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Department of the Treasury Internal Revenue Service

**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

OMB No 1545-0052

2011

For	cale	ndar year 2011 or tax year beginning	, and	l ending				
Nar	ne of f	oundation	<del></del>		A E	nployer identification num	nber	
YE/	\TM/	N FAMILY FOUNDATION, INC.			l	_88-04785	597	
		nd street (or P O box number if mail is not delivered to street add	dress)	Room/suite	ВТ	elephone number (see instr	uctions)	
PO	BO	X 178			ŀ	775-749-5	192	
		n, state, and ZIP code			C If e	exemption application is per		▶□
GI F	ENIRE	ROOK	NV 8	9413	" "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>3</b> ,	_
			al return of a former pu		D 1	Foreign organizations, chec	ck here	<b>▶</b> □
G	Cilec		ended return	iono onamy	1			_
			ne change			Foreign organizations meet check here and attach com	•	▶□
				<del> </del>	-	CHECK HEIC and allaci com	ришион	
Н_		k type of organization: X Section 501(c)(3) exe				onvate foundation status wa		
Щ	Sec	ion 4947(a)(1) nonexempt charitable trust 🔲 0			un	der section 507(b)(1)(A), ch	neck here	
		market value of all assets at end   J Accounting		X Accrual	1 -	he foundation is in a 60-mo		. –
		ar (from Part II, col. (c),			un	der section 507(b)(1)(B), ch	neck here .	▶ _
		(6) ▶ \$ 690,070 (Part I, column (		.)	L		10 D - L	
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investm	ent	(c) Adjusted net	(d) Disbursem for chantab	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	income		income	purposes	
	_	the amounts in column (a) (see instructions) )	books				(cash basis o	nly)
	1	Contributions, gifts, grants, etc , received (attach schedule)						. <u>.</u>
	2	Check ▶ if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments	0		0			
	4	Dividends and interest from securities	57,502	5	7,502			
	5 a	Gross rents			0			
Ð	b	Net rental income or (loss)0						
nu	6 a	Net gain or (loss) from sale of assets not on line 10	-14,658					
Revenue	t	Gross sales price for all assets on line 6a 27,078					_ <del></del>	
Re	7	Capital gain net income (from Part IV, line 2) .	, -		0			
	8	Net short-term capital gain				0		
	9	Income modifications	·					
	10 a	Gross sales less returns and allowances 0	<u> </u>					
	t	Less Cost of goods sold 0	<del> </del>					
	C	Gross profit or (loss) (attach schedule)	0	<del></del> -		DENIED !		
	11	Other income (attach schedule) .	0		20			
_	12	Total. Add lines 1 through 11	42,844	5- ح	7,502	38		
Ś	13	Compensation of officers, directors, trustees, etc	0		<u> </u>	( 5 0 3015 G		
xpenses	14	Other employee salaries and wages		151	AU	88	i	
ē	15	Pension plans, employee benefits .				197		
×	16 a	Legal fees (attach schedule)	1,075		$\triangle_{0}$	JEN UI O	<u> </u>	1,07
Û	t	Accounting fees (attach schedule)	0		<u> </u>	0		
Administrative	C	Other professional fees (attach schedule)	0		0	0		
<u> </u>	17	Interest						
istrati	18	Taxes (attach schedule) (see instructions) .	0		0	0		
를	19	Depreciation (attach schedule) and depletion	0		0	0		
늉	20	Occupancy						
	21	Travel, conferences, and meetings						
and	22	Printing and publications						
6	23	Other expenses (attach schedule)	0		0	0		
Ë	24	Total operating and administrative expenses.						
perating		Add lines 13 through 23	1,075		0	0		1,07
	25	Contributions, gifts, grants paid	55,500					<u>55,50</u>
0	26	Total expenses and disbursements. Add lines 24 and 25	56,575		0	0		56,57
	27	Subtract line 26 from line 12						
	ŀ	Excess of revenue over expenses and disbursements .	-13,731					
	1	Net investment income (if negative, enter -0-) .		5	7,502			
		Adjusted net income (if negative, enter -0-)				0		

Form **990-PF** (2011)

Pai	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	154,849	20,357	20,357
	3	Accounts receivable   0			
		Less: allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶0			
		Less. allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts	0	0	0
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 a	Investments—U.S. and state government obligations (attach schedule)	o	0	0
	t	Investments—corporate stock (attach schedule)	606,247	778,445	669,713
		Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ▶0			
		Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15	Other assets (describe )	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	761,096	798,802	690,070
	17	Accounts payable and accrued expenses			
<b>'</b> A	18	Grants payable .			
<u>ĕ</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .	0	0	
jab	21	Mortgages and other notes payable (attach schedule)	o	0	, , , , , , , , , , , , , , , , , , ,
_	22	Other liabilities (describe ▶ )	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
a	25	Temporanly restricted			
<u>m</u>	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
屲		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	761,096	798,802	
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund	,	,	
šse	29	Retained earnings, accumulated income, endowment, or other funds			,
Ä	30	Total net assets or fund balances (see instructions)	761,096	798,802	
et	31	Total liabilities and net assets/fund balances (see			
Z		instructions)	761,096	798,802	
Pai	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line	e 30 (must agree with		
		f-year figure reported on prior year's return)		1	761,096
2		amount from Part I, line 27a		. 2	-13,731
3		increases not included in line 2 (itemize) Balance Sheet Recon	ciliation to Income	3	51,437
4		nes 1, 2, and 3		4	798,802
5		eases not included in line 2 (itemize)		5	0
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, o		. 6	798,802
					00,002

Part IV Capital Gains and	Losses for Tax on Inves	tment				
	kind(s) of property sold (e g , real estat e, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr )
1a 102 ROYAL BANK SCOT			Р		6/20/2008	7/12/2011
b 1000 SHIP FINANCE INTL			Р		4/14/2007	6/13/2011
c 30 DG FASCHANNEL CALLS				4/6/2011	6/2/2011	
d 10 MOSAIC CALLS			Р	<u> </u>	6/29/2011	8/20/2011
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		) Cost or other basis lus expense of sale		(h) Gain o (e) plus (f) n	
a 1,166	0		9,005			-7,839
b 16,811	0		28,499			-11,688
c 6,568	0		4,232	<u> </u>		2,336
d 2,533	0		C	<del>)</del>		2,533
<b>e</b> 0	0		<u>_</u>	)		0
Complete only for assets shown	ng gain in column (h) and owned	by the fo	undation on 12/31/69	1	(I) Gains (Col (I	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	-	k) Excess of col (i) over col (j), if any		col (k), but not le Losses (fron	•
a 0	0					-7,839
<b>b</b> 0	0					-11,688
<b>c</b> 0	0	15.0		<u> </u>		2,336
<b>d</b> 0	0					2,533
<b>e</b> 0	0			)		0
2 Capital gain net income or (	net capital loss) { If (loss), e	enter -0-	r in Part I, line 7	2		-14,658
•	ne 8, column (c) (see instruct			3		0
			Tour on Not Income			0
Part V Qualification Under (For optional use by domestic p						
If section 4940(d)(2) applies, lead Was the foundation liable for the If "Yes," the foundation does not be a section of the se	e section 4942 tax on the dist t qualify under section 4940(e	e). Do n	ot complete this part.			
	unt in each column for each y	ear, see	e the instructions before	e makin	g any entries	
(a)  Base penod years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Ne	(c) et value of nonchantable-use	assets		(d) pution ratio rided by col (c))
2010		.841	61	4,291	, ,	0 089275
2009	65	774	61	8,087		0 106415
2008		,666		7,565		0 086915
2007		,675		9,966		0.073938
2006		,524		1,448		0.058790
2 Total of line 1, column (d)					2	0.415333
3 Average distribution ratio fo the number of years the four	r the 5-year base period—div ndation has been in existence				3	0.083067
4 Enter the net value of nonch	naritable-use assets for 2011	from Pa	nt X, line 5	.	4	646,455
5 Multiply line 4 by line 3					5	53,699
6 Enter 1% of net investment	income (1% of Part I, line 27t	o)		.	6	575
7 Add lines 5 and 6					7	54,274
8 Enter qualifying distributions	s from Part XII, line 4				8	56,575
the Part VI instructions	er than line 7, check the box in	ı raıl V	i, mie ib, and complet	e mar pa	artusniya 170	Ida Idle See

Рa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	—see instru	ction	s)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
k	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		575	
	here ► X and enter 1% of Part I, line 27b				
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	<u> </u>			
	of Part I, line 12, col. (b)			ŀ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		의	
3	Add lines 1 and 2	3		575	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		575	
6	Credits/Payments	] ]			
	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 245				
	Exempt foreign organizations—tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c 750				
_	Backup withholding erroneously withheld	- <u>-</u> -			لـــــا
7	Total credits and payments Add lines 6a through 6d .	7		995	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		420	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2012 estimated tax  Refunded	10		420	
	1201			0	
	rt VII-A Statements Regarding Activities	<del></del>		V	NI -
1 6	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u> </u>	Yes	
	participate or intervene in any political campaign?		1a		Х
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		١		
	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.		4-		X
	Did the foundation file Form 1120-POL for this year?	•	1c		_
•	(1) On the foundation. ► \$(2) On foundation managers ► \$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		] :	-	
•	on foundation 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.	•			^
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>		<u> </u>		
	that conflict with the state law remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	and Part XV .	7	Х	L
8 8	a Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NV			-	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		<u> </u>		ļ
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				<b></b>
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"		_		l . <u>.</u>
	complete Part XIV		9		X
10	. , , , , , , , , , , , , , , , , , , ,				,_
	their names and addresses		10		<u> </u>

if the foundation had excess business holdings in 2011) . .

enterprise at any time during the year?

Did the foundation hold more than a 2% direct or indirect interest in any business

If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

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

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?

3a

3b | N/A

Yes X No

Oili	n 990-PF (2011) YEATMAN FAMILY FOUNDA	TION, INC			88-047859	97 Page <b>6</b>	,
Pa	art VII-B Statements Regarding Activities		4720 May Be Re	equired (continued)			-
	During the year did the foundation pay or incur any						1
	(1) Carry on propaganda, or otherwise attempt to		ection 4945(e))?	Yes	X No		-
	(2) Influence the outcome of any specific public e				_		1
	on, directly or indirectly, any voter registration			· · Yes	X No		-
					☴		1
	(3) Provide a grant to an individual for travel, students			Yes _	X No		1
	(4) Provide a grant to an organization other than	_		Г., Г	<del></del>		
	In section 509(a)(1), (2), or (3), or section 494			· L Yes	X No	1 1	
	(5) Provide for any purpose other than religious,		<del>-</del>	r	_		
	educational purposes, or for the prevention o	f cruelty to children or a	ınımals?	Yes _	X No	-	
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransactions fail to quali	fy under the exceptio	ns described in			
	Regulations section 53.4945 or in a current notice	regarding disaster assis	stance (see instructio	ns)?	5	b N/A	_
	Organizations relying on a current notice regarding	disaster assistance ch	eck here .	▶			į
C	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exemp	tion from the				
	tax because it maintained expenditure responsibilit	y for the grant?		Yes	No		
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5(	d)				1
6a	Did the foundation, during the year, receive any fur	ids, directly or indirectly	∕, to pay			1 1	
	premiums on a personal benefit contract?			. Yes	X No		
b	Did the foundation, during the year, pay premiums,	directly or indirectly, or	n a personal benefit o	contract?		b X	_
	If "Yes" to 6b, file Form 8870	•	•				1
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No		Ì
	If "Yes," did the foundation receive any proceeds o	, - ,			7	ь х	_
	art VIII Information About Officers,						-
•	and Contractors	500.0.0, 1140.0	oo, i ouiidatioii	a.iagoto, i iigiiiy i	ala zilipi	., ,	
4						··	_
	List all officers, directors, trustees, found:	ation managers and	i their compensat	ion (see instructions)	<b>)</b> _		
<u> </u>	List all officers, directors, trustees, founda	(b) Title, and average	(c) Compensation	ion (see instructions) (d) Contributions to		onno occount	_
<u>'</u>	List all officers, directors, trustees, founda (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Exp	ense account,	_
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	(e) Exp		_
BR	(a) Name and address	(b) Title, and average hours per week devoted to position  PRES/SEC/TREA/[	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Exp other	allowances	- -
BR P (	(a) Name and address HAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Exp	allowances	 
BR P (	(a) Name and address LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 NA K. YEATMAN	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/I 2.00 DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Exp other	allowances (	
BR P (	(a) Name and address HAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Exp other	allowances (	 
BR P (	(a) Name and address LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 NA K. YEATMAN	(b) Title, and average hours per week devoted to position  PRES/SEC/TREA/I  2.00  DIR  2.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Exp other	allowances (	<u></u>
BR P (	(a) Name and address LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 NA K. YEATMAN	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/I 2.00 DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Exp other	allowances (	
BR P (	(a) Name and address LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 NA K. YEATMAN	(b) Title, and average hours per week devoted to position  PRES/SEC/TREA/L 2.00  DIR 2.00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans	(e) Exp other	allowances (	<u>0</u>
BR P ( ED P (	(a) Name and address  EIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 ENA K. YEATMAN D. BOX 178 GLENBROOK NV 89413	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	0 (e) Exported	allowances (	<u></u>
BR P ( ED P (	(a) Name and address  LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 INA K. YEATMAN D. BOX 178 GLENBROOK NV 89413  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	0 (e) Exported	allowances (	<u>0</u>
BR P ( ED P (	(a) Name and address  EIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 ENA K. YEATMAN D. BOX 178 GLENBROOK NV 89413	(b) Title, and average hours per week devoted to position  PRES/SEC/TREA/L 2.00  DIR 2.00 .00 .00  rees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation	0 0 0 0 s). If none,	allowances (	<u>0</u>
BR P ( ED P (	(a) Name and address  RIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413  NA K. YEATMAN D. BOX 178 GLENBROOK NV 89413  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation to the second se	0 0 0 0 s). If none,	allowances (	<u>0</u>
BR P ( ED P (	(a) Name and address  LIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 INA K. YEATMAN D. BOX 178 GLENBROOK NV 89413  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions (d) Contributions to employee benefit	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  RIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413  NA K. YEATMAN D. BOX 178 GLENBROOK NV 89413  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>
BR P (	(a) Name and address  CIAN W. YEATMAN D. BOX 178 GLENBROOK NV 89413 D. BOX 178 GLENBROOK NV 89413 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRES/SEC/TREA/L 2.00 DIR 2.00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions to employee benefit plans and deferred compensation deferred compensation to employee benefit plans and deferred	0 (e) Exp other	allowances ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	<u>0</u>

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

Form 990-PF (2011) YEA IMAN FAMILY FOUND	DATION, INC		38-04/859/ Page /
Part VIII Information About Officer and Contractors (continued		undation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors f		structions). If none, enter "NONE."	
(a) Name and address of each person paid me		(b) Type of service	(c) Compensation
NONE			0
			0
			0
			0
			0
Total number of others receiving over \$50,000	for professional services		
Part IX-A Summary of Direct Charit	able Activities		
List the foundation's four largest direct chantable activities of the number of organizations and other beneficiaries served.			Expenses
1 NONE			
2			
3			
4			
Part IX-B Summary of Program-Rel			
Describe the two largest program-related investments made	by the foundation during the tax year or	n lines 1 and 2	Amount
1 NONE			
2			
All other program-related investments See instructions			
3			
			_
Total. Add lines 1 through 3			0
i ouai. Aud illes i dilough 5		<u> </u>	<u> </u>

Form **990-PF** (2011)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ns,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	,	
	purposes.		
а	Average monthly fair market value of securities	1a	612,497
þ	Average of monthly cash balances	1b	43,802
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	656,299
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	656,299
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	9,844
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	646,455
6	Minimum investment return. Enter 5% of line 5	6	32,323
Par	t XI Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here 🕨 🔲 and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	32,323
2a	Tax on investment income for 2011 from Part VI, line 5	5	
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	575
3	Distributable amount before adjustments Subtract line 2c from line 1	3	31,748
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	31,748
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	31,748
Dan	XII Qualifying Distributions (see instructions)		<del>-</del>
	Qualifying Distributions (See instructions)	<b>,</b>	
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	56,575
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,575
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	575
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	dation	

'art	XIII Undistributed Incom	ie (see instructions)			<u> </u>	
1	Distributable amount for 2011 fro	om Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
	line 7				<u> </u>	31,748
2	Undistributed income, if any, as	of the end of 2011.				
а	Enter amount for 2010 only	[			0	
b	Total for pnor years 20,	20, 20		0		
3	Excess distributions carryover, i	f any, to 2011.				
а	From 2006	10,003				
b	From 2007	25,627				
C	From 2008	32,106				
d	From 2009	35,422				
е	From 2010	24,744				
f	Total of lines 3a through e .		127,902			
4	Qualifying distributions for 2011	from Part				
	XII, line 4 > \$	56,575				
	Applied to 2010, but not more the	T T				
b	Applied to undistributed income	1				
	(Election required—see instruct			0		
С	Treated as distributions out of c	orpus (Election	_			!
	required—see instructions)	· · · }	0			24 740
	Applied to 2011 distributable an	T T	04.007			31,748
_ e	Remaining amount distributed of	The state of the s	24,827			^
5	Excess distributions carryover a	· · .	0			0
	(If an amount appears in column same amount must be shown in					
6	Enter the net total of each col indicated below:	umn as		:		
а	Corpus. Add lines 3f, 4c, and 4e	Subtract line 5	152,729			
b	Prior years' undistributed incom	e Subtract				
	line 4b from line 2b			0		
C	Enter the amount of pnor years'	undistributed				
	income for which a notice of def	ficiency has				
	been issued, or on which the se	ction 4942(a)				
	tax has been previously assess	ed .				, <u>, , , , , , , , , , , , , , , , , , </u>
d	Subtract line 6c from line 6b Ta	ıxable				
	amount—see instructions			0		
е	Undistributed income for 2010					
	4a from line 2a. Taxable amoun	t—see			_	
_	instructions	_ •			0	
f	Undistributed income for 2011					
	lines 4d and 5 from line 1 This	amount must				_
-	be distributed in 2012 .		W W-			0
7	Amounts treated as distribution					
	corpus to satisfy requirements i					
	section 170(b)(1)(F) or 4942(g)(	` ' ` '				
8	Excess distributions carryover f		40.003			
c	not applied on line 5 or line 7 (s	· ·	10,003			
9	Excess distributions carryove		142,726			
10	Subtract lines 7 and 8 from line	oa	142,720			
10	Analysis of line 9:	25,627				
	Excess from 2007  Excess from 2008	32,106			1	
b	Excess from 2008 Excess from 2009	35,422				
ن		24,744				
d	Excess from 2010	24,744				
	LAUGOS HUILI ZUII	, 27,027		L	L	L

Page **11** 

Part, XV Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual,	1011 ataro	T	· · ·
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		500(A)(1)	GENERAL	1,000
FIELD OF DREAMS LOS ANGELES, CA		509(A)(1)	GENERAL	1,000
LOS ANGELES, CA		Ì		
PROJECT OPEN HAND		509(A)(1)	GENERAL	1,000
SAN FRANCISCO, CA		1		
SALVATION ARMY		509(A)(1)	GENERAL	1,000
OAKLAND, CA				
		1		
DOCTORS WITHOUT BORDERS		509(A)(1)	GENERAL	2,000
NEW YORK, NY				
UNICEF		509(A)(1)	GENERAL	500
NEW YORK, NY				
SPW USA		509(A)(1)	GENERAL	50,000
WASHINGTON, DC		309(A)(1)	GENERAL	50,000
W. 61 III 61 611, 50				
		1		
			ļ	
Total	· · ·		<u> </u> ▶ 3a	55,500
b Approved for future payment				
		J	]	
				İ
		ļ	]	
				1
		1		
<del></del>		1		
Total			<b>&gt;</b> 3b	(

m 990-PF (2011) YEATMAN FAMILY FOUNDATION art XVI-A Analysis of Income-Producing Ac				88-047	8597 Page <b>12</b>
nter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by sectio	n 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)

inter gross amounts unless otherwise mulcated	Officialed but	1	2.0.00000		(6)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_		0		0	0
a		0		0	0
b		0		0	0
C	<del></del>	0		0	0
d		0		0	0
e		0		0	
g Fees and contracts from government agencies		•		,	
2 Membership dues and assessments			·		
3 Interest on savings and temporary cash investments		<del> </del>			
4 Dividends and interest from securities	-	<del></del>	14	57,502	
5 Net rental income or (loss) from real estate:				07,002	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7.00					
8 Gain or (loss) from sales of assets other than inventory			18	-14,658	
9 Net income or (loss) from special events			10	- 14,000	
O Gross profit or (loss) from sales of inventory					-
1 Other revenue a		0		0	0
•-		0	<del></del>	0	
C		0		0	
d		0		0	<del> </del>
e		O		Ö	
_			<del></del>		<del>†</del>
		0		42,844	) 0
_ [		0		42,844 . 13	0 42,844
2 Subtotal Add columns (b), (d), and (e)	•	<u> </u>			
2 Subtotal Add columns (b), (d), and (e)					
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  2 art XVI-B Relationship of Activities to the Acc Line No. Explain below how each activity for which income	complishment	t of Exempt P	urposes VI-A contributed ii	. 13	42,844
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc	complishment	t of Exempt P	urposes VI-A contributed ii	. 13	42,844
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## Form 990-PF (2011) YEATMAN FAMILY FOUNDATION, INC. 88-0478597 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

<ul> <li>Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</li> <li>Transfers from the reporting foundation to a noncharitable exempt organization of:</li> </ul>								
	(1) Ca (2) Oth Other t	ers from the reporting ush						1a(1) X 1a(2) X 1b(1) X
С	(3) Re (4) Re (5) Lo (6) Pe	rchases of assets fror ental of facilities, equip eimbursement arrange ans or loan guarantee erformance of services g of facilities, equipme	ment, or other ments es or membersh	r assets	citations			1b(2)     X       1b(3)     X       1b(4)     X       1b(5)     X       1b(6)     X       1c     X
	If the a	onswer to any of the all of the goods, other as in any transaction or s	bove is "Yes," sets, or service	complete the followings given by the repor	ng schedule. C ting foundation in (d) the value	Column (b) should al n. If the foundation r e of the goods, othe	ways show the feceived less that rassets, or serv	n faır market ıces received
(a)	Line no	(b) Amount involved	ļ. · · · · ·	of nonchantable exempt org	anization	(d) Description of transfer	s, transactions, and s	haring arrangements
			NOT APPLIC	ABLE				
		0	<del> </del>					
		0	<del>                                     </del>					
		0						
		0						
		0						
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		0	<del> </del>			<del> </del>		
		0						
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			+					<del> </del>
		0	-	<del></del>			·	
		0	+				<del></del>	
		0			<del></del>	,		<del></del> ·
	descril	foundation directly or bed in section 501(c) of the complete the follow	indirectly affiliation in the Code (o	ated with, or related to	o, one or more (c)(3)) or in se	e tax-exempt organizection 527?	ations	Yes X No
	ii res	·		(b) Type of o	reanization		c) Description of relat	ionshin
		(a) Name of organization	· · · · · · · · · · · · · · · · · · ·	(b) Type of C	- Garinzaudit		, Description of relat	ionemp .
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			-					
	U	Inder penalties of perjury, I declare	that I have examined t	this return, including accompanyii	ng schedules and state	ements, and to the best of my kn	owledge and belief, it is to	ie,
	gn are	orrect, and complete. Declaration	<u></u>	18/13/12	PRESIDE		with the prep	discuss this return parer shown below (see ? X Yes No
		Signature of officer or truste		Date /	1100	Date		PTIN
Pa	id epare	Rnn/Type preparer's n		Preparer's signature	Hur. J.	2. 8/7/2012	Check X if self-employed	P01081464
	•	Euro's name		F DONALD J. HENG	i, JR. 7		Firm's EIN ▶	
US	se Onl			STE 210, OAKLAND			Phone no (51	0) 507-2275
								900 PE (9944)

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		Revenue and			Disbursements for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
i	Person Providing Service	Books	Income	Income	(Cash Basis Only)
-	Law Office of Donald J. Heng, Jr	1,050			1,050
2	Nevada Filing Fee	25			25
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4					
2					
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6					
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## Part II, Line 10b (990-PF) - Investments - Corporate Stock

		i	606,247	778,445		669,713
			Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year		Ψij
-	SCHWAB ACCOUNT STOCK		356,247	528,445	305,280	419,713
2	CAPITAL ACCESS BOND		250,000	250,000	250,000	250,000
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## Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name	if Business	Street		State	Zip Code	Country	Title	Hours
-	BRIAN W YEATMAN			GLENBROOK	≥	NV 89413		S/SEC/TREA	2.00
7	EDNA K YEATMAN		P O. BOX 178		2	89413		DIR	2.00
3									
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L. ----- All ... All .