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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

2M11

		venue Service	Note.	The foundation	on may be at	le to	use a copy of the	s return to sat	isfy state re	portin	g requirements	<u> </u>
For	cal	endar year 2011 o	r tax	year beginn	ing		12	/02 , <b>2011</b> ,	and endi	ng		12/31, 20 11
		of foundation		<u></u>						T	A Employer identifi	ication number
G	EMI	JNDER FAMILY	FOU	NDATION.	INC.						45-401565	3
		er and street (or P O				stree	et address)		Room/su	ıte	B Telephone number	r (see instructions)
							•					3) 227-8133
1	763	33 GUNN HWY	ידדוז?	E 118							(	0100
		r town, state, and ZI			~-						<del></del>	
0	11,9 01	town, state, and zi	COGC								C If exemption applicat	ion is
^	ים בי	ממא דו מסבר	c								pending, check here	························
_		SSA, FL 3355		1-1-1-1-1		Т	1		de la cale a su			<b>.</b> —
G	Che	ck all that apply	X			-	Initial return o	-	ublic charii	ty	D 1 Foreign organizati	ions, check here .
			$\vdash$	Final return	-		Amended ret				2 Foreign organizat 85% test, check h	
				Address ch	<del></del>		Name change				computation .	
<u> </u>	_	ck type of organiz					empt private for				E If private foundation	status was terminated
	S	ection 4947(a)(1) no	nexem	pt charitable			ther taxable pri				under section 507(b)	
I F	Faır	market value of a	asse	ts at end	J Account	ng m	nethod XC	ash 💹 Acc	crual		F If the foundation is in	a 60-month termination
C	of ye	ear (from Part II, c	oI (c),	line			ecify)				under section 507(b)	(1)(B), check here . <b>&gt;</b>
	16)	▶ \$			(Part I, co.	umn	(d) must be or	r cash basis ,	)			
Pa	irt l	Analysis of Rev	enue a	and Expens	es (The	(a) E	Revenue and	(In) black				(d) Disbursements
		total of amounts in may not necessan					penses per	(b) Net inve		(	Adjusted net income	for charitable purposes
		column (a) (see in:				_ '	books					(cash basis only)
T	1	Contributions, gifts, grants			edule) _		73,326.					· · · · · · · · · · · · · · · · · · ·
	-	if the	founda	ition is not requ	uired to		-			· · · · · ·		
		Interest on savings an		B							•	
	4	Dividends and inter	•	•								
		_										
		Gross rents										
- 1		Net rental income or (I					·····			<b></b>		
Revenue	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all			ine 10							<del></del>	
Š	assets on line 6a											
æ	7	Capital gain net inc								<del> </del> -		
	8	Net short-term capi	-							_		
		Income modification						-				
	v a	and allowances								<del> </del>		
		Less Cost of goods s								<u> </u>		
		Gross profit or (loss										
1	11	Other income (attac	h sche	edule)						_		
	12	Total. Add lines_1-t	rough	11			73,326.					
1	13	Compensation of offic Other employee sa	ins John	cions, trustees,	etc		C					
- 1	14	Other employee sa	anes a	ind wages .							· <u>-</u> · · ·	
	เอเ	Pension plans, emp	iloaee 1	penents 🔾 🕽								
<u>ا</u> ا	16 a	Legal fees Antach	chedul	le) (ø)								
훘	b	Accounting fees (at	tach so	hedule) 🕮 🛚	🖵							
ᄬ	С	Other professional	egs (a	ttadh schedu	e) . *		73,326.					73,326
<u>.</u> ≧ 1	17	Interes	JV,		١ L_							
E 1	18	axes (attach schedu	e) (see ir	nstructions)								
	19	Depreciation (attac	n sched	dule) and dep	letion .							
Ę 2	20	Occupancy							. —.			
<u>ک</u> ا کِ	21	Travel, conferences							•			
쳁.	22	Printing and publica			l l							
<u>.</u>	23	Other expenses (at			1						<del>-</del>	<u> </u>
		Total operating an		•						T		-
<u>.</u>	24			manauve ex	penses.		73,326.			1		73,326
Ö,		Add lines 13 throug			· · · · ⊢		, 5, 520.			<del> </del>		75,520
<u> </u>	25	Contributions, gifts,	-	-			73,326.			-		72 226
<b>₹</b> +2	26	Total expenses and disl			4 and 25		13,340.					73,326
Survivi Operating and Administrative Expens	27	Subtract line 26 fro										
اندو		Excess of revenue over					C	1		<del> </del> -		<del> </del>
		Net investment inc			· -				C	1		
- 1	•	Adjusted not incor	ne (if r	negative ente	r -0-1			I		1		1

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6	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End	of year
K	artii	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			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		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 schedule)			
		Less allowance for doubtful accounts ▶			
		Inventories for sale or use			
ssets		Prepaid expenses and deferred charges			
Ass		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)		<u>-</u> .	
	11	Investments - land, buildings,			
		Less accumulated depreciation		-	
	40				
	12 13	Investments - mortgage loans			
	14	Land buildings and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	(attach schedule) Other assets (describe			
	16	Total assets (to be completed by all filers - see the			<del>                                      </del>
		instructions Also, see page 1, item I)			olo
_	17	Accounts payable and accrued expenses			
	18	Grants payable			7 .
es	19	Deferred revenue			7
ite	20	Loans from officers, directors, trustees, and other disqualified persons			7
Liabilit	21	Mortgages and other notes payable (attach schedule)			7
Ĩ	22	Other liabilities (describe			7
					7
	23	Total liabilities (add lines 17 through 22)	0		<u>o</u>
		Foundations that follow SFAS 117, check here			
	<b>\</b>	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			_
alances	25	Temporanly restricted			
Bai	26	Permanently restricted			
5	Ì	Foundations that do not follow SFAS 117,			
Fund		check here and complete lines 27 through 31. ► X			
5	27	Capital stock, trust principal, or current funds			
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			_
Assets	29	Retained earnings, accumulated income, endowment, or other funds			4
ž	30	Total net assets or fund balances (see instructions)	1	)	<u>0</u>
Net	31	Total liabilities and net assets/fund balances (see			
		instructions)		)	0
		Analysis of Changes in Net Assets or Fund		(	
1		I net assets or fund balances at beginning of year - Part			
_		of-year figure reported on prior year's return)		II.	<del>                                     </del>
		er amount from Part I, line 27a		2	
		er increases not included in line 2 (itemize)			
		lines 1, 2, and 3		4	<del></del>
5	Deci	reases not included in line 2 (itemize)  Inet assets or fund balances at end of year (line 4 minus line)	o E) Doet II selvers (L)	line 30	
6	ıota	ii net assets or tund balances at end of year (line 4 minus lin	e 5) - Part II, Column (b),	line 30 6	50m 990 PE (2011)

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	s and Losses for Tax on In	<del> </del>	(b) How	(c) Date	(d) Date sold
, ,	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200	. •	acquired P-Purchase D-Donation	acquired (mo , day, yr )	(mo , day, yr )
1a					
b			ļ		
С					_
d					
е	<del></del>	1		ļ	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) mini	
<u>a</u>			ļ	<del></del>	
<u>b</u>					<del>-</del>
<u>c</u>					
<u>d</u>					·
Complete only for accets	showing gain in column (h) and owned	by the foundation on 12/21/69	<del> </del>	0 (0 ) (1)	
Complete only for assets s	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a					
b					
С			<u> </u>		
d					
е			<del> </del>	_	
2 Capital gain net income or	(not conital loce)	If gain, also enter in Part I, line 7			
, •	` ' '	If (loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections 12				
_		structions) If (loss), enter -0- in			
Part I, line 8	Index Section 4040(a) for De	duced Tax on Net Investment Ir	3		
	· · · · · · · · · · · · · · · · · · ·	section 4940(a) tax on net investmen			
	the section 4942 tax on the distribu	utable amount of any year in the base	penod?		Yes N
	not qualify under section 4940(e) [	see the instructions before making a	ny entries		
(a)			liy chines	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2010			1	(00: (2) 2::::202 2)	00: (0))
2009					
2008					
2007					<del>-</del>
2006					
2 Total of line 1, column (d)			2		
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 found	dation has been in existence if less	than 5 years	3		
4 Enter the net value of non	scharitable-use assets for 2011 from	m Part X, line 5	4		
5 Multiply line 4 by line 3			5		
5 Multiply line 4 by line 3					
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		_
8 Enter qualifying distribution	ons from Part XII line 4		8		
		x in Part VI, line 1b, and complete		using a 1% ta	x rate See t
194	<del></del>				000 DE 101

Par		uctio	ns)	
1a	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			0
	here   and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$ Part I, line 12, col (b)	-		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
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			,
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			ì
b	Exempt foreign organizations - tax withheld at source			,
С	Tax paid with application for extension of time to file (Form 8868)			,
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0
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			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax   Refunded   11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	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			l
	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		•	
С	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 ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$			
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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	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	_	Х	İ
_	conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		+:-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	}	١.,	
	(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	1		1
	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
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			v
	and addresses ATTACHMENT 2	10		Х
		.om 49	90-PF	(2011)

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

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?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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Χ

3b

4a

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
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
ATTACHMENT 4	62,708
Total number of others receiving over \$50,000 for professional services	ļ
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes 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 NONE	
2	
All other program-related investments See instructions	
3 NONE	

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Form 990-PF (2011) Page 8 Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see instructions) 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 1b c Fair market value of all other assets (see instructions) 1c d Total (add lines 1a, b, and c) 0 Reduction claimed for blockage or other factors reported on lines 1a and 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 0 Minimum investment return. Enter 5% of line 5 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 Tax on investment income for 2011 from Part VI, line 5 . . . . . . . 2a Income tax for 2011 (This does not include the tax from Part VI) \_\_\_\_\_\_2b Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, Part XII Qualifying Distributions(see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 73,326. Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) Qualifying distributions, Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 73,326. 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)

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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6

73,326.

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Pa	t XIII Undistributed Income (see instruc	ctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d</b> ) 2011
	line 7				
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only				
b	Total for pnor years 20 09 ,20 08 ,20 07				
3	Excess distributions carryover, if any, to 2011				
	From 2006				
b	From 2007				
c	From 2008				· ·
ď	From 2009				· ·
_	From 2010				
f	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,				
•	line 4 ▶ \$73,326.				
•					
	· · · · [	· · · · · · · · · · · · · · · · · · ·			
	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus	73,326.			
5					
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	73,326.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b 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.				
d	Subtract line 6c from line 6b Taxable				
e	amount - see instructions				
	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2012				
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)				
9	Excess distributions carryover to 2012.			,	
	Subtract lines 7 and 8 from line 6a	73,326.			
10	Analysis of line 9				
	Excess from 2007				
b	Excess from 2008				
С					
d	Excess from 2010				
	Excess from 2011 73, 326.				

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JSA 1E1490 1 000 2088 DO 1145

Pa	t XV Supplementary Information (	continued)			
3	Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appi	oved for F	uture Payment	<u></u>
	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
	Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
	Paid during the year	or substantial contributor	100.00.00		··· ··· ·
а	raid during the year				
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	Total	· · · · · · · · · · · · · · ·		<u>.</u>	
	Approved for future payment	<u> </u>		<u></u>	
D	Approved for factive payment				
				ļ	
				1	
		1			
	Total	<u> </u>	1	▶ 3h	<del></del>
	10731			<b>₽</b> 2h	

Program service revenue  (a) (b) (c) (d) Amount Related or exempt function income (See instructions)  c d e f g Fees and contracts from government agencies Membership dues and assessments	nter gross amounts unless otherwise indicated	ucing Acti	ated business income	Excluded by	section 512, 513, or 514	(e)
a b c c d d d d d d d d d d d d d d d d d	4. Program convex revenue	(a)	(b)	(c)	(d)	Related or exempt function income
b c d d e f f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities  Net rental income or (loss) from real estate a Debt-financed property  b Not debt-financed property  b Not debt-financed property  b Not email income or (loss) from personal property  Can or (loss) from sales of assets other than inventory  Net income or (loss) from sales of inventory  Other revenue a b c substant and decident and the contract of the contract o	_		····			(See instructions)
d e f f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property b Not debt-financed property Other investment income or (loss) from personal property Other investment income Gan or (loss) from sales of assets other than inventory Net rental income or (loss) from special events Gross profit or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b	. —					
d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Not rental income or (loss) from seal estate a Debt-financed property b Not debt-financed property b Not debt-financed property Cither investment income Gain or (loss) from sales of assets other than inventory Net rental income or (loss) from special events Gross profit or (loss) from special events Cross profit or (loss) from sales of inventory Other revenue a b C C C Rubicital Add columns (b), (d), and (e) e Subtotal Add columns (b), (d), and (e) e Subtotal Add columns (b), (d), and (e) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to					_	
g Fees and contracts from government agencies Membership dues and assessments Literest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Viter investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12, columns (b), (d) and (e)  Total. Add line 13 instructions to verify calculations )  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						
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Dividends and interest from securities  Net rental income or (loss) from real estate  a Debt-financed property  b Not debt-financed property  Net rental income or (loss) from personal property  Other investment income  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from sales of assets other than inventory  Net income or (loss) from sales of inventory  Other revenue a  b  C  Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to	Membership dues and assessments					
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b Not debt-financed property	• • •					* * * * * * * * * * * * * * * * * * * *
Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a  b  c  d  e  Subtotal Add columns (b), (d), and (e)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						
Other investment income		<del></del>		<del>-</del>		
Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue a  b  c  d  e  Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations )  art XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						-
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Gross profit or (loss) from sales of inventory	•	<u> </u>		1		<del></del>
Other revenue a  b  c  d  e  Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations )  art XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						<del></del>
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JSA 1E1492 1 000

Form 990	0-PF (20	11)	GEMUNDER	FAMILY	FOUNDATI	ON, IN	c.		45-401	5653	Pa	ige 13
Part 2		Information R	egarding Tr					Relationsh	ips With Nor	ichar		
		Exempt Orga								,		
ır	n sectio	organization direct on 501(c) of the Co				_	-	_			Yes	No
	•	ations? rs from the reporting	foundation to a	noncharita	hla avemnt c	vraanizatii	on of			1		
		h				_				1a(1)		х
		er assets								1a(2)		X
		ansactions										
(*	1) Sale	es of assets to a non	charitable exem	npt organiza	tion	. <b></b> .		<i></i>		1b(1)		X
(2	2) Pur	chases of assets from	m a noncharitab	ie exempt d	rganization					1b(2)		X
(;	3) Rer	ital of facilities, equip	ment, or other	assets .				<i></i>		1b(3)		X
(4	4) Reii	nbursement arrange	ments			. <b></b> .				1b(4)		X.
		ns or loan guarantee								1b(5)		X
•	,	formance of services			-					1b(6)		X
		of facilities, equipm inswer to any of th								1c	[	
		f the goods, other										
		any transaction of										
(a) Line	no .	(b) Amount involved	(c) Name of r	onchantable e	xempt organizat	ion	(d) Descript	ion of transfers tra	ansactions, and share	ng arran	gemen	ts
		N/A					N/A					
			<del> </del>									
	-+					<del></del>						
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2- 1	- the f	in a define directly	or radicable of	Filestad sent								
		oundation directly ed in section 501(c)	•						•		es X	No
		complete the follow	•	incr man s	0011011 00110	,,(3), 01 11	30000011 01				.3	, 140
		(a) Name of organization		(t	) Type of organ	zation		(c) De	escription of relations	hip		
								···				
	T											
Sign	correct	penaltres of peny i decision of and confidere Sectionation of	are that I have exam I preparer (other than	ined this return, taxpayer) is base	including accom on all information	n of which pre	edules and state eparer has any k	ements and to the nowledge	best of my knowledg	ge and b	elief it	is true
-		X-X	- l	1	5/11/1	12	Tru	stee	May the IR			return
Неге	Sign	ature of officer or trustee	<u> </u>	Date	<u> </u>		ille	3/00	with the pr	1	<b>,</b> (	below X No
	J.9."	/		240		·			(see instruction	·3) · L	] : es [	: 140
Daid	1	Print/Type preparer's			s signature	D/	0	Date	Check If	PTIN		
Paid		TriciaN	JOHNSO	>1° C	nug	10 km	300	5/3/2012		P0062	2720	5
Prepa	i		NST & YOUN		LP \			Firr	n's EIN ► 34-6	56559	6	
Use (	Unly	Firm's address > 19	00 SCRIPPS	CENTER,	312 WAL	NUT ST						
		CI	NCINNATI,	ОН			4520:	2 Pho	one no 513 6.	12-14	00	

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

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

Schedule of Contributors

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization GEMUNDER FAMILY FOUNDATION, INC. 45-4015653 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 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 II 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, charitable, 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)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

	(Form 990, 990-EZ, or 990-PF) (2011)  ganization GEMUNDER FAMILY FOUNDATION, INC.		Page Employer identification number
			45-4015653
Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is need	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	JOEL F. GEMUNDER  35 CANVASBACK DR.	<b>\$</b> 73,326.	Person X Payroll Noncash
	AMELIA ISLAND, FL 32034		(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
		\$	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
			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
		   \$	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
		 	Person Payroll Noncash

(Complete Part II if there is a noncash contribution )

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization GEMUNDER FAMILY FOUNDATION, INC.

Employer identification number

45-4015653

Ioncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded.
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	     \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	    \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
	(b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  (b)  Description of noncash property given	Description of noncash property given  (c) FMV (or estimate) (see instructions)  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)

lame of orga	anization GEMUNDER FAMILY FOUNDAT	CION, INC.	Employer identification number		
			45-4015653		
th	nat total more than \$1,000 for the yea	<ul> <li>r. Complete columns (a) the</li> </ul>	<u> </u>		
C	or organizations completing Part III, en ontributions of \$1,000 or less for the yes duplicate copies of Part III if addition	ear. (Enter this information of	ligious, charitable, etc , once. See instructions ) ►\$		
(a) No.	de deprioate depres di Fare III II dadita	ilar opaco io ilocco.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	·		
_	Transferee's name, address, and ZIP + 4 R		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	<del></del>				
ľ					
	(e) Transfer of gift				
ļ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
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(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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ļ	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Re		Relationship of transferor to transferee		
-/-> \$1-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		· <del></del>			
		<del></del>			
-	(e) Transfer of gift				
	Transferee's name, address, and	Relationship of transferor to transferee			
ļ			-		

- OTHER PROFESSIONAL FEES PART I FORM 990PE,

REVENUE AND EXPENSES PER BOOKS

73,326.

73,326.

TOTALS

LEGAL & PROFESSIONAL FEES

DESCRIPTION

CHARITABLE PURPOSES

73,326.

ATTACHMENT 1

GEMUNDER FAMILY FOUNDATION, INC.

- NEW SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A, FORM 990PF,

45-4015653

ATTACHMENT 2

NAME AND ADDRESS

DATE

DIRECT PUBLIC

SUPPORT

73,326.

TOTAL CONTRIBUTION AMOUNTS

JOEL F. GEMUNDER 35 CANVASBACK DR. AMELIA ISLAND, FL 32034

73,326.

2088DO 1145

AND TRUSTEES	
DIRECTORS	
LIST OF OFFICERS,	
- LIST OF	
PART VIII - LIST OF OF	
FORM 990PF,	

45-4015653

ATTACHMENT 3

	0	0
	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 1.00	PRESIDENT/SECRETARY/TREASURER 10.00
NAME AND ADDRESS	JOEL F. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556	DAVID A. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556

0

0

GRAND TOTALS

### GEMUNDER FAMILY FOUNDATION, INC. 45-4015653

# 990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

	ATTACHM	ATTACHMENT 4	
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION	
SHUTTS & BOWEN 4301 WEST BOY SCOUT BLVD, STE 300 TAMPA, FL 33607	LEGAL SERVICES	62,708.	
TOTAL COMPE	NSATION	62,708.	

ATTACHMENT 5

## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DAVID A. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556 813-227-8133 GEMUNDER FAMILY FOUNDATION, INC.

45-4015653

ATTACHMENT 6

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS THAT WILL PROMOTE, EDUCATE, AND FOSTER THE PERPETUATION OF THE JEWISH PEOPLE