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Form **990-PF**

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 ca	llendar year 2011, or tax year beginning	, 2011	, and ending		
MARC	SARET MAZER OGDON FOUNDATION	INC		A Employer identification nur	nber
	SPECTACLE LN			45-3994793	
	ON, CT 06897			B Telephone number (see the 203-571-8704	instructions)
				C If exemption application is	pending, check here 🟲 🗓
G Ch	eck all that apply. X Initial return	Initial Return of a for Amended return	mer public charity	D 1 Foreign organizations, chec	ck here
	Address change	Name change		2 Foreign organizations meet here and attach computation	
H (Check type of organization X Section 50 Section 4947(a)(1) nonexempt charitable	1(c)(3) exempt private trust Other taxable		E If private foundation status	
		counting method X C	ash Accrual	under section 507(b)(1)(A)	, check here
(from Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60	-month termination
> 5	(Part I	, column (d) must be o	n cash basıs)	under section 507(b)(1)(B)	
Part	🔙 Analysis of Revenue and	(a) Revenue and	(b) Net investme	nt (c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)				purposes
	(see instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)		WYSTAT SEK		SAMPLE 在原列數
	2 Ck ► X if the foundn is not req to att Sch B			海州 电台 15、15、15、15至美级	
	3 Interest on savings and temporary				en kan alang
	cash investments		<u> </u>	N/A	
	4 Dividends and interest from securities				
	5a Gross rents b Net rental income	**************************************	Construction Property Co. N.	2	
	or (loss).				
Ŗ	6a Net gain/(loss) from sale of assets not on line 10.		200		
E V	b Gross sales price for all assets on line 6a		C. 1800 M	W. W. C. C. W. C.	
Ė N	7 Capital gain net income (from Part IV, line 2).				
Ņ	8 Net short-term capital gain .				74 374 376
U E	9 Income modifications .		2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>*</i> 1	
_	10a Gross sales less returns and				
	allowances. h Less Cost of				
	goods sold				
	c Gross profit/(loss) (att sch).			\$8.×	(*3 3
	11 Other income (attach schedule) .				
	12 Total. Add lines 1 through 11	0.		0.	
	13 Compensation of officers, directors, trustees, etc.	<u> </u>			
	14 Other employee salaries and wages		H-REC	EIVED	
	15 Pension plans, employee benefits				
A	16a Legal fees (attach schedule)			<u> </u>	
Ň	b Accounting fees (attach sch)		ANG ANG	2 7 2012 Q	<u> </u>
N	c Other prof fees (attach sch)				
PS	17 Interest				
O P E R A T	18 Taxes (attach schedule)(see instrs)		OGD		<u> </u>
A Â	19 Depreciation (attach sch) and depletion				
ii_	20 Occupancy	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<u> </u>
N V G E	21 Travel, conferences, and meetings				
A E	22 Printing and publications			-	
A E N X D P	23 Other expenses (attach schedule)				
E	, , , , , , , , , , , , , , , , , , , ,				
Ξ S	24 Total operating and administrative				
√3 E 5	expenses. Add lines 13 through 23.				
3	25 Contributions, gifts, grants paid.			*	
Ħ	26 Total expenses and disbursements. Add lines 24 and 25				_
		0.		0.	0.
کیا ا	27 Subtract line 26 from line 12:		` `		
	a Excess of revenue over expenses and disbursements	0.	·.		()
)	b Net investment income (if negative, enter -0-) .			0.	
	C Adjusted net income (if negative, enter -0-)				
<u> </u>	1 2	I			<u> </u>

D	25772	Palamas Chasta Attach	led schedules and amounts in the description in should be for end-of-year amounts only	Beginning of year	End o	or year
T _i ai	A COLOR	Balance Sheets Column (See i	n should be for end-of-year amounts only instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing .			
ASSET	1 2	Savings and temporary ca				
	3		>			100000000000000000000000000000000000000
	"	Less: allowance for doubt	ful accounts		Mark Salanda (w	
	4	.		14-2 3 14-34		
	"	Less allowance for doubt	ful accounts			
	۱.		iui accounts	 		
	5	Grants receivable	•		·	
	6	Receivables due from officers, di disqualified persons (attach sche	rectors, trustees, and other			
	١,	Other notes and loans receivable	, ,			
	′					
	٦	Less allowance for doubt				
E	8	Inventories for sale or use				
Ţ	9	Prepaid expenses and de	•			
S	10	a Investments – U.S. and s obligations (attach schedule)				
		b Investments — corporate stock (attach schedule) .			······································
		c Investments - corporate bonds (attach schedule)			
	11	Investments - land, build equipment basis	ings, and			
	ļ	Less: accumulated depreciation (attach schedule)	•			
	12	Investments – mortgage I	nans			·- ·
	13					
	14					
	'"	Less: accumulated depreciation	Left basis		1925 - Jak Sab Sark (1927) 2888	
		(attach schedule)			······································	
		Other assets (describe))		<u> </u>
	16	Total assets (to be complesee the instructions. Also,	see page 1, item ()	0.	0.	0.
L	17	Accounts payable and acc				Market Control
Ĭ	18	Grants payable				
A B	19	Deferred revenue		<u> </u>		
į	20		istees, & other disqualified persons.			
Ļ	21	Mortgages and other notes payable				
Ť	22	Other liabilities (describe	e (atacii schedule)			
Ē	١	•	17 through 22)	0.	0.	
<u> </u>	23	Total liabilities (add lines Foundations that follow S		0.	0.	
		and complete lines 24 thre	ough 26 and lines 30 and 31.			Anger we have
N F E U	24	Unrestricted				
N F E U T N	25	Temporarily restricted .				
, D	26	Permanently restricted .	· · ·			
A B A L A		Foundations that do not found complete lines 27 three	ollow SFAS 117, check here 🕒 🗀	4		
EL	27	Capital stock, trust princip	•			
SNC	28	Paid-in or capital surplus, or land				
0 E	29	- ·	ncome, endowment, or other funds			
R S	30		alances (see instructions)	0.	0.	
	31	Total liabilities and net as (see instructions).	sets/fund balances	0.	0.	
Pare			n Net Assets or Fund Balance			<u> </u>
					aro a with	
1	end-	l net assets or fund balance of-year figure reported on p	s at beginning of year — Part II, col	umm (a), ime 30 (must a)	gree with	0.
		r amount from Part I, line 2	•		2	0.
		increases not included in line 2 (ite			3	
		lines 1, 2, and 3			4	0.
		ases not included in line 2 (itemize)) ►		5	
		• •	s at end of year (line 4 minus line 5	b) – Part II, column (b). I		0.
			, <u>,</u>			

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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.

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	IS)	
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 instrs)		^
ŧ	Domestic foundations that meet the section 4940(e) requirements in Part V,	STOCKED	0.
	check here □ and enter 1% of Part I, line 27b		50
	: 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-)		0.
3	Add lines 1 and 2		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.
6	Credits/Payments:	7.46	
a	2011 estimated tax pmts and 2010 overpayment credited to 2011		
t	Exempt foreign organizations – tax withheld at source 6b	22 20 10 10	
C	: Tax paid with application for extension of time to file (Form 8868)		
C	Backup withholding erroneously withheld 6d		100
7	Total credits and payments Add lines 6a through 6d		<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .		<u>0.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11			
Par	tVII-A3 Statements Regarding Activities	200024	T
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?	1a	X
ŧ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	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
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	· · · · · · · · · · · · · · · · · · ·	
_	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
е	foundation managers . • \$ 0.	- 12 L	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
_	If 'Yes.' attach a detailed description of the activities.		353
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		V
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes .	3 4a	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		I/A
		5	X
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		
_	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		336
U	By language in the governing instrument, or		
			17.9
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Х
	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	7	X
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions). CT		
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 N	/A
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	9	X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10	х
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Pa	ht.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	_	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person advisory privileges? If 'Yes,' attach statement (see instructions)	had	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application. Website address	n? . 📑	13	Х	
14	The books are in care of ► ENGEL SPIVEY LEMONIK, PC Telephone no ► 8		2-19	46	
15	Located at ► PO BOX 1349 MANCHESTER CENTER VT ZIP + 4 ► 05255 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		 A\k	·	-
	and enter the amount of tax-exempt interest received or accrued during the year			—T	N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority ove bank, securities, or other financial account in a foreign country?	ra .	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country. ▶				
Ŗá	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.	Ž.		Yes	No
1	a During the year did the foundation (either directly or indirectly).	_	1.		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes	No			
	· · · · · · · · · · · · · · · · · · ·	No			ď.
		No 🍍			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	No 📳	15		
	(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)?	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.)	No S		ľ	
ı	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)?		1 b	N/	A A
	Organizations relying on a current notice regarding disaster assistance check here				
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		1 c		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)):				
ā	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?	No			
	If 'Yes,' list the years 20, 20, 20				
t	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		Z 11		
	► 20 , 20 , 20 , 20				
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No			in Stant
t	olf '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.)	*			
			3ь	N/	A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
t	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
заа		Form	1990)	·PF (2	701T)

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Part VII-B Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu			C) C	المار در المار المار	1 . 3.
(1) Carry on propaganda, or otherwise attemp			∐ Yes X	No 🏳 🌣	在列布
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			No 🏥	Chy Sta
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes X	No 😓	
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	No 🚉				
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No k	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ir (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	irding disaster assistand	ce check here	▶		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes] No	
If 'Yes,' attach the statement required by Reg	ulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive as on a personal benefit contract?	•		∐ Yes X]No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	. <u>6b</u>	X
If 'Yes' to 6b, file Form 8870	4-4	. L. J. J. L L J	ction? Yes X	No 💆	
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed				N/A 7b	
Part VIII Information About Officers, D	irectors. Trustees.	Foundation Manage	ers. Highly Paid I		
and Contractors	,,			. ,	
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(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		se account, lowances
MARGARET MAZER OGDON 27 SPECTACLE LANE	PRESIDENT 0	0.	0.		0
WILTON, CT 06897					
KENNETH MAZER	TRUSTEE	0.	0.		0
CHURCH LANE	0				
SCARSDALE, NY 10583					
2 Compensation of five highest-paid employee	os (other than those inc	studed on line 1— see it	estructions) If none a	nter 'NONE	•
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d) Contributions to	I	se account,
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation		lowances
NONE					-
				 	
				 	
				<u> </u>	
Total number of other employees paid over \$50,000					0
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
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	<u> </u>
	<u>-1</u>
Partix 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	
⁷	-
	_
Partix 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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Minimum Investment Return (All domestic foundations must complete this part. If see instructions.)	oreign founda	tions,
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	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		-
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	7 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 open	erating foundat	
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.)		
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.
PartXII Qualifying Distributions (see instructions)		
	A STATE OF THE STA	
 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26. 	1a	
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	0.
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	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	ner the foundation	
qualifies for the section 4940(e) reduction of tax in those years.	- The foundation	

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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,				0.
_	line 7				<u> </u>
	Undistributed income, if any, as of the end of 2011:			0.	,
	Enter amount for 2010 only		0.		
	Total for prior years. 20, 20, 20		<u> </u>		
	Excess distributions carryover, if any, to 2011:				
	From 2006				!
	From 2007				
	From 2008.				
	From 2009			1	
	From 2010		· .	,	
	Total of lines 3a through e	0.	**		
4	Qualifying distributions for 2011 from Part		, b		
	XII, line 4: ► \$		å, •		!
	Applied to 2010, but not more than line 2a		•	0.	<u> </u>
ŧ	Applied to undistributed income of prior years (Election required – see instructions)	\$.	0.		
(: Treated as distributions out of corpus (Election required — see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		4 \$
,	Applied to 2011 distributable amount			,	0.
	Remaining amount distributed out of corpus	0.	* 1	*	
	Excess distributions carryover applied to 2011	0.	Å.		0.
,	(If an amount appears in column (d), the	,	7 <u>4</u> 0		
	same amount must be shown in column (a).)	<u>.</u>	**, ** '.	*	Ì
6	Enter the net total of each column as indicated below:		**	, 50% ,	
ä	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	0.			
ŧ	Prior years' undistributed income. Subtract line 4b from line 2b	*	0.		
(Enter the amount of prior years' undistribut-			al.	
	ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	٠,	
•	Subtract line 6c from line 6b. Taxable amount — see instructions		0.	1	
•	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.		e de la companya de l	
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:				,
	Excess from 2007.			2.35	•
	Excess from 2008			, .	
	Excess from 2009				
•	Excess from 2010			A supplied	
	Excess from 2011.		रेर्	<u> </u>	

Form 990-PF (2011) MARGARET MAZER OF			t VII-A, question	45-3994793 19)	Page 10 N/A
1a If the foundation has received a ruling or on is effective for 2011, enter the date of the	determination letter				
b Check box to indicate whether the foundate	ion is a private ope	erating foundation d	lescribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u>, </u>	
income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a .					
c Qualifying distributions from Part XII, line 4 for each year listed		-			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 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:			ţ 		
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
assets at any time during th		structions.)			N/A
Information Regarding Foundation Managers a List any managers of the foundation who is close of any tax year (but only if they have be List any managers of the foundation who is a partnership or other entity) of which the	e contributed more contributed more	than \$5,000). (See	section 507(d)(2).)		
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only requests for funds. If the foundation makes	akes contributions	to preselected cha	ritable organization		
a The name, address, and telephone numbe	r of the person to v	whom applications :	should be addresse	·d·	
b The form in which applications should be s	submitted and infor	mation and materia	ils they should inclu	ude:	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charita	ble fields, kinds of	institutions, or other	factors:

3ь

Total ..

		-Producing	

Enter area	co amounts unless atherwise indicated	Uprelet	ad business income	Eveluded by	engling 512 512 or 514	
• -	ss amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1 Prog	gram service revenue			code	<u></u>	
				ļ		
Ь		ļ				
		ļ		 		
d		 				
e				 -		
f				 		
_	s and contracts from government agencies					
	nbership dues and assessments.					
	est on savings and temporary cash investments			.		
	dends and interest from securities		BODOWS AUGUS (A SAME			
	rental income or (loss) from real estate			34		
	t-financed property	<u> </u>		├		
	debt-financed property			 		
	ental income or (loss) from personal property			├ ──		
	er investment income			 -		-
	or (loss) from sales of assets other than inventory			 		
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory			1 market 2 . 3 days	7	
	er revenue.			1 t 1		
	<u> </u>		···	 		-
b						-
c						
d		 	<u> </u>			
е				2225		
	total. Add columns (b), (d), and (e)	<u>ئىنىمىم ئىلىنى</u>				0.
					12	11
	II. Add line 12, columns (b), (d), and (e)	_	•		. 13 -	
	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ons)	·		. 13	
(See work		-	ishment of Exemp	t Purpos		
(See work	sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompl			es	
(See work	sheet in line 13 instructions to verify calculation. Relationship of Activities to the	Accompl			es	
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Form 990-PF (2011) MARGARET MAZER OGDON FOUNDATION INC 45-3994793 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							1 . 1	Yes	No
describ	organization directly ed in section 501(c) c i to political organizat	of the Code (o	engage in any of the following their than section 501(c)(3)	ig with any of organizations	ther organizatio) or in section 5	n 527,	\$, \$. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7
a Transfe	ers from the reporting	foundation to	a noncharitable exempt org	janization of.					
(1) Cas	sh						1a(1)		<u>X</u>
(2) Oth	er assets						1 a (2)		X
b Other to	ransactions								
(1) Sal	es of assets to a non-	charitable exe	empt organization	•			1 b (1)		<u>X</u>
(2) Pur	chases of assets fron	n a noncharita	able exempt organization		• •		1 b (2)		X
(3) Rer	ntal of facilities, equip	ment, or othe	r assets				1 b (3)		$\overline{\mathbf{x}}$
(4) Rei	mbursement arranger	ments .					1 b (4)		X
• •	ins or loan guarantee						1 b (5)		$\overline{\mathbf{x}}$
• •	•		ip or fundraising solicitation	s			1 b (6)		X
• •			sts, other assets, or paid em				1c		x
- D. (1.1.1.19	, 000	orn, manning m	one, other decoration part on	,					
d If the ar the goo any trar	nswer to any of the al ds, other assets, or s asaction or sharing ar	bove is 'Yes,' services given rrangement, s	complete the following sche by the reporting foundation how in column (d) the value	dule Columi If the found of the goods	n (b) should alw ation received lo s, other assets,	rays show the fair i ess than fair marke or services receive	market value in ed	ue of	
(a) Line no.	(b) Amount involved	(c) Name o	of noncharitable exempt organization	(d)	Description of trans	sfers, transactions, and	sharing arran	gements	
N/A									
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								<u></u>	
					··········				
	oundation directly or i ed in section 501(c) o complete the following	-	ated with, or related to, one ther than section 501(c)(3))	or more tax or in section	exempt organiz 527?	zations	Yes	XN	 lo
) Name of organization		(b) Type of organization	ation	(c)	Description of rel	ationship		
N/A	·								
									
Sign Under sorrect,	penalties of perjury, I declare, and complete Declaration of	e that I have exami of preparer (other I	than taxpayer) is based on all informations.	1 .		the best of my knowledg edge	May the II this return	RS discus	
Here	12101	19don			PRESIDENT		 (see instri 	shown bel uctions <u>) ?</u>	ow
Signa	ature of officer or trustee		Date	Tı	tle		X	Yes	No
	Print/Type preparer's nam	ne	Preparer's signature		Date / _/	Check f	PTIN		
Paid	ROBERT LEMON	IK	Miles Fo	w	18/11/10	self-employed	P00294	449	
Preparer	Firm's name ► El	NGEL SPIV	YEY LEMONIK, PC			Firm's EIN ► 06-1	052184		
Jse Only	-	O BOX 134	· -						
JJC OIIIY			CENTER, VT 05255	-1349		Phone no (802	362-1	L946	
BAA			,	 			Form 99 (011)
									. ,

	8 (Rev 1-2012)				Page :
•	are filing for an Additional (Not Automatic) 3-Mon				► <u>X</u>
	ly complete Part II if you have already been granted are filing for an Automatic 3-Month Extension, co			sly filed Forn	1 8868.
	Additional (Not Automatic) 3-Month Ext			on copies	needed)
	Additional (Not Automatic) 3-Month Ext	CIISIOII OI			umber, see instruction
	Name of exempt organization or other filer, see instructions				ication number (EIN) or
Type or					
print	<u> </u>		X 45-3994793		
ile by the	Number, street, and room or suite number. If a P O box, see instructions		Social security number (SSN)		
extended lue date for	ENGEL SPIVEY LEMONIK, PC				
ling the	PO BOX 1349			<u> </u>	
instructions	City, town or post office, state, and ZIP code. For a foreign address		ions		
	MANCHESTER CENTER, VT 05255-13	49			
-4 46-	Deliver and for the volume that this and back as a f	(6)	and and and and and and and and		04
inter the	Return code for the return that this application is for	or (me a se	parate application for each return).	••••	
Application Is For		Return Code	Application		Return
			Is For		Code
Form 990		01			
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		01	Form 4720		09
orm 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
Teleph If the o If this i	oks are in care of. ENGEL SPIVEY LEMON none No. 802-362-1946 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box.	FAX No siness in the digit Group	e United States, check this box Exemption Number (GEN)		If this is for the
	the extension is for.	oup, check t	ins box I and attach a list with	ii tile names	and Cirts of all
iembers t	The extension is tor.				
4 frequ	uest an additional 3-month extension of time until	11/15	, 20 12.		
5 For c	alendar year 2011 , or other tax year beginnin	g	, 20 , and ending		, 20
	tax year entered in line 5 is for less than 12 mont	lhs, check re	eason: Initial return	Fınal	return
	change in accounting period				
	in detail why you need the extension ADDI			LLOW_ACC	OUNTANT TO
PRE	PARE A COMPLETE AND ACCURATE TA	X RETUR	N		
8a If this application is for Form 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions				8a \$	0.
	application is for Form 990-PF, 990-T, 4720, or 6				
	ents made. Include any prior year overpayment al	lowed as a	credit and any amount paid previous	sly 8b\$	0.
paym	with Form 8868.				
paym with F	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				0.
paym with f	S (Electronic Federal Tax Payment System). See	INSTRUCTIONS		8c \$	<u> </u>
paym with f c Balan	S (Electronic Federal Tax Payment System). See				<u> </u>
paym with f c Balan EFTP	S (Electronic Federal Tax Payment System). See Signature and Verifica	ation mus	st be completed for Part II on	ıly.	
paym with f c Balan EFTP	S (Electronic Federal Tax Payment System). See	ation mus	st be completed for Part II on	ıly.	
paym with f c Balan EFTP	S (Electronic Federal Tax Payment System). See Signature and Verificates of perjury, I declare that I have examined this form, including accomplete, and that I applicate to prepare this form.	ation mus	st be completed for Part II on	ıly.	ef, it is true,