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# Hurricane Sandy Preparer Relief

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of the return to satisfy state ref

OMB No 1545-0052 2011

internal R	evenue Service   Note. The Touridation may				
	lendar year 2011 or tax year beginning	07	7/01 , 2011, and endi	<del></del>	06/30 <b>, 20</b> 12
	e of foundation			A Employer identif	
	YOUNG FAMILY CHARITABLE FOUR		<del></del>	13-697645	3
	ber and street (or P.O. box number if mail is not deliv	ered to street address)	Room/su	,	er (see instructions)
	EOS PARTNERS, L.P.			(21	L2) 832 <b>-</b> 5800
320	PARK AVENUE		22ND 1	FL	
City	or town, state, and ZIP code				
				C If exemption applic pending, check here	ation is
NEW	YORK, NY 10022			portaling, or lock from	
G Che	eck all that apply Initial return	Initial return	of a former public char	TITY D 1. Foreign organiza	ations, check here
	Final return	Amended re	turn	2. Foreign organiza	
	Address change	Name chang	е	85% test, check	here and attach
H Che		(c)(3) exempt private f		i i	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			on status was terminated b)(1)(A), check here
		ounting method X C			
-		Other (specify)		I	s in a 60-month termination o)(1)(B), check here
		, column (d) must be on	n cash basis )	· <b></b>	
	Analysis of Revenue and Expenses (The	,	,		(d) Disbursements
	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
2	may not necessarily equal the amounts in column (a) (see instructions) )	books	income	income	purposes (cash basis only)
<b>3</b>				*	(Cash basis Unity)
<b>a</b>	Contributions, gifts, grants, etc received (attach schedule) .  Check fithe foundation is not required to attach Sch. R.			¥	* * * * * * * * * * * * * * * * * * * *
3	attach con b				<del> </del>
וַ וְחַ	Interest on savings and temporary cash investments	1,248.	1,248.		ATCH 1
	Dividends and interest from securities		1,210.		AICH I
	Gross rents		, , , , , ,	<del></del>	<u> </u>
ם <sup>°</sup>	Net rental income or (loss)	2,415.	· · · · · · · · · · · · · · · · · · ·		*
6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	· ·			
<b>E</b>	assets on line 6a		0 415		
P ab 7 8	Capital gain net income (from Part IV, line 2).		2,415.	KE(	FIVEU
<b>0</b> 2 8	Net short-term capital gain			4	(0)
9	Income modifications • • • • • • • • • • • • • • • • • • •			- B FF	1 9 2013 197
'0"	and allowances			8 71	102
l l	Less Cost of goods sold .			<u> </u>	DEN, UT
C	Gross profit or (loss) (attach schedule)		,		DEIV, O.
11	Other income (attach schedule)		2 662		
12	Total. Add lines 1 through 11		3,663.		, , , , , , , , , , , , , , , , , , , ,
13	Compensation of officers, directors, trustees, etc	C			
<sub>တ</sub> 14	Other employee salaries and wages			<del></del>	
မွို့ 15	Pension plans, employee benefits				
[ 16a					1
Operating and Administrative Expenses 12 12 12 12 12 12 12 12 12 12 12 12 12	Accounting fees (attach schedule)ATCH 2	3,570.	1,785.		1,785.
<u>9</u> c				<u> </u>	
E 17	Interest				
18	Taxes (attach schedule) (see instructions)				
를 19	Depreciation (attach schedule) and depletion.				
투 20	Occupancy				
21	Travel, conferences, and meetings				
E 22	Printing and publications				
E 23	Other expenses (attach schedule) ATCH 3	375.	125.		250.
15 24	Total operating and administrative expenses				
be	Add lines 13 through 23	1 2 2 4 5	1,910.		2,035.
O 25	Contributions, gifts, grants paid	685,000.		<del> </del>	685,000.
26	Total expenses and disbursements. Add lines 24 and 25	600 045	1,910.	<u> </u>	0 687,035.
27	Subtract line 26 from line 12	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Excess of revenue over expenses and disbursements	-685,282.			,
	Net investment income (if negative, enter -0-)	133,232.	1,753.		
	Adjusted net income (if negative, enter -0-).		1,733.		<del>                                     </del>
		<del></del>	<u> </u>		

For Paperwork Reduction Act Notice, see instructions.  $^{1\text{E}1410\ 1\ 000}$   $83000\ V$  2532

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Form **990-PF** (2011)

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PAGE 1

Б	art II	Rajance Sheets	description column should be for end-of-year	Beginning of year	End or	year
<u>-</u>	ai ( ii		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bean	ng	1,069,633.	380,688.	
	2	Savings and temporary	cash investments	3,655.	7,318.	7,318.
	3	Accounts receivable 📐				τ
- 1		Less allowance for doul	btful accounts >			
		Less allowance for doul	btful accounts ▶			
			officers, directors, trustees, and other			
i			tach schedule) (see instructions)			
		, , ,	eceivable (attach schedule)			!
			btful accounts >			ı
Assets			e	-		
SS	9		eferred charges			<del></del>
٧			e government obligations (attach schedule).	173,262.	173,262.	200 000
			stock (attach schedule) ATCH 4	1/3,202.	173,202.	200,000
	11 C	investments - corporate investments - land, buildings	bonds (attach schedule)			
	••	and equipment basis Less accumulated deprecia (attach schedule)			-	-
	12	•	loans			
			ach schedule)			
	14	Land, buildings, and	_			· · · · · · · · · · · · · · · · · · ·
		Less accumulated deprecia	ation			, and the second se
	15	(attach schedule)	<b>&gt;</b>			
			completed by all filers - see the			
	10		age 1, item I)	1,246,550	561,268.	588,006
_	17			1,210,3301	301,200.	300,000
			accrued expenses			
	18					,
Liabilities	19					ŀ
Ē	20		ors, trustees, and other disqualified persons			1
ä	21		otes payable (attach schedule)			
_	22	Other liabilities (describe	• ▶)			į
						1
_	23	<del>, , , , , , , , , , , , , , , , , , , </del>	es 17 through 22)	0	u	1
			low SFAS 117, check here ▶			
		and complete lines	24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted				;
Balances	25	Temporarily restricted				
Ba	26	Permanently restricted .				
nd		Foundations that do	not follow SFAS 117,			1
Ŀ		check here and com	plete lines 27 through 31. ▶ 🔀			
Net Assets or Fund	27	Capital stock, trust prin	cipal, or current funds	1,246,550.	561,268.	1
şts	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			!
SS	29	Retained earnings, accum	ulated income, endowment, or other funds			
A	30	Total net assets or fund	d balances (see instructions)	1,246,550.	561,268.	ć
Š	31		net assets/fund balances (see			
		instructions)		1,246,550.	561,268.	!
	art I		anges in Net Assets or Fund I			
			palances at beginning of year - Part		must agree with	-
-			d on prior year's return)			1,246,550
2	Ente	r amount from Part I	line 27a		2	-685,282
2	Othe	r increases not includ	I = -1 I		1 -	000,202
J		lines 1, 2, and 3				561,268
F		reases not included in	line 2 (temize) >	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	301,200
5			alances at end of year (line 4 minus l	ino 5\ Dart II column (h)	- Inc. 20	561,268
0_	rota	THE CASSELS OF TURIO DE	arances at end or year (line 4 minus i	ine 3) - Fart II, COIUITIN (D)	, line 30 6	Form <b>990-PF</b> (2011)

THE YOUNG FAMILY CHARITABLE FOUNDATION 13-6976453 Form 990-PF (2011) Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (c) Date acquired (mo , day, yr ) (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, acquired P-Purchase (mo , day, yr ) 2-story brick warehouse, or common stock, 200 shs MLC Co ) D-Donation SEE PART IV SCHEDULE b C d e (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) b C d (I) Gains (Col (h) gain minus col (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 2,415. If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (d)
Distribution ratio
(col (b) divided by col (c)) Base period years Adjusted qualifying distributions Net value of nonchantable-use assets Calendar year (or tax year beginning in) 1,360,384. 2010 1,814,981. 1.334168 1,202,475. 0.636192 765,005. 2009 401,495. 1,163,369. 0.345114 2008 410,900. 1,215,593. 0.338024 2007 2,259,649. 2006 2,234,043. 0.988668 Total of line 1, column (d) 3.642166 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 0.728433 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 1,165,488. 848,980. Multiply line 4 by line 3 6 18. Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 848,998.

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Part VI instructions

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687,035.

Enter qualifying distributions from Part XII, line 4

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Part	VII-B Statements Regarding Activities for	or Which Form 47	20 May Be Requ	ired (contil	nued)		
5a	During the year did the foundation pay or incur any amou	int to					
	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))?	Yes	X No		
	(2) Influence the outcome of any specific public ele	• .	. ,,				
	directly or indirectly, any voter registration drive?	•	•	· —	X No		
,	(3) Provide a grant to an individual for travel, study, or ot				X No		
	(4) Provide a grant to an organization other than a				١١٠٥ ريت		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	-		_	X No	1	
,	(5) Provide for any purpose other than religious, ch					H	
,	purposes, or for the prevention of cruelty to children				X No		
h	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regard						N/A
						. 5b	11//11
	Organizations relying on a current notice regarding disas				<b>-</b>		
	If the answer is "Yes" to question 5a(4), does the		•				ŀ
	because it maintained expenditure responsibility for the g		• • • • • • • • • •	. L Yes	No		
	If "Yes," attach the statement required by Regulations sec	, ,					
	Did the foundation, during the year, receive any fundation	-					
	on a personal benefit contract?				X No		
	Did the foundation, during the year, pay premiums, directions, the first of the fir	ctly or indirectly, on a p	ersonal benefit contrac	:t?		. 6b	X
	If "Yes" to 6b, file Form 8870						
	At any time during the tax year, was the foundation a pa				X No	ŀ	· -
	If "Yes," did the foundation receive any proceeds or have VIII Information About Officers, Directors	e any net income attrib	utable to the transaction	n? U:abb Da	d Familia	. 7b	_ X
	and Contractors		_	-		ees,	
1	List all officers, directors, trustees, foundation r		compensation (see	instruction	s).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributemployee ber and deferred co	efit plans		se account, owances
TTA	ACHMENT 5		0		q		
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see	instructions	s). If n	one, ente
	Compensation of five highest-paid employees	Υ		(d) Contribi	utions to		
	Compensation of five highest-paid employees	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	one, ente
	Compensation of five highest-paid employees	(b) Title, and average		(d) Contribi employee	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	utions to benefit deferred	(e) Expens	se account,

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# THE YOUNG FAMILY CHARITABLE FOUNDATION

Form 990-PF (2011)		Page
Part VIII Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	nagers, Highly Paid Employ	ees,
3 Five highest-paid independent contractors for professional services (see insti	ructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
C.A. L		·
Total number of others receiving over \$50,000 for professional services	·····	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 NOT APPLICABLE		
`		
***************************************		
2		····
		· · · · · · · · · · · · · · · · · · ·
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	<u>-</u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 NONE		
***************************************		
2		
All other program-related investments. See instructions		
3 NONE		
U 110112		li .
Total, Add lines 1 through 3		

Form 990-PF (2011)

Form **990-PF** (2011)

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

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) Years prior to 2010 Corpus 2010 2011 Distributable amount for 2011 from Part XI, 58,256. Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only . . . b Total for prior years 20 09 20 08 20 07 Excess distributions carryover, if any, to 2011 a From 2006 ..... 2,122,461. **b** From 2007 . . . . . . 354,277. 343,369. c From 2008 . . . . . . . d From 2009 . . . . . . 704,881. e From 2010 . . . . . . 1,747,402. 5,272,390. f Total of lines 3a through e 4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 687,035. a Applied to 2010, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . 58,256. d Applied to 2011 distributable amount .... 628,779. e Remaining amount distributed out of corpus ... Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: 5,901,169 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 ......... Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not 2,122,461. applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012. 3,778,708. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 354,277. a Excess from 2007 . . . b Excess from 2008 . . . 343,369. c Excess from 2009 . . . 704,881. 1,747,402. d Excess from 2010 . . . e Excess from 2011 . . . 628,779.

Form 990-PF (2011)

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factors

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Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation		A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	0, 0000101101010101010101010101010101010			· · · · · · · · · · · · · · · · · · ·
,				
ATTACHMENT 6				
			1	
	İ		<b>,</b>	
	1			
Total				685,000.
b Approved for future payment	<u> </u>	<del></del>		003,000.
<b>b</b> Approved for fature payment		}		
		}		
	[			
Total	<u> </u>			,

Page **12** 

er gross amounts unless otherwise indicated	(a)	ated business income (b)	i	section 512, 513, or 514 (d)	(e) Related or exempt
Program conges revenue	Business code	1	(c) Exclusion code	(a) Amount	function income
Program service revenue a					(See instructions)
<del></del>			1		
b					·
d					
e					
f					-
g Fees and contracts from government agencies					
Membership dues and assessments					
interest on savings and temporary cash investments					
Dividends and interest from securities			14	1,248.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property .					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	2,416.	
Net income or (loss) from special events	<b></b>				
Gross profit or (loss) from sales of inventory . $$ .	<u> </u>	1			
Other revenue a	<u> </u>				
b				· · · · · ·	
<b>c</b>			<del></del>		
d				· · · · <del>- · · · -  </del>	
e	1	1			
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc	culations)				3,6
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities are No.  Explain below how each activities.	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations and the state of the state	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities  ne No. Explain below how each activity	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations and the state of the state	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations and the state of the state	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations are supplied to the substitution of the foundation of the substitution of the substi	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce art XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations are supplied to the columns.	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce art XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations are supplied to the columns.	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce art XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations are supplied to the columns.	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the columns (b). (d), and (e)  Relationship of Activities accomplishment of the foundations (b), (d), and (e)	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calce the No.  Explain below how each activities accomplishment of the foundations.	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No.  Explain below how each activity accomplishment of the foundations are supplied to the substitution of the foundation of the substitution of the substi	culations) s to the Ac	ccomplishment of l	Exempt Purpo	oses  of Part XVI-A contribu	ited importantly to
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mbursement arrangers or loan guaranteer formance of services of facilities, equipmenswer to any of the goods, other any transaction or (b) Amount involved	ements	or fundraising solicitation other assets, or paid em complete the following given by the reporting ent, show in column (	ployees	should always show the dation received less than s, other assets, or service	fair ma	X X X arke
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formance of service g of facilities, equipn answer to any of the of the goods, other n any transaction of (b) Amount involved	es or membership on ment, mailing lists, on me above is "Yes," assets, or services sharing arrangem	or fundraising solicitation other assets, or paid em complete the following given by the reporting ent, show in column (	ployees	should always show the dation received less than s, other assets, or service	fair ma	X arke arke
g of facilities, equipn answer to any of the of the goods, other of any transaction of (b) Amount involved	nent, mailing lists, on the above is "Yes," assets, or services sharing arrangem	other assets, or paid em complete the following given by the reporting ent, show in column (	ployees	should always show the dation received less than s, other assets, or service	fair ma fair ma s rece	X arke arke
answer to any of the fifthe goods, other any transaction of (b) Amount involved	ne above is "Yes," assets, or services r sharing arrangem	complete the following given by the reporting ent, show in column (	g schedule Column (b) s g foundation If the found d) the value of the goods (d) Description of transi	should always show the dation received less than s, other assets, or service	fair m	arke arke
of the goods, other in any transaction or (b) Amount involved	assets, or services r sharing arrangem	given by the reporting ent, show in column (	g foundation If the found d) the value of the goods (d) Description of transi	dation received less than s, other assets, or service	fair m	ark ive
	(c) Name of noncl	naritable exempt organization	<u> </u>	fers, transactions, and sharing arra	ingemen	ts
N/A			N/A			
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oed in section 501(c	) of the Code (other				es X	] N
		(b) Type of organization	on	(c) Description of relationship		
(=) or organizatio		/-/ . 150 o. a. 20. uran		-,		
	<del></del>					
	——————————————————————————————————————					_
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)	ed in section 501(c " complete the follo		ed in section 501(c) of the Code (other than section 501(c)(3) " complete the following schedule	ed in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	" complete the following schedule	ed in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X

Sign Here	correct	and tor			ned this return including accompanyin expayer) is based on all information of with Date			May the IRS discuss this return with the preparer shown below (see instructions)?
Paid Prepa	i	Print/	<sub>Type</sub> elyn	preparer's name M Capassakis	Preparer's signature  USECOOPERS LLR	<i></i>	Date 02/08/2013	(see instructions)? Yes X No  Check if PTIN self-employed P00737438  a's EIN ▶13-4008324
Use O	nly			ess ► 300 MADISON				10 CH P 10 100001

Form **990-PF** (2011)

Phone no 646-471-3000

NEW YORK, NY

THE YOUNG FAMILY CHARITABLE FOUNDATION 13-6976453
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description			OI L	Date acquired	Date sold	
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	Н	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	Ц	or (loss)	
		TOTAL LONG-	TERM CAPITA	L GAIN DIVI	DENDS	П	2,415.	
						П		
						$\  \ $		
rotal gain(L	oss)						2,415.	
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83000V 2	2032		V 11-6	0.4	4356000			PAGE

v 11-6.2

FROM SECURITIES	
FROM	
S AND INTEREST	
AND	
DIVIDEND	
Н	
, PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	1,248.	1,248,
REVENUE AND EXPENSES PER BOOKS	1,248.	1,248.
		TOTAL
DESCRIPTION	CHARLES SCHWAB	

# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,785.	1,785.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,785.	1,785.
REVENUE AND EXPENSES PER BOOKS	3,570.	3,570.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

4356000

# PART I - OTHER EXPENSES FORM 990PF,

	NET	INVESTMENT	INCOME	125.		
REVENUE	AND	EXPENSES	PER BOOKS	250.	125.	
			DESCRIPTION	NYS DEPT OF LAW	PUBLICATION FEE	

TOTALS

CHARITABLE PURPOSES 125.
--------------------------

ATTACHMENT 3 PAGE 17

STOCK	
CORPORATE	
-1	
ΙΙ	
PART	
990PF,	
FORM	

ENDING <u>FMV</u>	200,000.
ENDING BOOK VALUE	173,262.
BEGINNING BOOK VALUE	173,262.
DESCRIPTION	GENERAL AMERICAN INVESTORS TOTALS

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

EXPENSE ACCT AND OTHER ALLOWANCES	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0
COMPENSATION	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE	GRAND TOTALS
NAME AND ADDRESS	BRIAN D. YOUNG 320 PARK AVE., 22ND FLOOR NEW YORK, NY 10022	

v 11-6 2

FORM 990PE, PART AV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ANNUAL BISHOPS APPEAL DIOCESE OF BRIDGEPORT 525 PALISADE AVENUE BRIDGEPORT, CT 06610	NONE SEC 501(C)(3)	CHARITY	100,000
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	NONE 501 (C) (3)	CHARITY	000,000
CTY/NEXT GENERATION VENTURE FUND MCAULEY HALL 5801 SMITH AVE, SUITE 400 BALTIMORE, MD 21209	NONE 501 (C) (3)	CHARITY	60,000
HOLY FAMILY PASSIONIST RETREAT CENTER 303 TUNXIS ROAD WEST HARTFORD, CT 06107-3199	NONE 501 (C) (3)	CHARITY	25,000

TOTAL CONTRIBUTIONS PAID

685,000

ATTACHMENT 6 PAGE 20

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

	or estate of this: HE YOUNG FAMILY CHARITABLE FOU	JNDATION			13-69764		lambei
Note:	Form 5227 filers need to complete only Par	ts I and II			1		
Part				ar or Less	1		(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other I		the entire year Subtract (e) from (d)
1a			·	<del></del>			oubtract (e) from (u)
			-				
							•
						$\overline{}$	
b	Enter the short-term gain or (loss), if any, fr	om Schedule D	-1, line 1b			1b	
	•						
2	Short-term capital gain or (loss) from Form	s 4684, 6252,	6781, and 882	<sup>4</sup> <i></i>		2	
•	Net short-term gain or (loss) from partners	hina Saamara	tions and other	octatos or tructo		3	
	Short-term capital loss carryover Enter						
	Carryover Worksheet		-			4	(
5	Net short-term gain or (loss). Combine I	lines 1a throug	gh 4 in colum	n (f) Enter here an	d on line 13,		
	column (3) on the back				<u></u>	5	
Par	Long-Term Capital Gains and Los	1		nan One Year	(-) ()	<b>.</b>	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		the entire year Subtract (e) from (d)
6a							
LC	NG-TERM CAPITAL GAIN DIVIDEND	\$					2,415.
					ļ		
		I	L				
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	-1, line 6b			6 b	
						l _	
7	Long-term capital gain or (loss) from Form	is 2439, 4684,	6252, 6781, ai	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nins S corporat	ions and other	estates or trusts		8	
	The long term gam or (1995) from partitions.						
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I Long-term capital loss carryover Enter to	the emerce of			Contol Loss	10	
11	Carryover Worksheet					11	(c
12	Net long-term gain or (loss). Combine lii	nes 6a through	n 11 in colum	n (f) Enter here and	on line 14a,	<u> </u>	<del> </del>
	column (3) on the back					12	2,415.
For F	aperwork Reduction Act Notice, see the Instru					hedul	le D (Form 1041) 201

chedule D (Form 1041) 2011			Page 2
Part III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part	(see instr )	or trust's	(0) 10141
Net short-term gain or (loss)13			
Net long-term gain or (loss):			
a Total for year			2,415
b Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
c 28% rate gain14c			
Total net gain or (loss). Combine lines 13 and 14a			2,415
ote: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For iins, go to Part V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complet	m 990-T, Part I, line 4a e Part IV and the <b>Capita</b>	a) If lines 14a and 15 I Loss Carryover Works	5, column (2), are ne s <b>heet</b> as necessary
art IV Capital Loss Limitation	or are to and the supre	2000 021,70707 1701110	mood as necessary
Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part i, li	ne 4c. if a trust), the sr	naller of	
a The loss on line 15, column (3) or b \$3,000 or if Form 1041, page 1, line to loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line	e 22 (or Form 990-T, li	ne 34), is a loss, comp	lete the Capital Loss
arryover Worksheet in the instructions to figure your capital loss carryover	·		
art V Tax Computation Using Maximum Capital Gains Rates			
orm 1041 filers. Complete this part only if both lines 14a and 15 in column (2	,	nount is entered in l	Part I or Part II and
ere is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that aution: Skip this part and complete the Schedule D Tax Worksheet in the instruc			
Either line 14b, col (2) or line 14c, col (2) is more than zero, or	Stions II		
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
orm 990-T trusts. Complete this part only if both lines 14a and 15 are gain	ns, or qualified divide	ends are included i	n income in Part I
Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and co	mplete the Schedule	D Tax Worksheet	in the instructions
either line 14b, col (2) or line 14c, col (2) is more than zero			
Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
B Enter the smaller of line 14a or 15 in column (2)			
but not less than zero			
9 Enter the estate's or trust's qualified dividends			
from Form 1041, line 2b(2) (or enter the qualified			
dividends included in income in Part I of Form 990-T) 19		1	
0 Add lines 18 and 19			
1 If the estate or trust is filing Form 4952, enter the	<del></del>		
amount from line 4g, otherwise, enter -0 ▶ 21			
2 Subtract line 21 from line 20 If zero or less, enter -0-	22		
3 Subtract line 22 from line 17 If zero or less, enter -0-	23		
Outstate file 22 from file 17 if 2010 of 1035; Chief 45- , , , , , , , , , ,			
4 Enter the smaller of the amount on line 17 or \$2,300	24		
5 Is the amount on line 23 equal to or more than the amount on line 24?			
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.			
No. Enter the amount from line 23	25		
6 Subtract line 25 from line 24	26		
7 Are the amounts on lines 22 and 26 the same?			
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	1 1	
103. Skp lines 27 till 30, go to line 31	2,		
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
9 Subtract line 28 from line 27	29		
0 Multiply line 29 by 15% ( 15)		30	
1 Figure the tax on the amount on line 23 Use the 2011 Tax Rate Sch			
(see the Schedule Ginstructions in the instructions for Form 1041)			
(222 m. Command Chick action and the mentioned for Form For F)		• • • • • • • • • • • • • • • • • • • •	
2 Add lines 30 and 31		32	
3 Figure the tax on the amount on line 17 Use the 2011 Tax Rate Sch		· · · · · <del>  </del>	
(see the Schedule Ginstructions in the instructions for Form 1041)		1 1	
4 Tax on all taxable income. Enter the smaller of line 32 or line 33 here a			<del>-</del>
G, line 1a (or Form 990-T, line 36).			
			le D (Form 1041) 20

JSA 1F1220 2 000

## FEDERAL FOOTNOTES

# PART XV- SUPPLEMENTAL INFORMATION

THE SCHEDULE DETAILING CONTRIBUTIONS PAID DURING THE YEAR REFLECTS CONTRIBUTIONS DISTRIBUTED TO ORGANIZATIONS DEVOTED TO THE FIELDS OF MEDICAL SERVICE, COMMUNITY SERVICE, EDUCATION, AND THE LIKE. NO PAYMENTS WERE MADE TO RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, OR TO ANY PERSON OR CORPORATION HAVING AN INTEREST IN THE CORPORATION, SUCH AS CREATOR, DONOR, ETC. NONE OF THE PAYMENTS ARE TO PRIVATE FOUNDATIONS. ALL CONTRIBUTIONS PAID ARE FOR THE GENERAL PURPOSE AND USE OF THE RECIPIENTS.

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83000V 2532 V 11-6.2 4356000 PAGE 23

## FEDERAL FOOTNOTES

# PART 1- STATEMENT RE ALLOCATION OF ADMINISTRATIVE EXPENSES

ACCOUNTING FEES WERE ALLOCATED 1/2 FOR INVESTMENT ACTIVITIES AND 1/2 FOR CHARITABLE DONATION ACTIVITIES. MOST GENERAL EXPENSES WERE ALLOCATED 1/2 FOR INVESTMENT ACTIVITIES AND 1/2 FOR CHARITABLE DONATION ACTIVITIES. CERTAIN ADMINISTRATIVE EXPENSES WERE ALLOCATED 100% TO INVESTMENT ACTIVITIES WHERE APPLICABLE.

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83000V 2532 V 11-6.2 4356000 PAGE 24

(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	Department of the Treasury Internal Revenue Service  File a separate application for each return.							
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)</li> </ul>								
Do not comp	olete Part II u	<i>inless</i> you have already been grar	nted an aut	tomatic 3-month extens	sion on a previously file	ed Form 8868	3	
a corporatio 8868 to req Return for instructions)	n required t juest an ext Fransfers A For more o	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of the	nal (not aut forms liste I Benefit ( nis form, vis	omatic) 3-month exten d in Part I or Part II wi Contracts, which must sit www.irs.gov/efile.and	ision of time. You can ith the exception of F t be sent to the IRS d click on e-file for Cha	n electronicall Form 8870, I S in paper fo	ly file Form Information ormat (see	
		Month Extension of Time. On	<u> </u>	<del></del>	<del></del>			
		o file Form 990-T and requesting				•		
Part I only	,				<u> </u>		▶∟	
		including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use f				
to file incom		s empt organization or other filer, see in	ctructions	****-	Enter filer's identify			
Type or	I Name of ex	tempt organization of other filer, see in	Structions		Employer identifi	cation number (	(EIN) or	
print	THE YOU	JNG FAMILY CHARITABLE FO	רוואורא יידע	ONI.	X 13-69764	5.2		
File by the		reet, and room or suite no If a P O box			Social security nu			
due date for filing your	C/O EOS	S PARTNERS, L.P.			Goodal Scoulity Ha	mber (GGIV)		
return See		or post office, state, and ZIP code For	a foreign add	dress, see instructions	<u> </u>			
instructions	NEW YOR	RK, NY 10022						
Enter the Re	turn code f	or the return that this application i	s for (file a	separate application fo	or each return)		. 0 4	
			,. <del></del>					
Application			Return	Application			Return	
Is For			Code	ls For			Code	
Form 990	<del></del>		01	Form 990-T (corporat	ion)		07	
Form 990-BI			02	Form 1041-A			08	
Form 990-E2			01 04	Form 4720 Form 5227			09	
	•	a) or 408(a) trust)	05	Form 6069			10	
Form 990-T			06	Form 8870			12	
	(						<del>-</del>	
Telephone If the orga If this is for the whole	e No ▶ anization do or a Group F e group, ch	care of ► TAXPAYER  212 832-5800  les not have an office or place of lace.  Return, enter the organization's foreck this box ► If the lace of the lace	— business in ur digit Gro f it is for pa	up Exemption Number (	(GEN)		-	
1 I reque	st an auton	natic 3-month (6 months for a cor	•	•	•			
until 02/15 , 20 13 , to file the exempt organization return for the organization named above The extension is for the organization's return for   calendar year 20 or   X tax year beginning 07/01 , 2011 , and ending 06/30 , 20 12								
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period								
	• -	ıs for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less an	ıy		
		dits See instructions				3a \$	18.	
		n is for Form 990-PF, 990-T,		•				
		ments made Include any prior yea				3b \$	3,646.	
		tract line 3b from line 3a Include		ent with this form, if re	quired, by using EFTP	1 1		
	(Electronic Federal Tax Payment System) See instructions 3c \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for							
Caution. II	tructions	ing to make an electronic fulld V	villiui awa!	with this Pulli 0008,	See FUIII 0403-EU	and FOITH 60	318-EU 101	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. 158 158054 4 000 83000V 2532

Form 8868 (Rev 1-2012)