|---------------------------------|------------------|------------|-------------------|
| ISHARES BARCLAYS TIPS | COST | \$ 26,088. | \$ 29,289. |
| ISHARES BARCLAYS ET CREDIT BOND | COST | 20,201. | 20,840. |
| ISHARES BARCLAYS ST BOND FD | COST | 22,049. | 22,046. |
| PIMCO TRUST ET US TIPS | COST | 26,447. | 26,680. |
| | TOTAL | \$ 94,785. | \$ 98,855. |

STATEMENT 6
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| ITEM | (A) DESCRIPTION | (B) HOW ACQUIRED | (C) DATE ACQUIRED | (D) DATE SOLD |
|------|--|---------------------|----------------------|------------------|
| 1 | 130 VMWARE INC CLASS A | PURCHASED | 11/08/2007 | 6/08/2011 |
| 2 | 221 ISHARES TR RUSSELL | PURCHASED | 6/05/2008 | 6/08/2011 |
| 3 | 100 JACOBS ENGINEERING GROUP | PURCHASED | 9/06/2007 | 6/08/2011 |
| 4 | 100 JOHNSON AND JOHNSON | PURCHASED | 1/31/2006 | 6/08/2011 |
| 5 | 100 PROCTER AND GAMBLE | PURCHASED | 1/28/2005 | 6/08/2011 |
| 6 | 116 VANGUARD MSCI EUROPEAN | PURCHASED | 6/01/1949 | 7/06/1953 |
| 7 | 38 VANGUARD MSCI ETF PACIFIC | PURCHASED | 6/05/2008 | 6/08/2011 |
| 8 | 157 VANGUARDMSCI EMERGING MARKETS ETF | PURCHASED | 6/05/2008 | 6/08/2011 |
| 9 | 100 BRISTOL MYERS SQUIBB | PURCHASED | 9/06/2007 | 6/08/2011 |
| 10 | 100 CLAYMORE TRUST 2 | PURCHASED | 9/06/2007 | 6/08/2011 |
| 11 | 200 GE | PURCHASED | 9/07/2004 | 6/08/2011 |
| 12 | 99 ISHARES RUSSELL MIDCAP VALUE | PURCHASED | 6/05/2008 | 6/08/2011 |
| 13 | 37 ISHARES RUSSELL 2000 VALUE INDEX | PURCHASED | 6/05/2008 | 6/08/2011 |
| 14 | 77 ISHARES TR RUSSEL MID CAP GROWTH | PURCHASED | 6/05/2008 | 6/08/2011 |
| 15 | 42 ISHARES TR RUSSELL GROWTH INDEX FD | PURCHASED | 6/05/2008 | 6/08/2011 |
| 16 | 191 ISHARES TR RUSSELL 1000 INDEX FUND | PURCHASED | 6/05/2008 | 6/08/2011 |
| 17 | 1 WELLSFARGO ADVISORS CAPITAL GAIN | PURCHASED | 1/01/2011 | 12/31/2011 |

[illegible]

STATEMENT 7
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>CONTRI- BUTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|--|---|---------------------------|---|---------------------------------------|
| JOHN E RAIDY SR P O BOX 1565 PAUMA VALLEY, CA 92061 | PRESIDENT/TREAS 0 | \$ 0. | \$ 0. | \$ 0. |
| VERONICA RAIDY P O BOX 1565 PAUMA VALLEY, CA 92061 | VICE PRES/SECY 0 | 0. | 0. | 0. |
| KATHLEEN MATTHEWS 1215 SOMERSET LANE NEWPORT BEACH, CA 92660 | VICE PRESIDENT 0 | 0. | 0. | 1,767. |
| MARY BROWN 11540 STONERIDGE DRIVE RANCHO CUCAMONGA, CA 91730 | VICE PRESIDENT 0 | 0. | 0. | 1,767. |
| LINDA HARVEY 103 FIFEMOOR COURT CARY, NC 27511 | VICE PRESIDENT 0 | 0. | 0. | 1,767. |
| TOTAL | | \$ 0. | \$ 0. | \$ 5,301. |

STATEMENT 8
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

JOHN E RAIDY SR
VERONICA RAIDY

**Power of Attorney
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer Information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

Identifying number

33-0826574

THE RAIDY CHARITABLE FOUNDATION
P O BOX 1243
MONROVIA, CA 91017-1243

Daytime telephone number

626-303-1616

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

STEPHEN FLOYD
4575 DEAN MARTIN DR STE 2401
LAS VEGAS, NV 89103-8210

Check if to be sent notices and communications ☒

Name and address

Check if to be sent notices and communications ☐

Name and address

CAF No. 2005-47288R

PTIN P00142261

Telephone No. 626-303-1616

Fax No. 888-824-9930

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see the instructions for line 3) |
|--|--|--|
| INCOME TAX | 990PF | 2006 THROUGH 2012 |
| CIVIL PENALTIES | 990PF | 2006 THROUGH 2012 |

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF.** ☐

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☒ Disclosure to third parties,

☒ Substitute or add representative(s);

☒ Signing a return; _____

☐ Other acts authorized. _____

(see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

- 6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Mary E. Brown 11-15-2012 VICE PRESIDENT
Signature Date Title (if applicable)

MARY BROWN
Print Name PIN Number Print name of taxpayer from line 1 if other than individual

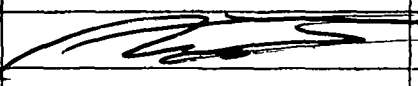
Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent — enrolled as an agent under the requirements of Circular 230.
 - d Officer — a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee — a full-time employee of the taxpayer.
 - f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer — Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - i Registered Tax Return Preparer — registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA — receives permission to practice before the IRS by virtue of his/her status as a law, business or accounting student working in LTC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ON PAGE 1. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

| Designation — Insert above letter (a - r) | Licensing jurisdiction (state) or other licensing authority (if applicable) | Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information. | Signature | Date |
|---|---|---|--|------------|
| B | CA | 308916 |  | 11/15/2012 |
| | | | | |
| | | | | |

2011

FORM 2848 ATTACHMENT

PAGE 1

CLIENT RAIDCF

THE KADY CHARITABLE FOUNDATION

33-0026574

11/15/12

10:09AM

LINE 5 - ACTS AUTHORIZED TO SIGN A RETURN

THIS POWER OF ATTORNEY IS BEING FILED PURSUANT TO REGULATIONS SECTION 1.6012-1(A)(5), WHICH REQUIRES A POWER OF ATTORNEY TO BE ATTACHED TO A RETURN IF A RETURN IS SIGNED BY AN AGENT BY REASON OF SPECIFIC PERMISSION IS REQUESTED OF AND GRANTED BY THE IRS FOR OTHER GOOD CAUSE. NO OTHER ACTS ON BEHALF OF THE TAXPAYER ARE AUTHORIZED.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

| | | |
|--|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | THE RAIDY CHARITABLE FOUNDATION | <input checked="" type="checkbox"/> 33-0826574 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | Social security number (SSN) |
| | P O BOX 1243 | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | MONROVIA, CA 91017-1243 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► **STEPHEN G FLOYD CPA**

Telephone No. ► **626-303-1616** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 20 11 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 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

| | | | |
|---|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0. |

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

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|--|---|--|
| Type or print File by the extended due date for filing the return. See instructions. | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | THE RAIDY CHARITABLE FOUNDATION | <input checked="" type="checkbox"/> 33-0826574 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | Social security number (SSN) |
| | STEPHEN G. FLOYD, C.P.A. 4575 DEAN MARTIN DR STE 2401 | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | LAS VEGAS, NV 89103-8210 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 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 an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of STEPHEN G FLOYD CPA
 Telephone No. 626-303-1616 FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 12.

5 For calendar year 2011, or other tax year beginning , 20 , and ending , 20 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION FROM OUTSIDE SOURCES IN ORDER TO PREPARE AN ACCURATE TAX RETURN.

| | | | |
|---|-----------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

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

Signature BAA

Title VICE PRESIDENT

Date

FIFZ0502L 07/29/11

Form 8868 (Rev 1-2012)