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Form 990-PF

Department of the Treasur

Internal Revenue Service

Name of foundation

Wilmington

The Caine Family Foundation

City or town, state, and ZIP code

G Check all that apply

Foundation Source 501 Silverside Rd

For calendar year 2011 or tax year beginning

Number and street (or P O. box number if mail is not delivered to street address)

X Initial return

Final return

Return of Private Foundation

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

Initial return of a former public charity

9/8/2011

DE

Amended return

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

, and ending

Room/suite

19809-1377

123

12/31/2011

A Employer identification number

B Telephone number (see instructions)

D 1. Foreign organizations, check here

45-3233150

(800) 839-1754

C If exemption application is pending, check here

2. Foreign organizations meeting the 85% test

OMB No 1545-0052
2011

Address change Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method X Cash F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16) ► \$ 1.000,014 (Part I, column (d) must be on cash basis (d) Disbursements Part Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see instructions)) books (cash basis only) 1,000,006 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ If the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) Revenue 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . Income modifications . 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 12 1.000.014 13 Compensation of officers, directors, trustees, etc Expenses 14 Other employee salaries and wages Pension plans, employee benefits? ECE 15 16 a Legal fees (attach schedule) b Accounting fees (attach schedule) め perating and Administrative c Other professional fees (attach schedule) 3 2012 17 18 Taxes (attach schedule) (see insi Depreciation (attach schedule) 20 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 . 25 Contributions, gifts, grants paid 26 Total expenses and disbursements, Add lines 24 and 25. 0 0 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements 1,000,014 **b Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

CLUSCED MAY 21709

| Da | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | of year |
|-------------|--------|---|---------------------------------------|----------------------|---------------------------------------|
| Г а — | | should be for end-of-year amounts only. (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | · · · · · · · · · · · · · · · · · · · |
| | 2 | Savings and temporary cash investments | | 1,000,014 | 1,000,014 |
| | 3 | Accounts receivable | | | |
| | | Less. allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | - | |
| | ľ | Less: allowance for doubtful accounts | | | <u> </u> |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | l | disqualified persons (attach schedule) (see instructions) . | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | · · | |
| | | Less allowance for doubtful accounts | | , | |
| Assets | 8 | Inventones for sale or use | | | |
| 38 | 9 | Prepaid expenses and deferred charges | | | |
| ä | | al Investments—US and state government obligations (attach schedule) | | | |
| | ı | b Investments—corporate stock (attach schedule) . | | | |
| | | c Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis | | - | |
| | ١ | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | ۱ | Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | 4 000 044 | 4 000 044 |
| | 47 | instructions Also, see page 1, item I) | 0 | 1,000,014 | 1,000,014 |
| | 17 | Accounts payable and accrued expenses | | | |
| es | 18 | Grants payable | | | |
| Ξ | 19 | Deferred revenue | | | |
| Liabilities | 21 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 22 | Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶) | · · · · · · · · · · · · · · · · · · · | | |
| | 23 | Other liabilities (describe Total liabilities (add lines 17 through 22) . | 0 | 0 | |
| | | | | 0 | |
| S | ŀ | Foundations that follow SFAS 117, check here | | | |
| ĕ | 24 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Balances | 24 | Unrestricted | | | |
| | 26 | Temporanily restricted | | | |
| p | 20 | Foundations that do not follow SFAS 117, check here | | · ······· | |
| Fund | l | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds . | | | : |
| इ | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | 0 | 1,000,014 | |
| As | 30 | Total net assets or fund balances (see instructions) | 0 | | |
| e e | 31 | Total liabilities and net assets/fund balances (see | | | |
| Z | ŀ | instructions) | l o | 1,000,014 | |
| Pa | rt 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-o | of-year figure reported on prior year's return) | | 1 | 0 |
| 2 | Enter | amount from Part I, line 27a | | . 2 | 1,000,014 |
| 3 | Other | r increases not included in line 2 (itemize) | | 3 | |
| 4 | | ines 1, 2, and 3 | | 4 | 1,000,014 |
| 5 | | eases not included in line 2 (itemize) ▶ | | ľ | |
| _6 | Total | net assets or fund balances at end of year (line 4 minus line 5)—Part II, c | column (b), line 30 | 6 | 1,000,014 |

| (a) List and describe the | d Losses for Tax on Investment of the kind(s) of property sold (e.g., real esse, or common stock, 200 shs MLC (| tate, | (b) How acquired P—Purchase D—Donation | (c) Date acquire (mo , day, yr) | |
|--|---|--|--|------------------------------------|---|
| 1a | | | D DOIREUDIT | | |
| b | | | | | |
| С | | | <u> </u> | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales pnce | (f) Depreciation allowed (or allowable) | | or other basis ense of sale | | Gain or (loss) lus (f) minus (g) |
| a | | | | | |
| <u>b</u> | | | | | <u> </u> |
| С | | | | | |
| d | | | | | |
| <u>e</u> | | i | | | |
| Complete only for assets show | ing gain in column (h) and owne | d by the foundati | on on 12/31/69 | 1 | (Col (h) gain minus |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | 1 | ess of col (i) ol (j), if any | , , , | ut not less than -0-) or es (from col (h)) |
| a | | | | ···· | |
| <u>b</u> | | | | | |
| C | | | | | |
| <u>d</u> | | <u> </u> | | | |
| 2 Capital gain net income or | | I also enter in Pa , enter -0- in Pa | | 2 | |
| 3 Net short-term capital gain | or (loss) as defined in section | ns 1222(5) and | (6) | | |
| 5 | line 8, column (c) (see instruc | ctions). If (loss) | , enter -u- | 3 | |
| Part V Qualification Und | lar Castian 4040/a) for D | advacd Tax | n Net Investm | | |
| (For optional use by domestic p If section 4940(d)(2) applies, le Was the foundation liable for th If "Yes," the foundation does no | ave this part blank se section 4942 tax on the dis | stributable amo | unt of any year in | | N/A - 1ST YEAR |
| | ount in each column for each | | | makıng anv en | tnes |
| (a) Base penod years | (b) | | (c) of nonchantable-use a | resote | (d) Distribution ratio |
| Calendar year (or tax year beginning is 2010 | " | | | (6) | (b) divided by col (c)) 0 000000 |
| 2009 | | | | | 0 000000 |
| 2008 | | | | | 0 000000 |
| 2007 | | | | | 0 000000 |
| 2006 | | | | | 0 000000 |
| 2 Total of line 1, column (d) | | | | 2 | 0.000000 |
| 3 Average distribution ratio for the number of years the four | or the 5-year base perioddi undation has been in existence | | • | y . 3 | 0.000000 |
| 4 Enter the net value of nonc | hantable-use assets for 2011 | from Part X, In | ne 5 | 4 | 0 |
| 5 Multiply line 4 by line 3 | | | | 5 | <u> </u> |
| 6 Enter 1% of net investment | income (1% of Part I, line 27 | 'b) | | . 6 | 0 |
| 7 Add lines 5 and 6 . | | | | 7 | 0 |
| 8 Enter qualifying distribution If line 8 is equal to or greate the Part VI instructions | s from Part XII, line 4 er than line 7, check the box | ın Part VI, line | 1b, and complete | that part using | 0 a 1% tax rate See |

| orr | m 990-PF (2011) The Caine Family Foundation | | 45-323: | 3150 | Pa | ige 4 |
|-----|---|--------|---------|------|-----|-------|
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | | | | ;) | |
| 1 : | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 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% 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, col (b) 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 | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | |
| 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 payments and 2010 overpayment credited to 2011 6a 0 | | | | | |
| _ | b Exempt foreign organizations—tax withheld at source 6b | 1 | | | | |
| (| c Tax paid with application for extension of time to file (Form 8868) . 6c 0 |] | | | | |
| (| d Backup withholding erroneously withheld 6d 6d |] | | | | , |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | | 0 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | 8 | | | 0 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | 0 | |
| 10 | | 10 | | | 0 | |
| 11 | | 11 | | | 0 | |
| Pa | art VII-A Statements Regarding Activities | | | | | |
| 1 : | a Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | |
| | participate or intervene in any political campaign? | | | 1a | | X |
| • | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the | | | | | |
| | instructions for definition)? | | | 1b | | 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 | | | | | |
| | C Did the foundation file Form 1120-POL for this year? | | | 1c | | _X_ |
| • | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | |
| | (1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$ | | | | | |
| • | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| 2 | on foundation managers \$ | | | 2 | | |
| _ | Has the foundation engaged in any activities that have not previously been reported to the IRS? . | | | | | _X_ |
| 3 | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | | |
| • | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . | | | 3 | | х |
| 4 : | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? | | | 4b | N/A | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | Х |
| | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | 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? | | | 6 | X | L |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a | and Pa | tXV. | 7_ | X | |
| 8 8 | a Enter the states to which the foundation reports or with which it is registered (see instructions) ► DE | | | | | |
| ı | 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 calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," | | | | | |

complete Part XIV

their names and addresses

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

| Form | 990-PF (2011) The Caine Family Foundation 45-323 | 3150 | P | age 5 |
|------|---|----------|------|----------|
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address | | | |
| 14 | The books are in care of ▶ Foundation Source Telephone no. ▶ | (800 | 839 | 1754 |
| | Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-1377 | , | | |
| 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 | | | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority | ı | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | <u>X</u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | 1 | | |
| | the foreign country | L . | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| ۵. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | 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? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ' | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? |] | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | 1 : | | |
| | 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.) | 1 | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | ! | | |
| • | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | N/A | |
| | Organizations relying on a current notice regarding disaster assistance check here | | 14/7 | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| | that were not corrected before the first day of the tax year beginning in 2011? | 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)). | | | |
| а | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2011? | | | |
| 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 | | | |
| | ▶ 20 , 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | |
| | enterprise at any time during the year? | | | |
| 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 penod? (Use Schedule C, Form 4720, to determine | <u> </u> | | |
| 4- | 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 chantable 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? | | | ~ |
| | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | | X |

| Pa | rt VII-B Statements Regarding Activit | ies for Which For | m 47 | 20 May Be Re | equired | l (continued) | | | |
|----------|--|---|----------|---|--------------|---|--------------------|-------------------------------------|----------------------|
| | During the year did the foundation pay or incur an | | | - | | | | | |
| | (1) Carry on propaganda, or otherwise attempt | to influence legislation | (secti | on 4945(e))? . | | Yes | X No | | |
| | (2) Influence the outcome of any specific public | • | • | | | | | | |
| | on, directly or indirectly, any voter registration | • | | | | Yes | X No | | |
| | (3) Provide a grant to an individual for travel, str | udy, or other similar pu | rpose | s? | | Yes | X No | | |
| | (4) Provide a grant to an organization other than | n a chantable, etc., org | anıza: | tion described | | | | | |
| | in section 509(a)(1), (2), or (3), or section 49 | 940(d)(2)? (see instruct | ions) | | | Yes | X No | | |
| | (5) Provide for any purpose other than religious educational purposes, or for the prevention | | | | | Yes | X No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | transactions fail to qua | lify ur | nder the exceptio | ns descn | ibed in | | | |
| | Regulations section 53 4945 or in a current notice | regarding disaster ass | sistan | œ (see instructio | ns)? | | <u> </u> | 5b | N/A |
| | Organizations relying on a current notice regarding | g disaster assistance c | heck | here . | | . ▶ | · | | |
| C | If the answer is "Yes" to question 5a(4), does the | foundation claim exemp | ption | from the | | _ | | | |
| | tax because it maintained expenditure responsibilif "Yes," attach the statement required by Regulati | • | 5(d) | | | Yes | No | | |
| 6- | Did the foundation, during the year, receive any fu | | | | | | | | |
| va | premiums on a personal benefit contract? | inus, unectly of indirect | uy, to | pay | | Yes | X No | | |
| h | Did the foundation, during the year, pay premiums | directly or indirectly in | nn a r | personal benefit o | ontract? | 163 | <u> </u> | 6b | Х |
| | If "Yes" to 6b, file Form 8870 | s, directly of indirectly, t | on a p | ersonar benem (| ondact. | | | | - -^- |
| | At any time during the tax year, was the foundation | | | | | | X No | - | |
| | If "Yes," did the foundation receive any proceeds | | | | | | - ::- - | | N/A |
| Р | art VIII Information About Officers and Contractors | , Directors, Trust | ees, | Foundation | Manag | ers, Highly | Paid En | nploye | es, |
| 1 | List all officers, directors, trustees, found | lation managers an | d the | ir compensati | on (see | instructions | s). | | |
| | (a) Name and address | (b) Trtle, and average hours per week devoted to position | (c |) Compensation not paid, enter -0-) | (d) emple | Contributions to oyee benefit plans ferred compensat | s (e |) Expense other allo | e account, wances |
| SE | EATTACHMENT | actored to position | 1 | | 4,14 40. | orroa component | | | |
| | | | İ | | | | | | |
| | | | | | | · · · · - · · · · · · · · · · · · · · · | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | + | | | | | | |
| | | | <u> </u> | | | | | · · · · · · · · · · · · · · · · · · | |
| 2 | Compensation of five highest-paid emploenter "NONE." | yees (other than th | ose | included on li | ne 1—so | ee instruction | ns). If no | ne, | |
| _ | | (b) Title, and aver | - 1 | (-) (0- | | (d) Contributions employee benefit | |) Expense | e account, |
| | Name and address of each employee paid more than \$50 | 0,000 hours per wee devoted to positi | | (c) Compensation | on | plans and deferre compensation | | other allo | |
| ΝŌ | NE | | 00 | | | | | | |
| | | | 00 | | | | | | |
| | | | | | | | | | |
| | | | 00 | | | | | | |
| | | | .00 | | | | | | |
| T | | 000 | 00 | | | | _ | | |
| 1 01 | al number of other employees paid over \$50, | ,000 . | | | | · | . ▶ | | |

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|----------------------|---|---------------------------------------|--------------------------|
| Part VIII | Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pai | d Employees, |
| 3 Five highest | t-paid independent contractors for professional services (see | instructions). If none, enter "NONE." | |
| (a) Na | ime and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| | | | : |
| | | | |
| | | | <u> </u> |
| Total number of | others receiving over \$50,000 for professional services | <u> </u> | I |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | s four largest direct chantable activities during the tax year. Include relevant nizations and other beneficianes served, conferences convened, research p | | Expenses |
| 1 | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| | | | |
| Part IX-B | Summary of Program-Related Investments (see | nstructions) | |
| Describe the two lar | gest program-related investments made by the foundation during the tax ye | ear on lines 1 and 2 | Amount |
| 1 | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | - |
| 2 | | | |
| | | | |
| All other program-re | elated investments See instructions | | |
| 3 | | | |
| | | | |
| Total. Add lines | 1 through 3 | | 0 |
| I Juai. Add III 185 | Tunougho | | 1 |

| Form | 990-PF (2011) The Caine Family Foundation | 45-323 | 33150 Page 8 |
|------|---|----------|---------------------|
| Pa | rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign | | ons, |
| | see instructions.) | | · |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | T^{T} | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 125,002 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 125,002 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) |]] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 125,002 |
| 4 | Cash deemed held for chantable activities Enter 1 ½ % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 1,875 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 123,127 |
| 6 | Minimum investment return. Enter 5% of line 5 MIR PRORATED - SHORT YEAR | 6 | 1,940 |
| Pai | TXI 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 | 1,940 |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | 의 | |
| b | Income tax for 2011 (This does not include the tax from Part VI) | <u> </u> | |
| C | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,940 |
| 4 | Recovenes of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 1,940 |
| 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 | 1,940 |
| Par | t XII Qualifying Distributions (see Instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes. | T | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 0 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc., | | |
| | purposes | 2 | 0 |
| 3 | Amounts set aside for specific chantable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V. line 8, and Part XIII, line 4 | 4 | 0 |

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4 .

qualifies for the section 4940(e) reduction of tax in those years

5

| 1 | Distributable amount for 2011 from Part XI, | (a) Corpus | (b) Years pnor to 2010 | (c) 2010 | (d) 2011 |
|-----|--|---------------|---------------------------|-------------|-------------|
| • | line 7 | | | | 1,940 |
| 2 | Undistributed income, if any, as of the end of 2011 | | i | ما | |
| a | | · · | | 0 | |
| | Total for prior years. 20, 20, 20 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2011 | | | | |
| a | | | | | |
| t | | | | | |
| C | From 2008 | | | | |
| C | | | | | |
| e | | | | | |
| f | Total of lines 3a through e | 0 | | | |
| 4 | Qualifying distributions for 2011 from Part | | | | |
| | XII, line 4: ► \$0 | | | | |
| а | | | | . 0 | |
| t | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | 0 | | |
| C | Treated as distributions out of corpus (Election | | | | |
| | required—see instructions) | | | | ·-···- |
| C | Applied to 2011 distributable amount | | | | 0 |
| е | Remaining amount distributed out of corpus | 0 | | | |
| 5 | Excess distributions carryover applied to 2011 | 0 | | | 0 |
| | (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | |
| я | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0 | | | |
| ŀ | Prior years' undistributed income. Subtract | | | | |
| _ | line 4b from line 2b | | o | | |
| c | | | | | |
| | · · · | | | | |
| | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| لند | tax has been previously assessed | | | | |
| C | Subtract line 6c from line 6b Taxable | | | | |
| _ | amount—see instructions . | | 0 | | |
| е | | | | | |
| | 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 | | | | 1,940 |
| 7 | Amounts treated as distributions out of | | | | |
| | corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (see instructions). | | | | |
| 8 | Excess distributions carryover from 2006 | ! | | | |
| | not applied on line 5 or line 7 (see instructions) | 0 | | | |
| 9 | Excess distributions carryover to 2012. | | | | |
| | Subtract lines 7 and 8 from line 6a | 0 | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2007 0 | | | | |
| _ | Excess from 2008 0 | | | | |
| 0 | Excess from 2009 0 | | | | |
| - | Excess from 2010 0 | | | | |
| e | Excess from 2011 . 0 | | | | |
| | | | | | |

| | 1990-PF (2011) The Caine Family Foundation | | | reation (I) | 45-3233 | 8150 Page 10 |
|----------------|---|--|-------------------------|------------------------|---------------------------------------|--------------|
| | 1 XIV Private Operating Foundations (s If the foundation has received a ruling or determina | | | destion 9) | 1 | <u> </u> |
| ιа | foundation, and the ruling is effective for 2011, enti- | | • | ▶ | | |
| b | Check box to indicate whether the foundation is a | private operating fou | indation described in | section | 4942(j)(3) or | 4942(j)(5) |
| 2 a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part X for each | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| | year listed | 0 | | | | 0 |
| b | 85% of line 2a | 0 | 0 | 0 | 0 | 0 |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | 0 | | | | 0 |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0 |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon. | 0 | 0 | 0 | 0 | 0 |
| а | "Assets" alternative test—enter (1) Value of all assets | | | | | 0 |
| | (2) Value of assets qualifying under section 4942(i)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test—enter 2/3 | | | | | 0 |
| | of minimum investment return shown in Part X, line 6 for each year listed | o | | | | 0 |
| C | "Support" alternative test—enter: | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | 0 |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0 |
| | (3) Largest amount of support from an exempt organization | | | | | 0 |
| | (4) Gross investment income | - | | | | 0 |
| Pa | rt XV Supplementary Information (Cor assets at any time during the ye | | _ | ndation had \$5,0 | 000 or more in | |
| 1 | Information Regarding Foundation Manag | | | | | |
| а | List any managers of the foundation who have con | | 2% of the total contri | butions received by | the foundation | |
| | before the close of any tax year (but only if they ha | ive contributed more | than \$5,000) (See | section 507(d)(2)) | | |
| | da Caine Robert Cai | , | | 0.1 | | |
| | List any managers of the foundation who own 10% ownership of a partnership or other entity) of which | | | | ruon of the | |
| <u>NO</u> 2 | N⊑ Information Regarding Contribution, Gran | t Gift Loan Sch | olambin etc Pr | ograme. | | |
| _ | Check here X if the foundation only makes unsolicited requests for funds. If the foundation ma other conditions, complete items 2a, b, c, and d | contributions to pre- | selected chantable o | organizations and do | | |
| а | The name, address, and telephone number of the | person to whom app | olications should be a | addressed | | |
| b | The form in which applications should be submitted | d and information ar | nd materials they sho | ould include | | |
| C | Any submission deadlines | | | | · · · · · · · · · · · · · · · · · · · | |
| d | Any restrictions or limitations on awards, such as t | oy geographical area | as, chantable fields. I | kinds of institutions. | or other | , |
| _ | factors | | | | | |

Form 990-PF (2011) The Caine Family Foundation

Part XV Supplementary Information (continued)

| 3 | Grants and Contributions Paid During th | e Year or Approved | for Future I | Payment | |
|---|---|--|----------------------|----------------------------------|--------|
| | 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 | | |
| a | Paid during the year | | | | |
| b | Total | · · · · · · · · · · · · · · · · · · · | · | ▶ 3 a | 0 |
| | | | | | |
| | Total | | | ▶ 3b | (|

Form 990-PF (2011) The Caine Family Foundation Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated bus | siness income | Excluded by section | n 512, 513, or 514 | (e) |
|--|----------------------|---------------|--------------------------------|--------------------|--|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 Program service revenue: | | | | | (000 |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | · | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | - · · · - |
| | | | | | |
| | | | 4.4 | | |
| 3 Interest on savings and temporary cash investments | | <u> </u> | 14 | 8 | - |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate | | | | | <u></u> |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property . | | | | | |
| 7 Other investment income | | | | | |
| | · | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory . | | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| _ | | | | | |
| d | 1 | | | | |
| | | | | | |
| е | | 0 | | 8 | 0 |
| e | | 0 | | 8 | |
| e | | 0 | | 8 13 | |
| e | | | | ., | |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac | complishment | of Exempt P | urposes | 13 | |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ac | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |
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| e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc | complishment | of Exempt P | urposes VI-A contributed ii | 13 | 8 |

| rait | _ | Exempt Organiza | _ | siers to and trans | รลบแบท ร ส | iia Rei | auonsinps W | itii Nonchariti | anie | | |
|----------------------|----------|---------------------------------------|----------------------|--|-----------------------|-------------|-------------------------|-----------------------------|------------|----------|------|
| 1 Did | | | | ngage in any of the fo | ollowing with | any off | ner organization | described | Ι | Yes | No |
| | | | | ection 501(c)(3) orga | | | | | | | |
| | anızat | | , | · (-/(-/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ - | | | , | . F | | | ! |
| _ | | | foundation to | a nonchantable exen | nnt organiza | tion of | | | | | |
| | Cash | | iouridation to | a nonchantable exem | ipi organiza | uon oi | | | 1a(1) | 1 | Х |
| (2) Other assets | | | | | | | | | 1a(1) | | x |
| b Other transactions | | | | | | | | 10(2) | | | |
| | | | | | | | | 1b(1) | | X | |
| | · · · | | | | | | | | 1b(2) | | X |
| | | | | r assets | | • | • • | | 1b(3) | | X |
| | | | | | | • | • | | 1b(4) | | X |
| | | s or loan guarantee | | | | | | | 1b(5) | | X |
| | | - | | np or fundraising solid | | | | | 1b(6) | | Х |
| | | | | ts, other assets, or pa | | es | | | 1c | | Х |
| d If th | ne ans | wer to any of the at | ove is "Yes." | complete the following | na schedule | Columi | n (b) should alw | avs show the fa | air mark | et | |
| val | ue of t | he goods, other ass | ets, or service | es given by the report | tina foundati | on If th | e foundation rec | eived less than | fair ma | arket | |
| val | ue in a | iny transaction or st | naring arrange | ement, show in colum | in (d) the va | lue of the | ne goods, other | assets, or servi | ces rec | eived | |
| (a) Line | по | (b) Amount involved | (c) Name | of nonchantable exempt org | janization | (d) De | scription of transfers, | transactions, and s | hanng an | rangem | ents |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2a Ist | he fou | ndation directly or ii | ndirectly affilia | ated with, or related to | o, one or mo | re tax-e | xempt organizat | tions | | | |
| des | scribed | d in section 501(c) o | of the Code (o | ther than section 501 | (c)(3)) or in | section | 527? . | \ | res 🔀 |] No | |
| _b If" | Yes," o | complete the followi | ng schedule. | | | | | | | | |
| | | (a) Name of organization | | (b) Type of o | organization | | (c) | Description of relate | onship | | |
| | | | | | | | | | | | |
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| | 1 | · / · · · | | this return, including accompany: taxpayer) is based on all informati | • | | • | wledge and belief, it is tr | ue, | | |
| Sign | white | , and compare boularation of | preparer tonier tran | шараўен) із разец он ан інюппа | ион он жинск ртера | ieinas aily | NIONEUGE | May the iRS | discuss ti | his retu | m |
| Here | | Maller | YU | 19 NOR 12 | 1 Ca- | -00 | SIDENT | with the prepare | | | 1 ` |
| | 0 | nature of officer or truster | <u>ame</u> | | Talla | IK | SIVENT | instructions)? | XY | es | No |
| | 7 2/8 | | | Date | 1100 | - | Date | | PTIN | | |
| Paid | | Pfint/Type preparer's na | anie | Preparer's signature | | | Date | Check I if | FIIN | | |
| Prepa | aror | Jeffrey D Haskell | | Jeffrey D. Hask | ell | | 3/21/2012 | self-employed | P0134 | 5770 | |
| - | | | undation Sou | | | | | | 1-0398 | | _ |
| Use C | עוווע | | | Fairfield, CT 06824 | | | | | 0) 839- | | |
| | | | | | | | | | | | |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization **Employer identification number** The Caine Family Foundation 45-3233150 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **\$** Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organizationEmployer identification numberThe Caine Family Foundation45-3233150

| Part I | Contributors (see instructions). Use duplicate copies | s of Part I if additional space is n | eeded. |
|------------|--|--------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Caine, Linda 301 Palm Trail Delray Beach FL 33483 Foreign State or Province. Foreign Country | \$ 1,000,006 | Person X Payroli |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Foreign State or Province: Foreign Country | \$0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Foreign State or Province Foreign Country | \$ <u>o</u> | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Foreign State or Province: Foreign Country: | \$0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Foreign State or Province Foreign Country | \$0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Foreign State or Province Foreign Country | \$0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Name of organization

The Caine Family Foundation

Employer identification number 45-3233150

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

| Name of org | ganization | | | Employer identification number |
|-----------------|--|---|---|--------------------------------------|
| The Caine | Family Foundation | | | 45-3233150 |
| Part III | Exclusively religious, charitable, etc., i | ndividual con | tributions to section 50 | 01(c)(7), (8), or (10) organizations |
| | total more than \$1,000 for the year. Cor | | | |
| | For organizations completing Part III, ente | • | • | |
| | | | | structions) > \$ 0 |
| | Use duplicate copies of Part III if additional | - | | , and some , b 4 |
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| from | (b) Purpose of gift | (c) | Use of gift | (d) Description of how gift is held |
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| | Transferee's name, address, and | ZIP + 4 | Relationsh | ip of transferor to transferee |
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| | For Prov. Country | | | |
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| from | (b) Purpose of gift | (c) | Use of gift | (d) Description of how gift is held |
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| | For Prov Country | | | |

| The Caine Family Foundation | |
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Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

| | Name | Street | City | State | Zip Code |
|----------|----------------|----------------|--------------|-------|----------|
| - | 1 Inda Caine | | | ū | 33483 |
| 1 | | | | j | |
| 7 | 2 Robert Caine | 301 Palm Trail | Delray Beach | 근 | 33483 |
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| 4 | | | | | |
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Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

The Caine Family Foundation

| | | | | | | 1 | TOTAL: | 0 | 0 | 0 |
|----|----------------|--|------------|-------|-------------|---|------------|------|----------|-----------------|
| | Name | Street | City | State | Zıp Code | Title | Avg Hrs | Comp | Benefits | Expense Acct |
| | 1 Linda Caine | Foundation Source 501 Silverside Rd | Wilmington | DE | 19809 | Co- President / Director / Secretary | _ | 0 | 0 | 0 |
| | 2 Mark E Came | Foundation Source 501 Silverside Rd | Wilmington | DE | 19809 | Vice President | 7 | 0 | 0 | 0 |
| | | Foundation Source 501 Silverside Rd | Wilmington | | 19809 | Co- President / Director | - | 0 | 0 | 0 |
| | 4 Paul J Caine | Foundation Source 501 Silverside Rd | Wilmington | DE | 19809 | Vice President | | 0 | 0 | 0 |
| | 5 Erc B Caine | Foundation Source 501 Silverside Rd | Wilmington | DE | 19809 | Vice President | | 0 | 0 | 0 |
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