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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2	N	1	1

Department of the Treasury Internal Revenue Service

OMB No 1545-0052

A Employer Identification number JOHN E 6 NELLIE J BASTIEN MEMORITAL FOUNDATION Processing Special Content of the State of th	For	alen	dår year 2011 or tax year beginning		, and en	ding		
MEMORITAL FOUNDATION 59-616094 1							A Employer Identification	number
Automated stands of PO Date animary and the conclusions of the SAMPLE ROAD, SUITE 209 City or town, state, and 2/P code POMPANO BEACH, PL 330.64 Check all that apply Initial return Initial return Animade retur	J						FO 616060A	
Add D								
City or towns, stats, and IP code POMPANO BEACH, FIL 33064 G Check all that apply Initial return Initia					İ	Hoom/suite		n 2
Check all that apply				209				
Check all that apply							If exemption application is p	ending, check here
Final return Anderess change Anderess change Rame	_			Initial return of a fo	rmer public cl	hazity	D 1 Foreign organizations	check here
Address change Name change Name change 2, Fower enrandation mention has 3 had been 501(x)(3) exempt private foundation 1 Fair market value of all assets at end of year 1 Accounting method 1 Cast Accounting method 2 Cast Accounti	G (neck			ninei puone ei	iaiity	1. Toleign organizations	s, chock floto
Check type of organization							Foreign organizations me 2, check here and attach co	eting the 85% test,
Section 4947(a)(1) nonexempt charitable ruist	H (heck						
Fart market value of all assets at end of year J Accounting method XI Cash Accrual (from Part II, col. (s), fine 16) 9, 581 849 58 59, 581 849 7, 581 849		_	· ·	n	ition			
Part Analysis of Reviews and Espenses (his bits of a mounts to be on cash bases)	l Fa			iting method X Cash	Accru	ıal	F If the foundation is in a	60-month termination
Part	(fr	om F	Part II, col. (c), line 16)	Other (specify)			under section 507(b)(1)(B), check here ►∟
Contributions, grifs, grants, etc., received Contributions, grifs, grants, etc., and grifs, gr				lumn (d) must be on cash t	basis.)			1 (4)
1 Contributions, gifts, grafts, etc. received 2 N/A	Pa	<u>irt l</u>	(The total of amounts in columns (b), (c), and (d) may not					for chantable purposes
2 Check ►			necessarily equal the amounts in column (a))	expenses her proves				(cash basis only)
1 1 2 2 2 3 2 2 4 2 2 3 3 3 3 3 3 3 3		l '				·····	IN/A	
Table Compensation Compensatio		_		284 293	28	4.293.		STATEMENT 1
Sa Gross rents		3	cash Investments					
B Net rental income or (boss) 6 Net per for income from Part IV, tine 2) 8 Net Short-term capital gain 9 Income modifications 10s Gross see teles returns 10s Gross see teles returns 10s Gross see teles returns 11c Gross see teles returns 11c Gross see teles returns 11c Gross see teles returns 11d Gross see		52						
Sample S								
B Gross sakes proce for air 540,138 540,138 0 0 0 0 0 0 0 0 0	•	'		-69,770.		 		
Solution State S	ě	b	Gross sales price for all 5.40 1.20					
Solution State S	eve	7				0.		
10 Gross alies lear returns 10 Gross profit certain species profit or (loss) 11 Company 1 20 362,513 420,309 12 Total Add lines 1 through 1 40 362,513 420,309 13 Company 120,52 14 Other imployed salarias and wages 120,000 39,960 80,040 80,040 14 Other imployed salarias and wages 13,861 4,616 9,245 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 15,865 5,283 10,582 17 Interest 18 Taxes STMT 4 10,226 344 668 17 Interest 18 Taxes STMT 4 10,226 344 668 17 Interest 19 Depreciation and depletion 229 0 0 11,400 3,796 7,604 11,400 3,796 7,604 11,400 3,796 7,604 11,400 3,796 11,400	Œ	8	Net short-term capital gain	······································	*** `*********			, 11 11 11 11 11 11 11 11 11 11 11 11 11
11 Cher ingome 2 2032 Cher Chess C		1 -	Grane colon loca returns					
13 Compensational officers, directors, trustees, etc. 120,000 . 39,960 . 80,040 . 14 Other improved salaries and wages 13,861 . 4,616 . 9,245 . 15 Pension plans, employee benefits 16 Legal fees b Accounting fees STMT 3 15,865 . 5,283 . 10,582 . 10,		10#	and a owances		14*1111 111 ''' '		·, •;;;;;;·······	} }
13 Comparation of officers, directors, trustess, etc. Other employee salares and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees STMT 3 15,865 5,283 10,582 16 Time professional fees 17 Interest 18 Taxes STMT 4 10,226 344 668 19 Depreciation and depletion 229 0 0 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 14,572 12,035 2,557 20 Other expenses STMT 5 14,572 12,035 2,557 21 Contributions, gifts, grants paid 385,000 385,000 22 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) Contributions Co		P						
13 Comparation of officers, directors, trustess, etc. Other employee salares and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees STMT 3 15,865 5,283 10,582 16 Time professional fees 17 Interest 18 Taxes STMT 4 10,226 344 668 19 Depreciation and depletion 229 0 0 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 14,572 12,035 2,557 20 Other expenses STMT 5 14,572 12,035 2,557 21 Contributions, gifts, grants paid 385,000 385,000 22 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) Contributions Co			Gross prom or (loss)					111111111111111111111111111111111111111
13 Comparation of officers, directors, trustess, etc. Other employee salares and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees STMT 3 15,865 5,283 10,582 16 Time professional fees 17 Interest 18 Taxes STMT 4 10,226 344 668 19 Depreciation and depletion 229 0 0 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 14,572 12,035 2,557 20 Other expenses STMT 5 14,572 12,035 2,557 21 Contributions, gifts, grants paid 385,000 385,000 22 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) Contributions Co	1	12	Total Add lines 1 through 11	362,513.	42	0,309.	******	
14 Other-entipicyde-salaries-and wages 15 Pension plans, employee benefits 16 Legal fees b Accounting fees STMT 3 15 865 . 5 283 . 10 582 .	<u> </u>	 	Compensation of officers, directors, trustees, etc					80,040.
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 15,865 5,283 10,582	J 1	1	Other employee salaries and wages	13,861.		4,616.		9,245.
## Accounting fees STMT 3 15,865 5,283 10,582 ### Accounting fees Country fees C		15						
17 Interest 18 Taxes STMT 4 10,226	ses	16a						10 700
17 Interest 18 Taxes STMT 4 10,226	<u> </u>	b	Accounting fees STMT 3	15,865.		5 , 283.		10,582.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ă				·			
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ţi	1	CONT.	10 226		211		668
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	stra	1						000.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ij	1	•					7,604
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	퉏	1	• •	11/100		371300		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ē	1						
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<u> </u>	1	am/m 5	14,572.	1	2,035.		2,557.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	atin	1				-		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	be				6	<u>6,034.</u>		
Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-)	0	25		385,000.				385,000.
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		26	•	F 51 150	_	c 004		405 606
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		ļ		5/1,153.	<u> 6</u>	6,034.	<u> </u>	495,696.
b Net Investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-) N/A				_209 640				
c Adjusted net Income (if negative, enter-0-)				-200,040.	35	4.275	<u> </u>	
			_		33	-,2,5	N/A	
	1235			e instructions.	.		<u> </u>	Form 990-PF (2011)

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	•	Attached schedules and amounts in the description	Beginning of year	End of	year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	16,575.	17,012.	17,012.
		Savings and temporary cash investments	218,092.	893,653.	893,653.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶		<u> </u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			····
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	1 225 750	3,000,993.	3,065,945.
•		Investments - U.S. and state government obligations STMT 6	4,325,758.	5,310,290.	5,314,748.
	ł	Investments - corporate stock STMT 7	4,869,934.	269,847.	288,963.
		Investments - corporate bonds STMT 8	209,040.	209,04/	200,303.
	11	Investments - land, buildings, and equipment basis	ŀ	1	
	<u>۔</u> ا	Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other Land, buildings, and equipment basis ► 4,935.			
	14	A COA	481.	251.	251.
	46	Less accumulated depreciation 4,684. Other assets (describe STATEMENT 9)	1,277.	1,277.	251. 1,277.
	וט	Other assets (describe	2,2,7,0	2,2	
	16	Total assets (to be completed by all filers)	9,701,963.	9,493,323.	9,581,849.
	17	Accounts payable and accrued expenses	<u> </u>		······································
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ï		Other liabilities (describe STATEMENT 10)	138.	138.	
	23	Total liabilities (add lines 17 through 22)	138.	138.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.	0 501 005	0 400 105	
č	24	Unrestricted	9,701,825.	9,493,185.	
alar	25	Temporarily restricted			
Net Assets or Fund Balance	26	· [
Š		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
sts	27	Capital stock, trust principal, or current funds			
lss(28	Paid-in or capital surplus, or land, bldg, and equipment fund			
et 7	29	Retained earnings, accumulated income, endowment, or other funds	9,701,825.	9,493,185.	
Z	30	Total net assets or fund balances	3,7,02,023.	3/130/1000	
	21	Total liabilities and net assets/fund balances	9,701,963.	9,493,323.	
				<u> </u>	
P	art	Analysis of Changes in Net Assets or Fund B	aiances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	9,701,825.
		r amount from Part I, line 27a		2	-208,640.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	9,493,185.
_		reases not included in line 2 (itemize)		5	9,493,185.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	

Form 990-PF (2011) M	EMORIAL FOUNDA	TION			5	9-6160	694	Page 3
Part IV Capital Gains	and Losses for Tax o	n Investment						
	ribe the kind(s) of property sold rehouse, or common stock, 20			(b) How acquired P - Purchase D - Donation	(c) Date a		(d) Date (mo , da	
1a								
b SEE ATTACHED	STATEMENT				ļ			
C								
<u>d</u>								
<u>e</u>					- "			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) (f) minus (g)	
<u>a</u>								
<u>b</u>								
<u>c</u>								
d 540,138.			609,908	2			-69	,770.
e 540,138. Complete only for assets showing	a gain in column (h) and owner	d by the foundation			/I) Gaine /C	ol (h) gain n		, , , , , .
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), if any		ol (k), but n		-0-) or	
a								
b								
C			<u></u>					
d								
8	····		<u></u>				-69	770.
2 Capital gain net income or (net ca		enter in Part I, line i er -0- in Part I, line		} 2			-69	770.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		(5) and (6)		}		NY / 7		
Part V Qualification U	ndor Section 4040(a)	for Bodycod	Tay on Not) 3 Investment li		N/A		
					ICOITIE			
(For optional use by domestic private	roundations subject to the sec	tion 4940(a) tax oii	net investment inc	ome)				
If section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the sect	ion 4042 tay on the distributab	le amount of any ve	ar in the hace neri	nd?		ſ	Vac	X No
If "Yes," the foundation does not qual			•	50:		_		(
1 Enter the appropriate amount in e								-
(a)	(b)			(c)		Diet whi	d)	
Base period years Calendar year (or tax year beginnii			Net value of non	charitable-use asse	ts (Distribu col (b) divid	led by col	(c))
2010		450,431.		9,630,87	4.			16769
2009		421,815.		8,915,33	1.		.04	17313
2008		448,244.		9,063,12			.04	19458
2007		481,462.		9,449,86				50949
2006		462,210.		9,823,41	4.		. 0 4	17052
2 Total of line 1, column (d)					2		.24	11541
3 Average distribution ratio for the	5-year base period - divide the t	total on line 2 by 5,	or by the number o	of years				
the foundation has been in exister	nce if less than 5 years				3		.04	18308
4 Enter the net value of noncharitab	le-use assets for 2011 from Pa	rt X, line 5			4	9	,716,	,797.
5 Multiply line 4 by line 3					5		469	,399.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	· _	3,	543.
7 Add lines 5 and 6					7		472	942.
8 Enter qualifying distributions from		Llog 4b and see	lata that sast	a 40/ barrana	8		495,	696.
If line 8 is equal to or greater than See the Part VI instructions	ille 7, check the dox in Part VI	, mie To, and comp	ioto tiidt part using	a 170 ldX fdle			000 5	_

JOHN E & NELLIE J BASTIEN

	Com E a needle c biolism					
	990-PF (2011) MEMORIAL FOUNDATION	\ 40.40(1)\ 40.40(1)\		-6160694		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a		or 4948	- see instru	CTIO	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter					
	Date of ruling or determination letter (attach copy of letter if necess	ary-see instructions)		1	2 5	12
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	1		3,5	43.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s enter -0-)	2		~ F	42
3	Add lines 1 and 2		3		3,5	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Other	s enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		3,5	43.
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011	$\frac{8}{6}$	00.			
þ	Exempt foreign organizations - tax withheld at source	6b				
C	Tax paid with application for extension of time to file (Form 8868)	6c				
d	Backup withholding erroneously withheld	5d				
7	Total credits and payments Add lines 6a through 6d		7		8,6	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10		<u>5,0</u>	57.
	Enter the amount of line 10 to be Credited to 2012 estimated tax	5,057. Refunda	ed ▶ 11			<u>0.</u>
Pa	rt VII-A Statements Regarding Activities			····		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it participate or int	ervene in		Yes	
	any political campaign?			<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see instructions for definit	ion)?	16	***************************************	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any materials pi	ublished or			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ır			1	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶	\$	0.	Į		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure		n		1	
	managers > \$				1	
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.				1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instr	ument, articles of incorpor	ation, or		1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			<u>4b</u>	X	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	•				
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory did	rections that conflict with th	ne 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?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	>			1	
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attori	ney 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	n 4942(j)(3) or 4942(j)(5) i	for calendar			
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," com			9	<u> </u>	<u>X</u>
10	Did any persons become substantial contributors during the tax Vear? If 'Vee' attach a schedule list			10		X

Form **990-PF** (2011)

X

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011.)

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?

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

MEMORIAL	FOUNDATION

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compens	ation
NONE			
	}		
Total and the second of all the second of th	—		<u>_</u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		· -	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the			
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses	
THE FOUNDATION MAKES QUALIFYING DISTRIBUTIONS DIRECTLY TO	1		
AND FOR THE ACTIVE CONDUCT OF QUALIFIED ORGANIZATIONS.	7		
DISTRIBUTIONS ARE MADE DIRECTLY FOR THE ACTIVE CONDUCT	7		0.
OF THE ACTIVITIES CONSTITUTING THE PURPOSE OR FUNCTION FOR			
WHICH IT IS ORGANIZED AND OPERATED.			
			0.
3	_		
	4		
4	_		
	-		
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	
1 NONE	_		
	7		
			0.
2			
	_		
All other program-related investments. See instructions			
3			
	4		
Total Add lines 1 through 3	. 	····	0.
Total. Add lines 1 through 3			<u>~•</u>

rur	1 990-PF (2011) MEMORIAL FOUNDATION		Olocopa rage o
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	9,083,067.
	Average of monthly cash balances	1b	776,553.
	Fair market value of all other assets	10	5,149.
d	Total (add lines 1a, b, and c)	1d	9,864,769.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,864,769.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	147,972.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	9,716,797.
6	Minimum investment return. Enter 5% of line 5	6	485,840.
Б	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	485,840.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	3,543. 482,297.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	482,297.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	482,297.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	482,297.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	495,696. 0.
þ	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		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	405 606
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	495,696.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	3,543. 492,153.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

;	(a)	(b)	(c)	(d)
	(a) Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI,				102 207
line 7				482,297.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only	Mi-1011.		<u> </u>	
h Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011				<u>*************************************</u>
a From 2006				
b From 2007				
c From 2008 210.				
d From 2009				
e From 2010				
f Total of lines 3a through e	210.			······································
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 495,696.			^	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •	111111 14111111111111111111111111111111	PHO. 18144 PHO. 3111 PHO. 3114
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •	Hillia Him and India Him and a		482,297.
d Applied to 2011 distributable amount	13,399.			102723.0
e Remaining amount distributed out of corpus	0.	······································		0.
5 Excess distributions carryover applied to 2011 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,609.			
b Prior years' undistributed income Subtract		<u></u>		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line			0.	
4a from line 2a Taxable amount - see instr		······································	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)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	13,609.			
10 Analysis of line 9			<u> </u>	
a Excess from 2007				
b Excess from 2008 210.				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 13,399.				Form 990-PF (2011)

MEMORIAL FOUNDATION

	art XIV Private Operating Fo	undations (see Ins		I-A, question 9)	N/A	00034		
	a If the foundation has received a ruling or							
	foundation, and the ruling is effective for			.				
t	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
_	a Enter the lesser of the adjusted net	Tax year		Prior 3 years				
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
	investment return from Part X for							
	each year listed			l				
Ł	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			<u> </u>				
6	e Qualifying distributions made directly							
	for active conduct of exempt activities							
3	Subtract line 2d from line 2c Complete 3a, b, or c for the							
J	alternative test relied upon	,						
â	a "Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			P		P		
t	b "Endowment" alternative test - enter							
	2/3 of minimum investment return shown in Part X, line 6 for each year listed							
8	€ "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)			<u> </u>	ļ			
	(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							
P:	(4) Gross investment income art XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets		
• •	at any time during th			ii tilo loulluutioi	, naa 40 ,000 or me	70 III 033013		
1	Information Regarding Foundation							
	a List any managers of the foundation who	•	than 2% of the total con	ributions received by the	foundation before the clos	se of any tax		
	year (but only if they have contributed mo					,		
NO	ONE		_					
1	b List any managers of the foundation who	own 10% or more of the	e stock of a corporation	(or an equally large porti	on of the ownership of a pa	artnership or		
	other entity) of which the foundation has			-				
NO	ONE							
2	Information Regarding Contribution	n, Grant, Gift, Loan,	Scholarship, etc., P	rograms:				
		•	•	-	not accept unsolicited requ			
	the foundation makes gifts, grants, etc. (s	ee instructions) to indiv	iduals or organizations i	inder other conditions, c	omplete items 2a, b, c, and	d		
8	a The name, address, and telephone number	er of the person to whon	n applications should be	addressed				
SE			·					
t	b The form in which applications should be	submitted and informat	ion and materials they s	hould include				
C	C Any submission deadlines							
- (d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fields,	kinds of institutions, or	other factors			
	,			-				
								

MEMORIAL FOUNDATION

Part XV Supplementary Information		D		
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	Payment		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ADOPT-A-FAMILY	NONE	PUBLIC	UNRESTRICTED	
1712 SECOND AVENUE NORTH	NONE	FOBEIC	DARBURICIED	
LAKE WORTH, FL 33460				2,000
ALZHEIMER'S DISEASE AND RELATED	NONE	PUBLIC	UNRESTRICTED	
DISORDERS				
225 NORTH MICHIGAN AVENUE FL 17				
CHICAGO, IL 60601				5,000
AMERICAN CANCER SOCIETY	NONE	PUBLIC	UNRESTRICTED	
32 EAST LAS OLAS BOULEVARD	NONE	FORDIC	DARBSIRICIED	
FORT LAUDERDALE, FL 33309				5,000
AMERICAN DIABETES ASSOCIATION	NONE	PUBLIC	UNRESTRICTED	
RESEARCH FOUNDATION				
PO BOX 7023				
MERRIFIELD, VA 22116		ļ	<u> </u>	1,000.
1477 - C		n::D: 7.0		
AMERICAN HEART ASSOCIATION 6444 NW 5TH WAY	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33309				5,000.
	ONTINUATION SHE	ET(S)	▶ 3	
b Approved for future payment				
, ,				
NONE				
		1		_
Total			▶ 3	<u>b 0.</u>

MEMORIAL FOUNDATION

Part XVI-A · Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Exclude	ed by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_		1		
b	_		1		
c					
d			 		
θ	_		 		
			 		
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash			امدا	224 222	
investments			14	284,293.	
4 Dividends and interest from securities			14	147,990.	
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			ļļ.		
8 Gain or (loss) from sales of assets other				60.550	
than inventory			18	-69,770.	·
9 Net income or (loss) from special events			ļ <u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a			\vdash		·
b	_		 		
C			 		
d	_		ļ		
e			ļļ		
12 Subtotal Add columns (b), (d), and (e)		0.		362,513.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	362,513.
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	come is reported in coli	umn (e) of Part XVI-A			olishment of
NOT APPLICABLE					
	<u> </u>				
123621					Form 990-PF (2011)

			E & NELLI				50	6160604		
Form 990			ORIAL FOU					<u>-6160694</u>		age 13
Part)	(VII	,		nsfers To a	and Transaction	is and Relation	onships With No	oncharitable	9	
4 Dud	*hà	Exempt Organ		of the fellows	- with any other area	retion described in	continu FO1/o) of		Vos	No
		ganization directly or indi			-		Section 501(c) or		163	140
		other than section 501(c				iyailizations ,				
		from the reporting found	ation to a nonchang	able exempt of	yanızatıon oi			19/1\		Х
• •	Cash	annata .						1 <u>a(1)</u> 1 <u>a(2)</u>		X
		assets						10(2)	-	
		sactions	hla avamet arganiz	, to a				16(1)	•	х
		of assets to a noncharita lases of assets from a no	. •					1b(2)	\vdash	X
٠,				organization				1b(3)		X
		I of facilities, equipment, oursement arrangements						1b(4)	<u> </u>	X
		oursement arrangements s or loan guarantees						1b(5)		X
		s of loan guarantees rmance of services or me	mharchin ar fundra	ucina colicitatio				1b(6)		X
		ffacilities, equipment, ma	•	•				10		X
	•	ver to any of the above is	•		• •	d always chow the	fair market value of the		ets	
		s given by the reporting fo	•	-	• •	-		-	, ,	
) the value of the goods,			od 1030 tildir lair tildir kot	value in any transa	otion or one mig arrang	0,110,111, 0,110,11 1.11		
(a) Line n		(b) Amount involved	,		e exempt organization	(d) Desc	ription of transfers, transac	ions, and sharing ar	rangeme	ents
· ·	_{	· ·	N/A				 _			
	_						 -			
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2a Ist	ne foun	idation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt or	ganizations describ	ed			
		501(c) of the Code (other				•		Yes	X	No
		mplete the following sch		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_
		(a) Name of org			(b) Type of organizati	ion	(c) Description of	relationship		
N/A					N/A	SEE ST	PATEMENT 12	?	-	
_								· -		
			$\overline{}$							
		penalties of perjury, I declare			ng accompanying schedules			May the IRS	discuss 1	this
Sign	and be	elief, this true, correct, and cor	nglet Declaration of p	reparer (other tha	n taxpayer) is based on all i	nformation of which pro	eparer has any knowledge	return with the	e prepar	er
Here	>		/ ()		x 5-15-12	2 X 71	Rustee	X Yes		No
	Sign	ature of officer or trustee	, — —		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature)	/ Date	Check If	PTIN		
		WILLIAM K.	CALER,	111.111.	() K//. O. K	MAY 1 5 2	self- employed			
Paid		JR		walle	on call		Sen- employed	P00039		
Prepa	rer	Firm's name ► CAL	ER, DONTI	EN, LEV	INE ET AL,	P.A.	Firm's EIN ▶ 5	9-28312	81	
Use (_								
	-	Firm's address ▶ 50	5 SOUTH I	FLAGLER	DR, #900					
		WE	ST PALM I	BEACH,	FL 33401-5	948	Phone no	61-832-	929	2

561-832-9292 Form **990-PF** (2011)

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
MEDICAN LING ACCOR OF TRADEDA	NONE	PUBLIC	UNRESTRICTED	
MERICAN LUNG ASSOC OF FLORIDA 020 SOUTH ANDREWS AVENUE	NONE	PUBLIC	DARESTRICIED	
ORT LAUDERDALE, FL 33301				3,0
ORI BRODERDADE, ED 33301				
MERICAN RED CROSS	NONE	PUBLIC	UNRESTRICTED	
25 FERN STREET				•
EST PALM BEACH, FL 33401				10,00
NG IPPEG	NONE	PUBLIC	UNRESTRICTED	
MVETS 450 NE 51ST STREET SUITE 11	NOME	100010		
ORT LAUDERDALE, FL 33308				7,50
NN STOCK CENTER	NONE	PUBLIC	UNRESTRICTED	
1790 SW 43RD WAY				
ORT LAUDERDALE, FL 33317		<u> </u>		2,00
GING & DISABILITY RESOURCE CENTER OF	NONE	PUBLIC	UNRESTRICTED	
BROWARD				
5300 HIATUS ROAD				
SUNRISE, FL 33351				4,00
AUTISM RESEARCH INSTITUTE	NONE	PUBLIC	UNRESTRICTED	
4182 ADAMS AVENUE				5,00
SAN DIEGO, CA 92116				3,00
BIG BROTHERS & BIG SISTERS BROWARD	NONE	PUBLIC	UNRESTRICTED	
101 RAVENSWOOD ROAD SUITE 226	HONE	T ODDIC	DARABIRICIDO	
PORT LAUDERDALE, FL 33312				2,00
SIT BY BIT THERAPY	NONE	PUBLIC	UNRESTRICTED	
3000 NW 84TH AVENUE				
PARKLAND, FL 33067		 		5,0
	Love	DUDI IC	Thin Bomb Lower	
BOY SCOUTS OF AMERICA	NONE	PUBLIC	UNRESTRICTED	
15255 NW 82 AVENUE PARKLAND, FL 33067				1,00
	-			
BOYS AND GIRLS CLUB OF BROWARD COUNTY	NONE	PUBLIC	UNRESTRICTED	
377 NW 61ST STREET				
FORT LAUDERDALE, FL 33309				5,00
Total from continuation sheets				367,00

Part XV Supplementary Information Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BOYS CLUB OF THE PALM BEACHES	NONE	PUBLIC	UNRESTRICTED	
800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH, PL 33407				5,00
BREAD OF THE MIGHTY FOOD BANK	NONE	PUBLIC	UNRESTRICTED	
GAINESVILLE, FL 32627				3,000
BREAST CANCER FOUNDATION 2600 NETWORK BLVD., SUITE 300	NONE	PUBLIC	UNRESTRICTED	
PRISCO, TX 75034				5,000
BROWARD CHILDREN'S CENTER, INC. 200 SE 19TH AVENUE	NONE	PUBLIC	UNRESTRICTED	
POMPANO BEACH, FL 33060				5,00
BROWARD PUBLIC LIBRARY FOUNDATION 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301	none	PUBLIC	UNRESTRICTED	2,000
211022131221, 12 33302				2,00
BROWARD SPECIAL OLYMPICS 5101 NW 21ST AVENUE SUITE 440 FORT LAUDERDALE FL 33309	none	PUBLIC	UNRESTRICTED	2,000
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 680388	NONE	PUBLIC	UNRESTRICTED	
ORLANDO, FL 32868				2,000
CENTER FOR FAMILY SERVICES 4101 PARKER AVENUE	NONE	PUBLIC	UNRESTRICTED	
WEST PALM BEACH, FL 33405				1,000
CENTER FOR GROUP COUNSELING 22455 BOCA RIO ROAD	NONE	PUBLIC	UNRESTRICTED	2 00
BQCA RATON, FL 33433				2,000
CHILDREN'S AID CLUB PO BOX 11503	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33339 Total from continuation sheets				2,000

3 Grants and Contributions Paid During the			· • • • • • • • • • • • • • • • • • • •	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and decress (nome or business)	or substantial contributor	recipient		
CHILDREN'S HEALTHCARE CHARITY	NONE	PUBLIC	UNRESTRICTED	
531 US HWY 1 STE 400	1.53.2			
NORTH PALM BEACH, FL 33408				1,00
CHILDRENS HOME SOCIETY OF FLORIDA	NONE	PUBLIC	UNRESTRICTED	
401 NE 4TH STREET				
FORT LAUDERDALE, FL 33301				2,00
THE PROPERTY OF THE PROPERTY OF	VOVE	DIADY 10	THIS ROWS LOWED	
CHILDREN'S TUMOR FOUNDATION 95 PINE STREET 16TH FLOOR	NONE	PUBLIC	UNRESTRICTED	
NEW YORK, NY 10005				5,00
COOPERATIVE FEEDING PROGRAM	NONE	PUBLIC	UNRESTRICTED	
1 NW 33RD TERRACE				
FORT LAUDERDALE, FL 33311		 		2,00
CROHN'S & COLITIS FOUNDATION OF	NONE	PUBLIC	UNRESTRICTED	
AMERICA				
386 PARK AVE SOUTH				
NEW YORK, NY 10016				5,000
C.R.O.S MINISTRIES	NONE	PUBLIC	UNRESTRICTED	
301 FIRST AVENUE	NONE		DAREDIRICIED	
LAKE WORTH, FL 33460				5,000
COVENANT HOUSE OF FLORIDA	NONE	PUBLIC	UNRESTRICTED	
733 BREAKERS AVENUE				5 000
FORT LAUDERDALE, FL 33304				5,000
DEAF SERVICE BUREAU OF WEST CENTRAL	NONE	PUBLIC	UNRESTRICTED	
FLORIDA 11441 OSCEOLA DRIVE				
NEW PORT RICHEY, FL 34654				2,00
DEAF SERVICE CENTER	NONE	PUBLIC	UNRESTRICTED	
3111 SOUTH DIXIE HWY SUITE 237				
WEST PALM BEACH, PL 33405				1,000
DUKE CHILDRENS HOSPITAL 2301 ERWIN ROAD	NONE	PUBLIC	UNRESTRICTED	
DURHAM, NC 27710				5,000
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
OURE COMPREHENSIVE CANCER CENTER	NONE	PUBLIC	UNRESTRICTED	
DURHAM, NC 27710				5,000
EPILEPSY FOUNDATION OF SOUTH FLORIDA	NONE	PUBLIC	UNRESTRICTED	
7300 NORTH KENDALL DRIVE SUITE 700		i e		
MIAMI, FL 33156			 	4,000
SPISCOPAL CHURCH OF ST. MARK THE	NONE	PUBLIC	UNRESTRICTED	
EVANGELIST 1750 EAST OAKLAND PARK BOULEVARD				
FORT LAUDERDALE, PL 33334				5,000
PEEDING SOUTH FLORIDA	NONE	PUBLIC	UNRESTRICTED	
2970 NW 27TH STREET				
FORT LAUDERDALE, FL 33311		 		3,000
FIRST BAPTIST CHURCH OF FT LAUDERDALE	NONE	PUBLIC	UNRESTRICTED	
301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301				_1,000
FIRST PRESBYTERIAN CHURCH OF NPB	NONE	PUBLIC	UNRESTRICTED	
717 PROSPERITY FARMS RD				
NORTH PALM BEACH, FL 33408		 	ļ	5,000
FLORENCE FULLER CHILD DEVELOPMENT	NONE	PUBLIC	UNRESTRICTED	
CENTERS				
200 NE 14TH STREET BOCA RATON, FL 33432				5,000
FLORIDA LIONS EYE BANK	NONE	PUBLIC	UNRESTRICTED	
PO BOX 016880	NONZ		JAKES INTO I SE	
MIAMI, FL 33101	_			2,000
PLORIDA SHERIFF'S YOUTH RANCH	NONE	PUBLIC	UNRESTRICTED	
PO BOX 2000 BOYS RANCH, FL 32060				3,000
samon, 12 Javov				
PLORIDA'S CHILDREN FIRST	NONE	PUBLIC	Thid beard I Curpy	
PLORIDA S CHILDREN FIRST 1801 N UNIVERSITY DR # 3B	NONE	FORDIC	UNRESTRICTED	
CORAL SPRINGS, FL 33071				5,000
Total from continuation sheets		·	<u> </u>	

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	, , , , ,
	Laws.	DUDY TO	TO TO TO THE TOTAL	
FORT LAUDERDALE AREA YOUTH FOR CHRIST 575 NORTHWEST 22ND ROAD	NONE	PUBLIC	UNRESTRICTED	
FT. LAUDERDALE FL 33311				2,00
1. Broberball, 12 33311				
FORT LAUDERDALE CHILDREN'S THEATRE	NONE	PUBLIC	UNRESTRICTED	
2542B EAST SUNRISE BOULEVARD				
FORT LAUDERDALE, FL 33304	<u> </u>			2,00
CALDIDATES TAGUTANA DI TADARRA	NONE	PUBLIC	UNRESTRICTED	
FOUNDATION FIGHTING BLINDNESS 5310 NW 33RD AVENUE SUITE 219	NOME	FORUIC	OWERSTREETED	
FORT LAUDERDALE, FL 33309				3,00
FRIENDS OF ABUSED CHILDREN	NONE	PUBLIC	UNRESTRICTED	
222 LAKEVIEW AVE				
WEST PALM BEACH, FL 33401				1,00
GILDA'S CLUB OF SOUTH FLORIDA	NONE	PUBLIC	UNRESTRICTED	
119 ROSE DRIVE	NONE	TOBBIC	DANEDINICIBA	
FORT LAUDERDALE, FL 33316				2,00
GOSHEN VALLEY FOUNDATION	NONE	PUBLIC	UNRESTRICTED	
387 GOSHEN CHURCH WAY WALESKA, GA 30183				5,00
manager, on sorres				
GUIDING EYES FOR THE BLIND	NONE	PUBLIC	UNRESTRICTED	
511 GRANITE SPRINGS ROAD YORKTOWN, NY 10598				2,00
TORKTOWN, NI 10390				
HABITAT FOR HUMANITY OF BROWARD, INC.	NONE	PUBLIC	UNRESTRICTED	
3564 NORTH OCEAN BOULEVARD				
FORT LAUDERDALE, FL 33308				5,00
	VONZ	DUDI TO	Thip pemp tomps	
HANDY, INC 501 NE 8TH STREET	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33304				4,00
HARVARD SCHOLARSHIP FUND PO BOX 40	NONE	PUBLIC	UNRESTRICTED	
HARVARD, IL 60033				5,00
Total from continuation sheets				

3 Grants and Contributions Paid During the	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	, , , , , , , , , , , , , , , , , , , ,
HEART OF FLORIDA GIRL SCOUT COUNCIL	NONE	PUBLIC	UNRESTRICTED	
1831 N GILMORE AVENUE				
LARELAND, FL 33805	 			1,00
HENDERSON MENTAL HEALTH CENTER	NONE	PUBLIC	UNRESTRICTED	
4740 NORTH STATE ROAD 7 BUILDING B				
FORT LAUDERDALE, FL 33319				5,00
HOLY CROSS HOSPITAL	NONE	PUBLIC	UNRESTRICTED	
4725 NORTH FEDERAL HIGHWAY				
FORT LAUDERDALE, FL 33308				20,00
HOSPICE & HOMECARE BY THE SEA	NONE	PUBLIC	UNRESTRICTED	
1531 W PALMETTO PARK ROAD				
BOCA RATON, FL 33486				5,00
HOSPICE CARE OF SOUTHEAST FLORIDA	NONE	PUBLIC	UNRESTRICTED	
309 SE 18TH STREET				
FORT LAUDERDALE, FL 33316				5,00
HOSPICE OF PALM BEACH COUNTY	NONE	PUBLIC	UNRESTRICTED	
5300 EAST AVENUE				•
WEST PALM BEACH, FL 33407				5,00
HOUSE OF HOPE & STEPPING STONE	NONE	PUBLIC	UNRESTRICTED	
908 SW 1ST STREET				
FORT LAUDERDALE, FL 33312				2,00
INSIGHT FOR THE BLIND	NONE	PUBLIC	UNRESTRICTED	
1401 NE 4TH AVENUE				
FORT LAUDERDALE, FL 33304				1,00
JACK & JILL CHILDRENS CENTER	NONE	PUBLIC	UNRESTRICTED	
1315 W BROWARD BOULEVARD				
FORT LAUDERDALE, FL 33312	-		-	5,00
JEWISH FAMILY SERVICES OF BROWARD	NONE	PUBLIC	UNRESTRICTED	
100 SOUTH PINE ISLAND ROAD SUITE 230				
PLANTATION, FL 33324 Total from continuation sheets		<u> </u>		1,00

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
JUNIOR ACHIEVEMENT	NONE	PUBLIC	UNRESTRICTED	
2335 E. ATLANTIC BOULEVARD SUITE 200				
POMPANO BEACH, FL 33062		 		3,000.
JUVENILE DIABETES RESEARCH	NONE	PUBLIC	UNRESTRICTED	
1450 CENTREPARK BOULEVARD SUITE 330 WEST PALM BEACH, PL 33401				2,000.
KIDFOCUS, INC	NONE	PUBLIC	UNRESTRICTED	
PO BOX 16936	NONE		DANIBIRICIES	
PLANTATION, FL 33318				2,000.
KIDNEY FOUNDATION OF SOUTH FLORIDA	NONE	PUBLIC	UNRESTRICTED	
2561 CORAL WAY				
CORAL GABLES, PL 33145	<u> </u>	 		2,000.
				•
KIDS IN DISTRESS	NONE	PUBLIC	UNRESTRICTED	
819 NORTHEAST 26TH STREET FORT LAUDERDALE, FL 33305				5,000.
				3,7333
I hanny avyv	NOVE	DVIDY TO	THE ROWN TOWN	
LEARN ALLY 777 GLADES ROAD	NONE	PUBLIC	UNRESTRICTED	•
BOCA RATON, FL 33431				3,000.
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PUBLIC	UNRESTRICTED	
4360 NORTHLAKE BOULEVARD SUITE 109				
PALM BEACH GARDENS, FL 33410		 		1,500.
LIFELINE FAMILY CENTER	NONE	PUBLIC	UNRESTRICTED	
907 SW 5TH AVENUE CAPE CORAL, FL 33090				5,000.
				3,555.
LIGHTHOUSE OF BROWARD COUNTY	NONE	DIELIC	INID ROMD I CMPD	
650 NORTH ANDREWS AVENUE	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, PL 33311				4,000.
LITERACY COALITION OF PALM BEACH	NONE	PUBLIC	UNRESTRICTED	
COUNTY	NORE	OBLIC	PARESTRICIES	
551 SE 8TH ST				
DELRAY BEACH, FL 33483		.L		1,000.
Total from continuation sheets			. 	

3 Grants and Contributions Paid During the Y			 	
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	Contribution	
LOCKS OF LOVE	NONE	PUBLIC	UNRESTRICTED	
2925 10TH AVENUE NORTH SUITE 102 LAKE WORTH, FL 33461				3,00
LOUISIANA STATE UNIVERSITY	NONE	PUBLIC	UNRESTRICTED	
3418 PATRICK F. TAYLOR HALL		1		
BATON ROUGE, LA 70803				5,00
VI		PUBLIC	TAYON COMPANY COMPANY	
MAKE-A-WISH FOUNDATION 4491 SOUTH STATE ROAD 7 SUITE 201	NONE	LOBUIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33314				3,00
				<u> </u>
MARCH OF DIMES	NONE	PUBLIC	UNRESTRICTED	
712 NE 13 COURT				
FORT LAUDERDALE, FL 33304				1,00
MD ANDERSON CANCER CENTER 1400 S ORANGE AVENUE	NONE	PUBLIC	UNRESTRICTED	
ORLANDO, PL 32806				5,00
MT. HERMON A.M.E. CHURCH	NONE	PUBLIC	UNRESTRICTED	
401 NORTHWEST 7TH TERRACE				
FORT LAUDERDALE, FL 33311				1,00
Wigney, or comment the processing		7,77,76	INVENTION LONGO	
MUSEUM OF SCIENCE AND DISCOVERY 401 SW SECOND STREET	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33312		ļ		1,00
NATIONAL MULTIPLE SCHLEROSIS SOCIETY	NONE	PUBLIC	UNRESTRICTED	
3201 W COMMERCIAL BOULEVARD SUITE 8				
FORT LAUDERDALE, FL 33309				2,00
NATIONAL OVARIAN CANCER COALITION	NONE	PUBLIC	UNRESTRICTED	
NATIONAL OVARIAN CANCER COALITION 500 NE SPANISH RIVER BOULEVARD SUITE 8			DAMESTATOLES	
BOCA RATON, FL 33431				5,00
NATIONAL PARKINSON FOUNDATION	NONB	PUBLIC	UNRESTRICTED	
501 NW 9TH AVENUE				3 44
IIAMI, FL 33145 Total from continuation sheets		<u> </u>	<u> </u>	3,00

Part XV Supplementary Information			·	
3 Grants and Contributions Paid During the				
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)	any foundation manager or substantial contributor	recipient		
NICKLAUS CHILDREN'S HEALTHCARE FOUNDATION	NONE	PUBLIC	UNRESTRICTED	
11770 US HWY ONE				
NORTH PALM BEACH, FL 33408				5,000
		L		
OUR SAVIOR LUTHERAN CHURCH	NONE	PUBLIC	UNRESTRICTED	
8001 NW 5TH STREET PLANTATION FL 33324				3,000.
I MENTALION, I B JJJE4				
PACE CENTER FOR GIRLS OF BROWARD	NONE	PUBLIC	UNRESTRICTED	
2225 NORTH ANDREWS AVENUE			}	
WILTON MANORS, FL 33311		 		2,000.
PARALYZED VETERANS OF AMERICA	NONE	PUBLIC	UNRESTRICTED	
801 EIGHTEEN STREET NW	,	1		
WASHINGTON, DC 20006				1,000.
AVANCES HAVE		DV:DV 7.0	TOTAL CONTRACTOR	
QUANTUM HOUSE 901 45TH STREET	NONE	PUBLIC	UNRESTRICTED	
WEST PALM BEACH FL 33407				5,000.
			-	
REHABILITATION CENTER FOR CHILDREN	none	PUBLIC	UNRESTRICTED	
AND ADULTS				
300 ROYAL PALM WAY				
PALM BEACH, FL 33480				2,000.
				ļ
SALVATION ARMY	NONE	PUBLIC	UNRESTRICTED	
1445 WEST BROWARD BOULEVARD		İ		
FORT LAUDERDALE, FL 33312		ļ. 		5,000.
SEAGULL INDUSTRIES FOR THE DISABLED	NONE	PUBLIC	UNRESTRICTED	
3879 WEST INDUSTRIAL WAY	NONE	FUBLIC	DARESTRICIED	
RIVIERA BEACH, FL 33404				2,000.
SHERIDAN HOUSE FAMILY MINISTRIES	NONE	PUBLIC	UNRESTRICTED	
4200 SW 54TH COURT				4 000
FORT LAUDERDALE, FL 33314		 		4,000.
SOS CHILDREN'S VILLAGE	NONE	PUBLIC	UNRESTRICTED	
3681 NW 59 PLACE				
COCONUT CREEK, FL 33073				4,000.
Total from continuation sheets		· · · · · · · · · · · · · · · · · · ·		<u> </u>

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor SOUTH FLORIDA BLOOD BANK FOUNDATION NONE PUBLIC UNRESTRICTED 8669 COMMODITY CIRCLE ORLANDO, FL 32819 2,000. NONE ST. BENEDICTS EPISOCOPAL CHURCH PUBLIC UNRESTRICTED 7801 NW 5TH STREET PLANTATION, FL 33324 1,000. PUBLIC UNRESTRICTED ST. JUDE CHILDREN'S RESEARCH HOSPITAL NONE 501 ST. JUDE PLACE MEMPHIS, TN 38105 5,000. PUBLIC ST LAURENCE CHAPEL NONE UNRESTRICTED 1698 BLOUNT ROAD POMPANO BEACH, FL 33069 1,000. SUSAN B. ANTHONY RECOVERY SYSTEM NONE PUBLIC UNRESTRICTED 1633 POINCIANA DRIVE 2,000. PEMBROKE PINES, FL 33025 TAKE STOCK IN CHILDREN NONE PUBLIC UNRESTRICTED 600 SE 3RD AVENUE 8TH FLOOR FORT LAUDERDALE, FL 33301 5,000. NONE PUBLIC UNRESTRICTED THE HAVEN 21441 BOCA RIO ROAD BOCA RATON, FL 33433 5,000. THE LORD'S PLACE NONE PUBLIC UNRESTRICTED 22600 SUNSET CROSSING RD DIAMOND BAR, CA 91765 1,000. PUBLIC UNITED CEREBRAL PALSEY NONE UNRESTRICTED 3117 SW 13TH COURT 2,000. FORT LAUDERDALE, FL 33312 PUBLIC NONE UNRESTRICTED UNIV OF FLORIDA COLLEGE OF MEDICINE UNIVERSITY OF FLORIDA COMMUNTY DEVELOPMENT OFFICE PO BOX 100243 GAINESVILLE, FL 32610 5,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	711100111
UNIVERSITY OF FLORIDA INSTITUTE ON	none	PUBLIC	UNRESTRICTED	
AGING PO BOX 100107				
GAINESVILLE, FL 32610				4,000
VETERANS OF FOREIGN WARS 406 WEST 34TH STREET SUITE 514 KANSAS CITY, MO 64111	NONE	PUBLIC	UNRESTRICTED	1,000
WILDLIFE CARE CENTER OF BROWARD 3200 SW 4TH AVENUE	NONE	PUBLIC	UNRESTRICTED	
FORT LAUDERDALE, FL 33315				1,000
WOMEN HEART 818 18TH STREET NW SUITE 1000	NONE	PUBLIC	UNRESTRICTED	
WASHINGTON, DC 20006				5,000
WOMEN IN DISTRESS OF BROWARD PO BOX 676	NONE	PUBLIC	UNRESTRICTED	5,000
FORT LAUDERDALE, FL 33302				3,000
WOUNDED WARRIOR PROJECT 1120 G STREET NW SUITE 700	NONE	PUBLIC	UNRESTRICTED	
WASHINGTON, DC 20005				5,000
ZOOLOGICAL SOCIETY OF FLORIDA 12400 SW 152 STREET	NONE	PUBLIC	UNRESTRICTED	
MIAMI, PL 33177				1,000
Total from continuation sheets	<u> </u>	<u></u>	1	

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co (mo , day, yr) D - Donation 09/17/0906/22/11 1a 950 SHS ALLIANCE BERNSTEIN HOLDINGS P 12/20/11 P VARIOUS b 1900 SHS FRONTIER COMMUNICATIONS P 06/17/09|09/19/11 c 975 SHS CELLCOM ISRAEL LTD P 02/06/0606/20/11 d 4,000 SHS ALABAMA POWER CO _e 1,868 SHS CORTS FOR BELLSOUTH P 03/26/0101/31/11 P 04/12/0607/07/ SHS f 2,000 LINCOLN NATIONAL 94,000P 10/27/0611/15/11 SHS NATIONAL CITY CAP h 2,000 $\overline{\mathtt{P}}$ 08/03/0509/08/11 SHS USB CAPITAL VII 03/02/0509/08/11 2,000 SHS USB CAPITAL VII P RETURN OF CAPITAL P VARIOUS VARIOUS 600R P VARIOUS VARIOUS k CURIAN VARIOUS | CURIAN 900V P VARIOUS m GENERAL MOTORS p VARIOUS VARIOUS П 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) -6,300.24,481 18,181 9,186.16,849. -7,663.b 19,856. 25,081. -5,225. 101,605. 100,000. -1,605.d 0. 46,700. 46,700. е 50,000. 50,000. f 100,000. 100,000. 50,000. 50,000. h 100,000. 100,000. 27,443. 27,443. 0. 24,909. -24,909.18,772. 18,772. 1 42,840 -42,840. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (I) F M V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any -6,300.а -7,663. b -5,225. C -1,605.d 0. 0 0. f 0. g h -24,909.k 18,772. -42,840.m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } -69,770.2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) if (loss), enter "-0-" in Part I, line 8 N/A

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990 PAGE 10	,						ĵ	990				•			
Asset No	Description	L	Date Acquired	Method	Life	<u>اخ</u> ڌ ده ده	No Cost O	Unadjusted Eost Or Basis	Bus S Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
L	1 FILE CABINETS		04/23/92	SL	7.00	T 9		149.				149.	149.		0	149.
	2 PEDASTEL		06/23/94	\$	7.00	φ #	······································	129.	•	*********		129.	128		Ď.	129.
·····	3 COPIER		03/15/96	ıs	7.00	16	<u> </u>	.009	•••	·		600.	600.		•	600.
	4 FURNITURE	············	78 96/80/80	3 \$	7.00			¥,418.	·····	**********		1,418.	1,418.		Ď,	1,418.
	5 TYPEWRITER		09/27/00 SL	TS.	7.00	16	<u></u>	500.		***		.005	500.		0	200.
	6 SOFTWARE	············	05/26/04	75	3.00	up rf	\dt	265.		**********		265.	265.		ф	765.
	7 MONITOR/PRINTER		05/26/04	ıs	7.00	16		454.	***	141		454.	428.	•	26.	454.
	8 COMPUTER		09/14/05	1 5	7.00	. 		1,023.				1,023	781.		146.	927.
	9 BROTHER PRINTER		09/12/07	SI	7.00	<u>-11</u>		397.		***		397.	185.		. 27.	242.
	* TOTAL 990 PAGE 10 DEPR	10 DEPR					*	4,935.		****		4,935.	4,455.		729.	4,684.
								***************************************						"I		
 -	11111									****				"		
																
		· 										- 7				
······································																
	!!!!!!!!!												1			
128111 05-01-11	11 1-11						(D) - As	(D) - Asset disposed	pes		•	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	alization Deduc	tion, GO Zone

25.1

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	NVESTMENTS	STAT	EMENT	1	
SOURCE						A	MOUNT		
INTEREST INCOME							284,29		
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				284,29	93.	
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STAT	EMENT	2	
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS		UMN (A) MOUNT)	
DIVIDENDS & INTEREST INCOME			147,990.	0.		147,990.			
TOTAL TO FM 990-PF, PART I, I	LN 4	147,990.		0.		147,990.		90.	
FORM 990-PF	AC	COUNTI	NG FEES			STAT	EMENT	3	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		(D) HARITAE PURPOSE		
ACCOUNTING FEES	1	5,865.	5,283.				10,58	32.	
TO FORM 990-PF, PG 1, LN 16B	15,865.		5,283.				10,58	32.	
FORM 990-PF		TAX	ES			STAT	EMENT	4	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) HARITAE PURPOSE		
PAYROLL TAXES EXCISE TAX		1,012. 9,214.			<u> </u>		66	58.	
TO FORM 990-PF, PG 1, LN 18	1	0,226.	344.				66	58.	
						== ==		==	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	560. 44. 380. 10,714.		(C) ADJUSTED NET INCOM		
INSURANCE EXPENSE OFFICE EXPENSE POSTAGE TELEPHONE INVESTMENT FEES PARTNERSHIP EXPENSES	962. 1,647. 132. 1,117. 10,714.					
TO FORM 990-PF, PG 1, LN 23	14,572. 12,035		035.		2,55	7.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'		BOOK VALUE		FAIR MARKET VALUE	
U.S. TREASURY NOTES GNMA SECURITIES	X X		2,898,452. 102,541.		2,984,531. 81,414.	
TOTAL U.S. GOVERNMENT OBLIGAT	rions			3,000,993.	3,065,94	15.
TOTAL STATE AND MUNICIPAL GOV TOTAL TO FORM 990-PF, PART I		IGATIONS		3,000,993.	3,065,94	15.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKET	ŗ
PREFERRED STOCKS COMMON STOCK MUTUAL FUNDS PUBLICLY TRADED PARTNERSHIPS			:	2,861,482. 1,183,457. 1,064,259. 201,092.	2,683,21 1,272,16 1,096,65 262,70	52. 58.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			5,310,290.	5,314,74	18.

FORM 990-PF	CORPORATE BONDS		STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
GENWORTH FINANCIAL		48,256.	49,43	
HOME DEPOT		98,729.	108,95	
TEXTRON INC ALCOA INC		47,981. 49,881.	52,85 53,33	
MORGAN STANLEY	25,000.	24,401		
TOTAL TO FORM 990-PF, PART II,	LINE 10C	269,847.	288,90	63.
FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	T
REFUNDABLE SECURITY DEPOSIT	1,277.	1,277.	1,277	
TO FORM 990-PF, PART II, LINE 1	1,277.	1,277.	1,2	77.
FORM 990-PF	PF OTHER LIABILITIES			10
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
EXCISE TAXES PAYABLE		138.	1:	38.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

N/A

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

LETTER SUPPORTING FUNDING NEED AND COPY OF IRS DETERMINATION FOR CHARITABLE ORGANIZATION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT

12

NAME OF AFFILIATED OR RELATED ORGANIZATION

N/A

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

N/A