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990-PF

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

OMB No. 1545-0052 **9M11**

	Revenue Service Note. The foundation may	be able to use a copy of the	his return to sat	isfy state re	eporting requirements.		
For	calendar year 2011 or tax year beginning	05/		and endir) , 20 12
Na	me of foundation CONSTANTINE & HELEN	N POUGIALIS FOU	NDATION H	'OR	A Employer identif	ication number	
ART 3455001146						6423302	
	mber and street (or P.O. box number if mail is not delive	ered to street address)		Room/sui			ons)
C	O REGIONS BANK TRUST DEPT PO	BOX 2886			(2)	51) 690-3	1024
	or town, state, and ZIP code	2011 2000			1 2	<u></u>	
					C If exemption applic	ation is	►X
MC	BILE, AL 36652-2886				pending, check her		🔼
					 		_
G	neck all that apply: X Initial return		of a former pu	iblic chari			
	Final return	Amended ret			2 Foreign organiza 85% test, check		. []
	Address change	Name change			computation •		. ▶∟.
<u>н с</u>	neck type of organization: X Section 501				E If private foundatio	n status was termin	nated
l	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri			under section 507(o)(1)(A), check here	. ▶∐
		unting method: X Ca	ash Accr	ual	F If the foundation is	In a 60-month tern	nination
		ther (specify)			under section 507(o)(1)(B), check here	. ▶[]
		column (d) must be or	n cash basis.)				<u></u>
Par	Analysis of Revenue and Expenses (The	(a) Revenue and	/6\ NI-7 *		(a) Adata d = at	(d) Disbur	
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inves		(c) Adjusted net income	for char	
	column (a) (see instructions).)	books				(cash bas	
1	Contributions, gifts, grants, etc., received (attach schedule)	1,850,520.		37 1/3 to	FARME THE	- 1. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2	1000 A
2	Check If the foundation is not required to attach Sch B	· · · · · · · · · · · · · · · · · · ·			\$30.00mm 1954		
3	Interest on savings and temporary cash investments	***************************************			· · · · · · · · · · · · · · · · · · ·		
4	Dividends and interest from securities	59,034.	5.6	6,637.	····		2 2 2 2 2
5		35,031.	30	-, -, -, -		11303	1.49
1	b Net rental income or (loss)		\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	anni de la		0444 309	
١.		5,575.		13. 30 12 13 C			7 7 9/2 N - 1
ľ	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		्राक्षण्याः १ व्यक्षण्याः	20 A		* . 2552.T	* 1 200
۱ ـ	assets on line 6a 114, 101.	10 7 47 10 10 20 60 14 14 14 14 14 14 14 14 14 14 14 14 14		<u> </u>	Wind Andrews	126. 37 ESSES 12	
7	Capital gain net income (from Part IV, line 2)	A SANTATON TRACTOR		5,575.	<u> </u>	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44,499/ 67 W
8	Net short-term capital gain		が、直線を			13.58	· 4.6% 46.94
10	Income modifications · · · · · · · · · · · · · · · · · · ·		12 18 12 500 6	16 1 12 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marina	3 th 1	12 15 15 15 15 15 15 15 15 15 15 15 15 15
1.0	and allowances	DEAL SERVICE STREET	15000000000000000000000000000000000000	8565 NJ. Co. 7	THE PROPERTY OF THE PARTY OF TH	100 TO 10	MATERIAL COLUMN
	Less Cost of goods sold .		W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	17 T. 19	# 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Property To	3.373
	Gross profit or (loss) (attach schedule)			<u> </u>		(195-4)	
11	Other income (attach schedule)						The state of
12	Total. Add lines 1 through 11	1,915,129.	62	,212.		1.7%%·	* 褒
13	Compensation of officers, directors, trustees, etc	37,555.	30	,044.			7,511.
14	Other employee salaries and wages			NONE	NON	1	
15	Pension plans, employee benefits			NONE	NON		
16	Legal fees (attach schedule) STMT 1	4,701.		NONE	NON		4,701.
	Accounting fees (attach schedule)						
	Other professional fees (attach schedule)						· · · · · · · · · · · · · · · · · · ·
17	Interest		····				-
18	Taxes (attach schedule) (see instructions) STMT 2	295	-	50.			
ı	Depreciation (attach schedule) and depletion.			- 20.1		***	: 7
19						 	
20	Occupanty CENED			MONTE	NIONII		
21	Travel, comerences, and meetings			NONE	NON!		
22	Printing and publications			NONE	NON	 	
23	Other lekoanses (attack lichedule)?					 	
24	Total operating and administrative expenses.		_]	10 0
	Add lines 13 through 23	42,551.	30	,094.	NONI	4	<u>12,212</u> .
25	Contributions gifts, arants paid				4, 13		
26	Total expenses and disbursements Add lines 24 and 25	42,551.	30	,094.	NON	1	12,212.
27	Subtract line 26 from line 12.	12) 4 1		1,	The chart of		
	Excess of revenue over expenses and disbursements	1,872,578.					·- <u>-</u>
	· · · · · · · · · · · · · · · · · · ·	2,0.2,0.0	32	,118.	7/4-	F	124 , 1
) Net investment income (it negative enter all i						
ı	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-).		+ 1,	7 - 20 -	· · · · · · · · · · · · · · · · · · ·	, , ,	· 71

For Paperwork Reduction Act Notice, see instructions.

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	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End -	of year
	art II	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	i	58,368	58,368
	3	Accounts receivable	11 12 11 11	A CONTRACTOR	THE RESERVE TO SERVE THE
		Less: allowance for doubtful accounts ▶ Pledges receivable ▶			
	4	Pledges receivable	2.5		
		Less. allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ► NONE			
	8	Inventories for sale or use			
ets	9	Prepaid expenses and deferred charges			
Assets	10 a	Investments - U.S. and state government obligations (attached legislation).		811,772	878,420
-		Investments - corporate stock (attach schedule) . STMT .4		395,362	
		Investments - corporate bonds (attach schedule). STMT 6		254,014	291,522
	11	Investments - land, buildings, and equipment basis ———————————————————————————————————			
	12				
	13 14	Investments - other (attach schedule)			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the		1 510 516	1 027 072
_		instructions. Also, see page 1, item I)		1,519,516	. 1,937,073
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
粪	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
_		Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
ano	25	Temporarily restricted			
Bal	26	Permanently restricted			
Pu		Foundations that do not follow SFAS 117,			
or Fund		check here and complete lines 27 through 31. $\blacktriangleright X$			
ō	27	Capital stock, trust principal, or current funds		1,519,516	
ıts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
t A	30	Total net assets or fund balances (see instructions)		1,519,516	
Š	31	Total liabilities and net assets/fund balances (see			· · · · · · · · · · · · · · · · · · ·
		instructions)		1,519,516	
P		Analysis of Changes in Net Assets or Fund	Balances		
		net assets or fund balances at beginning of year - Part		(must agree with	
		f-year figure reported on prior year's return)			
2					1,872,578.
3	Other	amount from Part I, line 27a increases not included in line 2 (itemize) ► SEE STA	TEMENT 7	3	4.
					1,872,582.
5	Decre	ines 1, 2, and 3 pases not included in line 2 (itemize) ► SEE STA	TEMENT 8	5	353,066.
		net assets or fund balances at end of year (line 4 minus li			1,519,516.

Part IV Capital Gains	allu Lusses for Tax Off file	vestment Income			
(a) List and 2-story b	(b) How acquired P-Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a PUBLICLY TRADED	D-Donation	(1110.7, 0077 7.17			
b	BECKITIES				
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	ıs (g)
a 114,100.		108,526.			5,574.
b					
С			ļ <u>.</u>		
<u>d</u>					
<u>e</u>	<u> </u>	_L			
Complete only for assets s	showing gain in column (h) and owner			Gains (Col. (h) ga	
(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	COI.	(k), but not less t Losses (from co	
	43 01 127 017 03	Over our time any		<u></u>	5,574.
a L			 		3,374.
<u>b</u>					
d			-		
e					
-		If gain, also enter in Part I, line 7			
2 Capital gain net income or		If (loss), enter -0- in Part I, line 7	2		5,575.
3 Net short-term capital gain	or (loss) as defined in sections 13				
		structions). If (loss), enter -0- in			
			3		
Part V Qualification U	Inder Section 4940(e) for Re-	duced Tax on Net Investment I	ncome	N,	/A
(For optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investr	nent inco	me.)	
	•				
If section 4940(d)(2) applies,	leave this part blank.				
				_	
		ibutable amount of any year in the b	ase perio	d? <u> </u>	_ Yes No
· · · · · · · · · · · · · · · · · · ·	not qualify under section 4940(e).				
1 Enter the appropriate amo	ount in each column for each year	r; see the instructions before making	any entri	es. (d)	
Base period years	(b)	(c) Net value of noncharitable-use assets		Distribution re	
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Met Agine of Houchsurapie-dae assets	ļ	(col. (b) divided by	col (c))
2010					
2009		-			
2008					
2007					
2000					
2 Total of line 1 column (d)			2		
2 Total of line 1, column (d) 3 Average distribution ratio	for the Swear base period - divide	a the total on line 2 by 5 or by the	2		
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the sthan 5 years	2 3		
3 Average distribution ratio number of years the found	for the 5-year base period - divide dation has been in existence if les	e the total on line 2 by 5, or by the sthan 5 years	3		
3 Average distribution ratio number of years the found	for the 5-year base period - divide	e the total on line 2 by 5, or by the is than 5 years			
3 Average distribution ratio number of years the found4 Enter the net value of non	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from	e the total on line 2 by 5, or by the sthan 5 years	3 4		
3 Average distribution ratio number of years the found	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from	e the total on line 2 by 5, or by the sthan 5 years	3		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from the charitable of the charita	e the total on line 2 by 5, or by the st than 5 years	3 4 5		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from the charitable of the charita	e the total on line 2 by 5, or by the sthan 5 years	3 4		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from the charitable of the charita	e the total on line 2 by 5, or by the st than 5 years	3 4 5		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 	for the 5-year base period - divided dation has been in existence if les charitable-use assets for 2011 from the charitable of the charita	e the total on line 2 by 5, or by the st than 5 years	3 4 5 6		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 7 Add lines 5 and 6 8 Enter qualifying distribution 	for the 5-year base period - divided dation has been in existence if less charitable-use assets for 2011 from the charitable of Part I, line 27b).	e the total on line 2 by 5, or by the st than 5 years	3 4 5 6 7		
 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 7 Add lines 5 and 6 8 Enter qualifying distribution 	for the 5-year base period - divided dation has been in existence if less charitable-use assets for 2011 from the charitable of Part I, line 27b).	e the total on line 2 by 5, or by the st than 5 years	3 4 5 6 7	using a 1% tax	x rate. See the

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	642.
	here ▶ and enter 1% of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2	
3	Add lines 1 and 2	642.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	642.
6	Credits/Payments:	
а	1.6. 28.3 LCC36.3 LC	
b	Exempt foreign organizations - tax withheld at source	
C		
d	Backup withholding erroneously withheld	640
7	Total credits and payments. Add lines 6a through 6d	642.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11 Par	Enter the amount of line 10 to be. Credited to 2012 estimated tax ▶ Refunded ▶ 11 t VII-A Statements Regarding Activities	
		Yes No
1a	, , , , , , , , , , , , , , , , , , , ,	1a X
h	or intervene in any political campaign?	10
	instructions for definition)?	16 X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities.	
c	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. ▶\$(2) On foundation managers. ▶ \$	
е	Enter the reimbursement (If any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers > \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	B A SECOND
	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 	
	conflict with the state law remain in the governing instrument?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 X
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	538 838 1 20
	FL	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3) or	354 - 1 11
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	
	Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	
	and addresses	10 X
		Form 990-PF (2011)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Form 990-PF (2011)

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances of employee benefit plans and deferred compensation (e) Expense account, other allowances NONE NONE NONE

Form 990-PF (2011)

. ▶ I NONE

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

Form **990-PF** (2011)

3 NONE

All other program-related investments. See instructions

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	22.1	
а	Average monthly fair market value of securities	1a	1,874,953.
b	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,874,953.
е	Reduction claimed for blockage or other factors reported on lines 1a and	\$0.50	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	College and Provided Broad	3	1,874,953.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	28,124.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,846,829.
6	Minimum investment return. Enter 5% of line 5	6	92,341.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	92,341.
2a	Tax on investment income for 2011 from Part VI, line 5 2a	200	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	642.
3	Distributable amount before adjustments. Subtract line 2c from line 1		91,699.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 2 and 4	1 - 1	91,699.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	91,699.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,212.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,212.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,212.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	.caidanig Wi	iouniduion

Form **990-PF** (2011)

For	n 990-PF (2011)				Page 9
Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2011 from Part XI.	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7	,		· • •	91,699.
2	Undistributed income, if any, as of the end of 2011				, , ,
a	Enter amount for 2010 only	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		NONE	2 1 1 1 2 2 2 2
b	Total for prior years 20, 20, 20		NONE		, ,
3	Excess distributions carryover, if any, to 2011:		2,01,2	,	
a	From 2006 NONE	1 2 .	7 - W. T.	7.5	The state of the s
b	From 2007 NONE				
c	From 2008 NONE	1 ;,	(, ,) , .		
d	T COURT		, ,	, ,	100
	From 2010 NONE NONE		, ,		1 1 1 1 1 1 1 1
f	Total of lines 3a through e	NONE	30 3 1 1	,	· - 1
4	Qualifying distributions for 2011 from Part XII,	NONI		*	1
7	line 4: > \$ 12,212.	a satisfied of	ير برياني بريانيس		
	Applied to 2010, but not more than line 2a	, , , , , , , , ,	*****	NONE	2-9
		180		NONE	
D	Applied to undistributed income of prior years (Election required - see instructions)	- 1.42	NONE		
c	Treated as distributions out of corpus (Election required - see instructions)	NONE			7. 30.7
ď	Applied to 2011 distributable amount	**************************************		, a d b 4 4 4 4 4	12,212.
-	Remaining amount distributed out of corpus	NONE	1 255 C C C C C C C C C C C C C C C C C C	7 3 3 3 4 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Jack of William
5	Excess distributions carryover applied to 2011	NONE	277925		NONE
_	(If an amount appears in column (d), the same	3. 45th 12 2x	2011/201		1 1 2 1 1
6	amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	NONE	,		1.37
b	Prior years' undistributed income. Subtract				
c	Enter the amount of prior years' undistributed	7 22 3	NONE	7824	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed		NONE		
ď	Subtract line 6c from line 6b. Taxable				1 1. M
	amount - see instructions	i villa	NONE	350	1000
e	Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see			NONE	2000 · 1
	instructions	**************************************		NONE	(3)
f	Undistributed income for 2011. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2012				79,487.
7	Amounts treated as distributions out of corpus		M		
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE		;	
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2012.	HOND		*	-
3	Subtract lines 7 and 8 from line 6a	NONE		, <u>Ş</u> .	4
10	Analysis of line 9.	MOND			
	Excess from 2007 NONE	٠.	· · · · · · · · · · · · · · · · · · ·		,
	Excess from 2008 NONE	ļ.,		-	
	Excess from 2009 NONE	,			, ,
	Excess from 2010 NONE	, i	-	ŀ	,
	Excess from 2010 NONE NONE		*	•	
-	NONE	f			

Pá	irt XIV Private Oper	ating Foundations	(see instructions and	d Part VII-A, question	n 9)	NOT APPLICABL
1 a						
	foundation, and the ruling	g is effective for 2011, en	ter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating founda	tion described in section	n 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	I or the minimum investment return from Part X for each					_
	year listed					
ь	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	ľ				
e	of exempt activities				<u> </u>	
•	directly for active conduct of	'		İ		
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the		<u> </u>			
	alternative test relied upon					
а	"Assets" alternative test - enter			İ		
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-					
-	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities				,	
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general				<u> </u>	
	public and 5 or more					•
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Do	(4) Gross investment income				 	
Pa		iry information (Co luring the year - see		only if the found	ation nad \$5,000	or more in assets
1	Information Regarding					
•	List any managers of t	_		than 2% of the tota	al contributions receive	ed by the foundation
•	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000). (S	See section 507(d)(2).)	od by the realisation
	NONE					t and a state
D	List any managers of to ownership of a partners					r large portion of the
	• •	אייים טוויפו פוונונץ/ 10	winch the loundation	inas a TO /O OF Greater	111101031.	
	NONE					
2	Information Regarding	Contribution Grant	Gift Loan Scholarshi	n etc Programs:		
_				=	4-61	d doos not occont
	Check here ► X if the unsolicited requests for	re roungation only n	nakes contributions	to preselected charl	table organizations a	r organizations under
	other conditions, compl			iits, etc. (see iiistide	dons, to marriadas o	organizations ander
	The name, address, and			applications should b	o addressed.	
٥	The hame, address, and	telephone number of	tille person to whom	applications should t	e addressed.	
<u>b</u>	The form in which appli	cations should be sub	mitted and information	on and materials they	should include:	24.07/3
	Anicarbaciants des m					
C	Any submission deadlin	165.				
d	Any restrictions or lin	nitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	factors:					

Part XV Supplementary Information (c				
3 Grants and Contributions Paid During	g the Year or Appro	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
	Tr.			
		l		
			ŀ	
		-		
			1	
			1	
				} •
			-	
		}		
İ			[
Total		<u> </u>		
b Approved for future payment	* * * * * * * * * * * * * * * * * * * *		January Sa	
5 Approved for fature payment				
			[
Total			▶ 3b	

inter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(Occ manuchons.)
	-				
e			 		
· · · · · · · · · · · · · · · · · · ·	· 		 		
g Fees and contracts from government agencies			 	·····	
2 Membership dues and assessments	• }		 		
Interest on savings and temporary cash investments	-		14	59,034.	
Dividends and interest from securities	· A Arking Ad		24 20 0 0006	19.000 - 1900 T	ALCO THE E. C. SHIE
Net rental income or (loss) from real estate		1 Transport of the control of the second of	25 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A THE ME STATE OF THE STATE OF	NGC TO THE OWN THE STATE OF THE
a Debt-financed property			 		
b Not debt-financed property					
Net rental income or (loss) from personal property					
7 Other investment income	1		 10 		
Gain or (loss) from sales of assets other than invento	-		18	5,575.	
Net income or (loss) from special events			↓		
Gross profit or (loss) from sales of inventory .				***	
Other revenue: a			ļ—ļ		
b					
С				,	
d					
e					
Subtotal. Add columns (b), (d), and (e)	45 19 E.M.		(A)	64,609.	
ee worksheet in line 13 instructions to verify cal	culations.)			13	
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activitie	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Execution income is reported in	empt Purpon column (e	oses of Part XVI-A contrib	64,609
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ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
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ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (epp providing	oses of Part XVI-A contrib	64,609
ine No. Explain below how each activ	culations.) s to the Ac	complishment of Examination income is reported in the purposes (other than the purposes)	empt Purpon column (e	oses of Part XVI-A contrib	64,609

Form 990-PF ((2011)			6	1-64233	02		Page 13
Part XVII	Information F Exempt Orga		ansfers To and Transact	ions and	Relation	ships With No	ncharit	able
			engage in any of the following	_			127,27,000	Yes No
	izations?	ode (other than	section 501(c)(3) organizatio	ns) or in se	ction 527,	relating to politica		
_		a foundation to	a noncharitable exempt orga	nization of:				
	· ·	•				, , , , , , , , , , , ,	1a(1)	X
								X
b Other	transactions:							
			pt organization					X
			le exempt organization					X
			assets					X_
								X
								X
			or fundraising solicitations					X
			s, other assets, or paid emplo					
			s," complete the following s ces given by the reporting fo					
			ement, show in column (d)					
(a) Line no	(b) Amount involved		oncharitable exempt organization			ers, transactions, and sh		
				1				
								-
					-h			
-								
				 				
				 				
			· · · · · · · · · · · · · · · · · · ·	 				
				 		_		
				<u> </u>				
				1				
								
2a Is the	foundation directly	or indirectly affi	liated with, or related to, or	ne or more	tax-exemp	t organizations		
			her than section 501(c)(3)) or				Ye	s X No
	<u>," complete the follov</u>					١		
	(a) Name of organization	n	(b) Type of organization			(c) Description of relation	onship	
								
			· · · · · · · · · · · · · · · · · · ·					
Utada						a she had of my broad	odos and h	aliaf at at true
Sign Sign	and complete Declaration of	re that I have examin forebaser (other than ta	ed this return, including accompanying a expayer) is based on all information of which	preparer has an	knowledge	to the best of my knowl	oge and be	nier, it is true,
	Millia X	(hm k	Q 03/15/2013	TOTICT	OFFICE	May the	IRS discuss	
lere Sign	eture of officer or trustee	97	Date	Title	OFFICE	with the (see instruc	preparer 6	Yes No
	11	RUSTEE	Date	11110		1886 IIISTI UC] 165
•	Print/Type preparer's		Preparer's signature		Date	Check if	PTIN	
Paid						self-employed	1	
reparer	Firm's name		- J			Firm's EIN ▶		
Jse Only	Firm's address ▶	·		-				
						Phone no.		
							Form 99 (0-PF (2011)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number			
	OUGIALIS FOUNDATION FOR	61-6423302			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
	red by the General Rule or a Special Rule .), or (10) organization can check boxes for both the General Rule and a S	special Rule. See			
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	r more (in money or			
Special Rules					
under sections 509(a)(1	organization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vı) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	year, a contribution of			
during the year, total co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
during the year, contribution of total to more than \$ year for an exclusively of applies to this organization.	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				
990-EZ, or 990-PF), but it must ar	ot covered by the General Rule and/or the Special Rules does not file Sclaswer "No" on Part IV, line 2, of its Form 990; or check the box on line H	of its Form 990-EZ or on			
raπ i, line 2, of its Form 990-PF, to	o certify that it does not meet the filing requirements of Schedule B (Forr	n 990, 990-E∠, or 990-PF).			

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Employer Identification number Name of organization CONSTANTINE & HELEN POUGIALIS FOUNDATION FOR 61-6423302 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** ___1_ CONSTANTINE POUGIALIS RESIDUAL TRUS Person Payroll P O BOX 2886 1,850,520. Noncash (Complete Part II if there is MOBILE, AL 36652-2886 a noncash contribution.) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZiP + 4 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

Employer identification number 61-6423302

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	SECURITIES		
		\$\$.	05/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	· ·

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CONSTANTINE & HELEN POUGIALIS FOUNDATION FOR

61-6423302

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

NAME AND ADDRESS

CONSTANTINE POUGIALIS RESIDUAL TRUS P O BOX 2886 MOBILE, AL 36652-2886

3455001146

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	1 1 1 1 1 1	4,701.	4,701.	
ADJUSTED NET INCOME	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	
NET INVESTMENT INCOME	1 1 1 1		NONE	** 6
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,701.	4,701.	
DESCRIPTION	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	LEGAL FEES - INCOME (ALLOCABLE	TOTALS	

STATEMENT

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STATEMENT

FORM 990PF, PART I - TAXES

	NET	INVESTMENT	INCOME	1 1 1 1 1 1
REVENUE	AND	EXPENSES	PER BOOKS	

1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50.	50.
1 1 1 1 1 1 1	295.	295.

TOTALS

FEDERAL ESTIMATES FOREIGN TAX PAID

DESCRIPTION

- U.S. AND STATE OBLIGATIONS . CONSTANTINE & HELEN POUGIALIS FOUNDATION FOR FORM 990PF, PART II

61-6423302

ENDING FMV	54,914. 58,274. 83,303. 86,189. 52,399. 51,958. 51,023. 79,517. 60,365. 82,847. 82,394. 27,528.
ENDING BOOK VALUE	52,116. 51,151. 76,271. 50,117. 51,070. 50,905. 49,758. 75,646. 51,761. 50,772. 76,188. 74,750. 25,763.
DESCRIPTION	ALBURQUERQUE NM MUN SCH DIST ARIZONA ST TRANSN BRD HWY SER CHICAGO ILL REF-SER C TAXABLE DAVIS CNTY UTAH SCH DIST SCH FORT WORTH TEX GEN PURP CLOUCESTER CNTY N J JOHNSON CNTY KS UNIF SCH DIST LEESBURG FL UTILITIES REF-SER MISSOURI ST ENVIR IMPT & ENERG OKLAHOMA CAP IMP AUTH ST HWY PIERCE CNTY WASH SCH DIST NO SIOUX FALLS S D SALES TAX SER TEXAS ST TRANSN COMMN-MOBILITY WEST HARTFORD CONN REF-SER B

61-6423302

FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV 	26,328. 46,345. 10,274. 113,0016. 113,0016. 114,346. 113,064. 113,264. 125,987. 113,264. 126,905. 13,264. 13,264. 13,264. 14,462.	1,61 6,43
ENDING BOOK VALUE	9,625 11,34,493. 100,1237. 100,01455. 112,037. 112,037. 111,127. 111,2491. 111,2491. 111,2491. 111,2491. 111,2491. 111,2491. 111,671.	0,26
DESCRIPTION	AFLAC INC ABBOTT LABS BLACKROCK INC BRISTOL MYERS SQUIBB CO CATERPILLAR INC CHEVRON CORP DARDEN RESTAURANTS INC DOMINION RES INC VA NEW DR PEPPER SNAPPLE GROUP INC EXELON CORP EXXON MOBIL CORP GENERAL ELECTRIC CO ILLINOIS TOOL WORKS INC J P MORGAN CHASE & CO ILLINOIS TOOL WORKS INC J P MORGAN CHASE & CO MATTEL INC MATTEL INC MATTEL INC MATTEL INC MATTEL INC MATTEL INC MATTEL INC MATTEL INC PROCORP NEXTERA ENERGY, INC. NUCOR CORP POUR BANK CORP PROCORP 3M CO TRAVELERS COMPANIES, INC.	

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FORM 990PF, PART II - CORPORATE STOCK

. CONSTANTINE & HELEN POUGIALIS FOUNDATION FOR

ENDING FMV 	16,085. 40,820. 32,304. 5,848. 24,441. 30,634. 14,775. 708,763.
ENDING BOOK VALUE	14,555. 22,763. 8,470. 5,016. 16,915. 17,390. 12,103
DESCRIPTION	US BANCORP DEL UNITED TECHNOLOGIES CORP VERIZON COMMUNICATIONS WELLS FARGO & CO ISHARES RUSSELL 2000 STANDARD & POOR'S MIDCAP 400 ISHARES MSCI EMERGING MKT TOTALS

9

FORM 990PF, PART II - CORPORATE BONDS

. CONSTANTINE & HELEN POUGIALIS FOUNDATION FOR

61-6423302

ENDING FMV	59,775. 59,115. 58,290. 29,176. 28,098. 57,068.
ENDING BOOK VALUE	49,900. 54,380. 51,219. 24,738. 24,278. 49,499.
DESCRIPTION	ARCHER DANIELS MIDLAND CO NON-BERKSHIRE HATHAWAY FIN DTD CISCO SYSTEMS INC CALLABLE GENERAL ELECTRIC CO DTD MERCK & CO. INC. DTD PHILIP MORRIS INTL INC DTD TOTALS

FORM 990PF,	PART	III	- OTHER	INCREASES	IN NET	WORTH	OR	FUND	BALANCES	
	=====	====	=====	=======================================	=====	=====	====	:====		
DESCRIPTION									AMOUNT	
ROUNDING										4.
				TOT	AL				·	4.
									========	===

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUN	ND BALANCES
DESCRIPTION	TAUOMA
DIFFERENCE BETWEEN FUNDING FMV AND COST BASIS AMORTIZATION	350,943. 2,123.
TOTAL	353,066.

61-6423302

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

OFFICER NAME: REGIONS BANK

ADDRESS:

715 S. Fort Harrison Ave CLEARWATER, FL 33756

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

18,777. COMPENSATION

OFFICER NAME:

GEORGE ANATASAKIS

ADDRESS:

634 EDGEWATER AVENUE APT. #344

DUNEDIN, FL 34698

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

18,778. COMPENSATION

TOTAL COMPENSATION:

37,555.

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue								
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
		Additional (Not Automatic) 3-Mo						
Do not comp	lete Part II u	<i>ınless</i> you have already been gran	ited an aut	omatic 3-month extensi	on on a previously filed	l For	m 886	8.
a corporation 8868 to req Return for instructions).	n required to uest an ext Transfers A For more o	You can electronically file Form of file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Personal letails on the electronic filing of the	nal (not au forms liste I Benefit (nis form, vi	tomatic) 3-month extended in Part I or Part II will Contracts, which must sit www.irs.gov/efileance	sion of time. You can th the exception of Fo be sent to the IRS d click on e-file for Cha	electi orm (in p	ronica 8870, paper	Ily file Form Information format (see
Part I Au	tomatic 3-	Month Extension of Time. On	ly submit	original (no copies ne	eeded).			
A corporation	n required t	o file Form 990-T and requesting	an automa	tic 6-month extension -	check this box and cor	nplet	:e	
Part I only .								▶ 🔲
All other corp	oorations (in	cluding 1120-C filers), partnershij	os, REMICs	, and trusts must use Fo	rm 7004 to request an	exte	nsion	of time
to file incom					Enter filer's identify			
Type or	l	empt organization or other filer, see in			Employer identifica	ıtion ı	numbe	r (EIN) or
print		IS FOUNDATION FOR THE	ARTS			400		
File by the	3455001			41	X 61-6			
due date for		eet, and room or suite no. If a P.O box	t, see instruc	tions.	Social security nur	nber ((SSN)	
filing your return See	P O BOX	1 2886 r post office, state, and ZIP code. For a	- foreign ad	t-ass assinatautions				
instructions			a loreign au	ress, see instructions.				
Enter the Ret		AL 36652-2886 r the return that this application is	- for Ifile o		each estural			. 04
Lines the net	uni code io	the return that this application is	s ioi (iiie a	separate application for	each return,	• •		· [0]4]
Application			Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 990-EZ			01	Form 4720				09
Form 990-PF			04	Form 5227				10
Form 990-T (sec. 401(a)	or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other	than above)	06	Form 8870				12
 If this is fo for the whole a list with the 1 I reques until for the control or the control	No. > nization doe r a Group Re group, che names and an automa	es not have an office or place of beturn, enter the organization's fouck this box	usiness in ir digit Gro it is for pa on is for. oration rec	up Exemption Number (rt of the group, check th quired to file Form 990-	this box		If tl and at	
≥ X 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	► X tax year beginning 05/12, 2011, and ending 04/30, 20 12.							
		is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the t	entative tax, less any		1.	
		its. See instructions.				3а	\$	642.
		is for Form 990-PF, 990-T,						005
		ents made. Include any prior year				3b	\$	295.
		act line 3b from line 3a. Include		ent with this form, if rec	quired, by using EFTPS	3с	œ	347.
		Tax Payment System). See instruction of the instruction of the second of		with this Form 8869	see Form 8453-FO s			
payment inst		ig to make an electromic fund v	ricisus awdi	With this 10illi 0000,	300 10111 0433-20 6		J (,0,020 101

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

Form 8868 (Re	ev 1-2012)				Page 2
 If you are 	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II an	d check this box	▶ X
	complete Part II if you have already been gran				
	filing for an Automatic 3-Month Extension,				
Part II	Additional (Not Automatic) 3-Month Ex			al (no copies need	led).
			Enter	filer's identifying nur	mber, see instructions
	Name of exempt organization or other filer, see in	structions		Employer identifica	tion number (EIN) or
Type or	POUGIALIS FOUNDATION FOR THE	ARTS			
print	3455001146		X	61-6423	3302
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions.	Social security num	iber (SSN)
due date for	P O BOX 2886]	
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions		
instructions.	MOBILE, AL 36652-2886				
Enter the Re	eturn code for the return that this application	is for (file a	separate application for each	return)	0 4
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01			
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	01	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
STOP! Do n	ot complete Part II if you were not already g	ranted an	automatic 3-month extension	on a previously fil	ed Form 8868.
 The book 	s are in the care of ► REGIONS BANK				
Telephon	e No. ► (251) 690-1024		AX No. ► (251)690-13	30	
If the orga	anization does not have an office or place of t	usiness in	the United States, check this b	oox	▶□
If this is fe	or a Group Return, enter the organizati <u>on's</u> for	ur digit Gro	up Exemption Number (GEN)		. If this is
	e group, check this box ▶ 🔲 . If				and attach a
list with the	names and EINs of all members the extension	n is for.			
4 I reque	st an additional 3-month extension of time ur	ntil	03/	15,20 <u>13</u> .	
5 For cal	endar year, or other tax year beginni	ng	05/12 , 20 11 , and e	nding 04	<u>4/30</u> , 20 <u>12</u> .
	ax year entered in line 5 is for less than 12 m			Final return	
c	hange in accounting period			_	
7 State in	n detail why you need the extension <u>ADDI</u>	TIONAL	TIME IS REQUESTED I	N ORDER TO	
GATHE	R THE NECESSARY INFORMATION T	O PREPA	RE		
A CO	MPLETE AND ACCURATE TAX RETUR	N.			
	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentativ	e tax, less any	
	undable credits. See instructions.				a \$ 642.
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundab	ole credits and	
	ted tax payments made. Include any pri	or year o	verpayment allowed as a o		
	t paid previously with Form 8868.	· · <u> </u>			\$ 642.
	e Due. Subtract line 8b from line 8a. Include		ent with this form, if required,	- 1	
(Electro	onic Federal Tax Payment System). See instru				c \$
	Signature and Verifica	tion mus	t be completed for Part	li only.	
Inder penalties	of perjury, I declare that I have examined this form,	including acc	ompanying schedules and statements	s, and to the best of m	y knowledge and belief
t is true, correct	, and complete, and that I am authorized to prepare this fo	rm.			
	() Willia X Z'ham ba				
ignature 🕨	July 25 Christon		Title ► TRUST OFFICER	Date 🕨	12/14/2012
	()			Fo	rm 8868 (Rev. 1-2012)
	V				