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Form **990-PF**

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

2012

OMB No 1545 0052

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

<u> </u>	For ca	lendar year 2012, or tax year beginning	, 2012	, and ending	,	
	7 CH	CAI FAMILY FOUNDATION IAPARRAL CT FLORES, CA 92688			A Employer identification no. 01-0788855 B Telephone number (see the	
-		eck all that apply Initial return	Initial return of a fori	mor public charity	C If exemption application i	
	J	Final return	Amended return	ner public charity	D 1 Foreign organizations, che	<u>L</u>
7		Address change	Name change	foundation	2 Foreign organizations med here and attach computat	eting the 85% test, check
ľ	1 (Check type of organization X Section 50 Section 4947(a)(1) nonexempt charitable	1(c)(3) exempt private trust Other taxable		E If private foundation statu	is was terminated
7		air market value of all assets at end of year J Ac	counting method XC		under section 507(b)(1)(A	
	() ► §	from Part II, column (c), line 16)	Other (specify) I, column (d) must be oi		F If the foundation is in a 6 under section 507(b)(1)(E)	
Γ		Analysis of Revenue and	(a) Revenue and	(b) Net investment	1	(d) Disbursements
		Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	evnenses ner hooks	income	income	for charitable purposes (cash basis only)
_		1 Contributions, gifts, grants, etc, received (att sch)	152,421.			
		2 Ck I if the foundn is not req to att Sch B 3 Interest on savings and temporary	\$ my sty ** * * * * * * * * * * * * * * * * *	1. 美国大学		1 15 24 A 18 18 1
<u></u>		cash investments	32.	32	2. 32.	
2013		4 Dividends and interest from securities 5 a Gross rents				
e V		b Net rental income or (loss)	35 gr " 6gr 44'0" 14		, , , ,	
=	R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all		The state of the s	7 3 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>S</u>	V E	7 assets on line 6a Capital gain net income (from Part IV, line 2)		is is it is the is		
	Ñ.	8 Net short-term capital gain	The wife of the state of the	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12 (公教 ***) *** *** *** *** *** *** *** *** *
SCANNED	Ĕ	9 Income modifications 10 a Gross sales less returns and				
		allowances b Less Cost of			, " () "Far .	
Ö		goods sold c Gross profit/(loss) (att sch)				2-15-15-15-15-15-15-15-15-15-15-15-15-15-
Q))	11 Other income (attach schedule)		1996 277 (2742)	**	
		12 Total. Add lines 1 through 11	152,453.	32	2. 32.	A CONTRACTOR OF THE STATE OF TH
		13 Compensation of officers, directors, trustees, etc.	0.		52.	**
		14 Other employee salaries and wages15 Pension plans, employee benefits	F	RECEIV		
	А	16a Legal fees (attach schedule)		1/6/1/2/1/		
	D M	b Accounting fees (attach sch) See St 1	800		0	
	O I P S	c Other prof fees (attach sch) 17 Interest		S NUV U 4		
	P S T R	18 Taxes (attach scheduleXsee instrs)		OGDEN,	TT	
	A A	19 Depreciation (attach sch) and depletion		OODEIV,		* 1 21 15
	Ň	20 Occupancy				
		21 Travel, conferences, and meetings 22 Printing and publications				<u> </u>
	N X	23 Other expenses (attach schedule)				
	A X P E N S E S	See Statement 2 Total operating and administrative	421.			
	Ě	expenses. Add lines 13 through 23	1,221.			
		25 Contributions, gifts, grants paid Part XV 26 Total expenses and disbursements.	182,521.	/ / X R 3		182,521.
_		Add lines 24 and 25	183,742.			182,521.
		27 Subtract line 26 from line 12: a Excess of revenue over expenses		d - D w ga		, 1 3 8 6 Co
		and disbursements	-31,289.	-1 3 2 1 21		
		D Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		32	32.	A see to design of
E	BAA F	or Paperwork Reduction Act Notice, see in:	28 * *	т	EEA0504L 12/23/12	Form 990-PF (2012)

Page 2

Par		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year	
Far	. 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	4,995.	2,293.		
	2	Savings and temporary cash investments	32,990.	4,403.		
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable		1 0	- 160	
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	`	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)			and the second s	
A S		Less: allowance for doubtful accounts				
A S E T	8	Inventories for sale or use				
E T	9	Prepaid expenses and deferred charges				
Ś	10 a	Investments – U.S. and state government obligations (attach schedule)				
	l t	Investments — corporate stock (attach schedule)				
	, c	: Investments — corporate bonds (attach schedule)				
	11	Investments - land, buildings, and				
		equipment basis.	<u> </u>		**************************************	
		Less accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans	- 			
		Investments – other (attach schedule).				
		Land, buildings, and equipment basis ►	and the state of the state of	# 5/4 \$ 1 kg 1/4	** * * * * * * * * * * * * * * * * * * *	
	'-	Less accumulated depreciation		<u> </u>		
		(attach schedule)				
		Other assets (describe	_)			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	37,985.	6,696.	0.	
L	17	Accounts payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	1964 - 1864 - 1866 J	
I A	18	Grants payable				
B	19	Deferred revenue				
l l	20	Loans from officers, directors, trustees, & other disqualified persons				
Ī	21	Mortgages and other notes payable (attach schedule)				
I	22	Other liabilities (describe ►)			
Ė	22	Total liabilities (add lines 17 through 22)	0.	0.		
<u> </u>	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here		0.		
		and complete lines 24 through 26 and lines 30 and 31.				
NF	24	Unrestricted				
Eυ	25	Temporarily restricted				
D		Permanently restricted	· · · · · · · · · · · · · · · · · · ·	·		
A B S A E L		· ·	х			
SA		and complete lines 27 through 31.				
EL	27	Capital stock, trust principal, or current funds				
SÑ	28	Paid-in or capital surplus, or land, building, and equipment fund				
O E	29	Retained earnings, accumulated income, endowment, or other funds.	37,985.	6,696.		
ŔŠ	30	Total net assets or fund balances (see instructions)	37,985.	6,696.		
	31	Total liabilities and net assets/fund balances (see instructions)	27 005	6,696.	\$P\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Dar	 -	Analysis of Changes in Net Assets or Fund Balar	37,985.	0,090.	÷ 4/ -	
·						
1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)						
2		r amount from Part I, line 27a		2	37,985. -31,289.	
3		Increases not included in line 2 (itemize)		3		
4		lines 1, 2, and 3		6,696.		
5		ases not included in line 2 (itemize)		5		
6		I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b),	- <i></i> 	6,696.	
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Page 3

(a) List and describ	the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
<u>k</u>					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
С					
d					
e					
Complete only for assets show	wing gain in column (h) and owned by			(I) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		ain minus column (k an -0-) o r Losses (fr	
a					
b					
С					
d					
e					
If gain, also enter in Part I, lir in Part I, line 8 Part V Qualification Under (For optional use by domestic prival) If section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not qualify the self-the se	(loss) as defined in sections 1222(5) ne 8, column (c) (see instructions). If er Section 4940(e) for Reduced te foundations subject to the section 4 this part blank ection 4942 tax on the distributable an alify under section 4940(e). Do not come each column for each year, see the	(loss), enter -0- Tax on Net Investme 4940(a) tax on net investme hount of any year in the bas mplete this part	nt income) e period?	N/A Yes	□ No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets (coli	(d) Distributior umn (b) divided	
2011					
2010		 			
2009	-			-	
2008					
2007	-	-			
	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundation	the 5-year base period – divide the to on has been in existence if less than 5	tal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of noncha	iritable-use assets for 2012 from Part	X, line 5	4_		
5 Multiply line 4 by line 3			5	-	
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 1		
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		<u>01-0</u>				F	age 4
	t VI SExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see i					
1 a	Exempt operating foundations described in section 4940(d)(2), check here		Z	Militi	#5. ¥	() ()	٤.
	Date of ruling or determination letter (attach copy of letter if necessary — see_instrs)						
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	- [1				1.
	check here ► and enter 1% of Part I, line 27b		2 4	208		. 8.5	·
•	E All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	<u> </u> -				7/2	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
	foundations only Others enter -0-)	Ļ	2	<u> </u>			0.
3	Add lines 1 and 2	.	3				<u>1.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0)-) -	4	<u> </u>	<u>-</u>		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	-	5				<u>1.</u>
6	Credits/Payments		1000	John Weig	45	Secret A	
	a 2012 estimated tax pmts and 2011 overpayment credited to 2012		`. '&& .	£ 12. 21.	÷		(c) -
	Exempt foreign organizations – tax withheld at source		,			, 32,7 , 32,7	•
	: Tax paid with application for extension of time to file (Form 8868)		,	4, 1	*,*	1 % 1 %	
_	Backup withholding erroneously withheld 6 d		* *	50 at		f=\$ 3.7%	
7	Total credits and payments Add lines 6a through 6d	-	7				<u>0.</u>
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		9				1.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- ⊢	10 11				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax * Refunded t.VII-A- Statements Regarding Activities	_1					
					7.	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt			(* ; ^ 1 a	162	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?				1 b		х
	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	1			**		- 5
	: Did the foundation file Form 1120-POL for this year?				1 c		Х
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation S (2) On foundation managers				3.75 3.15 m	34 Jan	363.2
	(1) On the foundation			0.	4	n M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	foundation managers •\$ 0.			İ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ľ	2	** ~ 14 #***** \\	Х
	If 'Yes,' attach a detailed description of the activities			Ī			· (: -)
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			ŀ			
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	:5			3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		X
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If 'Yes,' attach the statement required by General Instruction T				**************************************		1 23
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					lly-®E Æ dd	
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that confl	ıct		ļ		ئىتىسى <i>ق</i> د	10 - FI
	with the state law remain in the governing instrument?				6	<u>X</u>	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	_		<u> </u>	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		-		3° 4.	
	CA			-	7.7		
b	of 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 <i>General Instruction G? If 'No,' attach explanation</i>				8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' cor	(3) or	49420	()(5)		**********	
10			rari	^''	. 9		X_
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses	2 5			10		<u>X</u>
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11 Al any time during the year, did the foundation, directly or indirectly, own a controlled onlity within the meaning of section 5(2)(0):31 "Yes," atthor's feeding fee indirectors). 12 Out the foundation make a distribution to according to over which the foundation or a disqualified person had abovely privileges? If Yes, attein statement (see instructions). 13 Out the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address 14 The books are in care of ** AMER BOUKAT** 15 Section 497/(2)(1) nonexempt charitable futuals thing form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year. 16 All any time during calendary ear 2012 did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 All any time during calendary ear 2012 did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 17 See the restrictions for occeptors and filing requirements for Form TD F 90.22 i. If Yes, enter the name of the foreign country. 18 Tay VIII-B Statements Regarding Activities for Which Form 4720 May Be Required 19 Flate Form 4720 if any item is checked in the Yes' column, unless an exception applies. 19 Tay United Statements Regarding Activities for Which Form 4720 May Be Required 19 Flate Form 4720 if any item is checked in the Yes' column, unless an exception applies. 10 Jumps the year did the foundation (either directly or indirectly) 11 Engage in the sale or exchange, or lessing of property with a disqualified person? 12 Service and the foundation flate of the foundation or indirectly in the property of the sale of accountry of the foundation applies of the foundation of section 4942 (a) (a) and adjusted person? 12 Form 4940 (a)	Pa	rt VII-A Statements Regarding Activities (Continued)				
advisory privileges? If Yes,* attach statement (see instructions) 10 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address * N/A 1 The books are in care of * AMER_BOUKAI Located at * 7 CHAPPARNL CT LAS FLORES CA 15 Section 4997(3)(1) nonexempt charitable flusts filing form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accured during the year 16 At any time during calendar year 2012, add the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country. See the instructions for exceptions and filing requirements for Form 10 F 90-221. If Yes,* enter the name of the foreign country. **Part VII-B** [Statements Regardling Activities for Which Form 4720 May Be Required File Form 4720 If any item is checked in the Yes' column, unless an exception applies. 1 a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, tend money to, or otherwise extend created to (or accept if from) a disqualified person? (3) Furnish goods, services, or lacitities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any) of either available for the benefit or use of a disqualified person (or make any) of either available for the benefit or use of a disqualified person (or make any) of either available for the benefit or use of a disqualified person? (6) Agree to pay money or property to a government official? (Exception, Check, No' of the foundation agreed to make a grant to or to enquely the difficial form of either available for the benefit or agreed to make a grant to or to enquely the difficial form of either available for the benefit or agreed to the f	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions).		11_	X	_
Website actices **NA** 14 The books are in care of ** AMER_BOIKAT* **Located at ** 7 CHAPPARAL_CT_LAS_FLORES_CA** 21P + 4 ** 92688* **MA** 15 Section 4947(a)(1) nonexempt charitable funsts filing form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accured during the year 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, secritives, or other financial account in a foreign country. See the institutions for exceptions and filing requirements for Form TD F 90-22 i. If Yes, 'enter the name of the foreign country. **Pear-VILB_S_Statements Regarding Activities for Which Form 4720 May Be Required* File Form 4720 if any item is checked in the Yes' column, unless an exception applies. 1 a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official (Exception, Check No if the foundation agreed to make a grant to or to employ the official for a period after fermination or government service, if terminating within 90 days? (6) Agree to pay money or property to the acts fail to qualify under the exceptions described in Regulations section 53 4941 (0): 30 in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? (7) Transfer any property to the foundation have any undistributed income? (If applying section 4	12			12	x	
14 The books are in care of * AMER_BOUKAT Located at * 7 CHAPPARI_CT_LAS_FLORES_CA 15 Section 4947(a)(1) nonexempt charidable frusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendary as 2012, did the foundation are interest in or a signature or other authority over a back science outsity.* 18 A signature of the foundation and filing requirements for Form 17 DF 90-22 1 If Yes, enter the name of the foreign country. 19 Ent-VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 flany item is checked in the Yes' column, unless an exception applies. 1 During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? 2 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 3 Furnish poods, services, or facilities to for accept them from) a disqualified person? 4 Pys Compensation to, or pay or reimburse the expenses of, a disqualified person? 4 Pys Compensation to, or pay or reimburse the expenses of, a disqualified person? 5 Furnish poods, services, or facilities to for accept them from) a disqualified person? 6 Furnish poods, services, or facilities to for accept them from) a disqualified person? 7 Pys No 6 Furnish poods, services, or facilities to for accept them from) a disqualified person? 8 Furnish poods, services, or facilities to for accept them form or disqualified person and the expension of a disqualified person? 9 Pys No 10 Furnish poods, services, or facilities to form the furnish poods or	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	on?	13	Х	
Located at P 7 CHAPPARAT CT LAS FLORES CA		<u> </u>				
15 Section 4947(a)(f) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Cleck here and enter the amount of tax-exempt inferest received or accrued during the year All And my time during calendary year 2012, did the foundation have an inferest in or a signature or other authority over a bank, securities, or other (financial account in a foreign country? See the instructions for exceptions and filing requirements for Form 10F 90.22.1. If Yes, enter the name of the foreign country? See the instructions for exceptions and filing requirements for Form 10F 90.22.1. If Yes, enter the name of the foundation (either directly or indirectly) Retrieval B. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. 1 During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of circle them available for the benefit or use of a disqualified person? (5) Transfer any income or assets to a disqualified person of either termination of circle to person selection and the foundation for acceptance to or	14	The books are in care of ► AMER BOUKAI Telephone no ►				
and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during catendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, secreticis, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If Yes,* enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If Yes,* enter the name of the foreign country. File Form 4720 if any item is checked in the Yes' column, unless an exception applies. 1 a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check Noi if the foundation agreed to make a grant to of to employ the official for a period after termination of povernment service, it terminating within 30 days? Organizations relying on a current notice regarding disaster assistance seeks have a constitutions?? Organizations relying on a current notice regarding disaster assistance (see instructions?) Organizations relying on a current notice regarding disaster assistance that were not corrected before the first day of the tax year beginning in 2012? 1 Taxes on failure to distribute income (section 4942(a)(3) or 4942(a)(3) o		2200 cm / Clim Pringin C1 his 1 hortes ch	38			
At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	15			N/A	▶ []	
See the instrucions of exceptions and filing requirements for Form 17 90-22 I If Yes, enter the name of the foreign country." See the instrucions for exceptions and filing requirements for Form 17 90-22 I If Yes, enter the name of the foreign country.		and enter the amount of tax-exempt interest received or accrued during the year	5			_
Foreign country Part-VII-B Statements Regarding Activities for Which Form 4720 May Be Required	16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		16		_
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Form 990-PF (2012) BOUKAI FAMILY FOU		4700 W D D	01-078	88855	Page 6
Part VII-B Statements Regarding Activit		n 4/20 May Be Red	uirea (continuea)		
5 a During the year did the foundation pay or incu	•	- (a.a.t.a. 4045(a))2	□v _{aa} ⊡	No.	
(1) Carry on propaganda, or otherwise attem (2) Influence the outcome of any specific pub			Yes_X	NO , ,,,	1 1 5 A
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive?		Yes X	No No	7 1 1
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc, on 1 4940(d)(2)? (see instr	rganization described uctions)	☐ Yes 🛚 🗎	٠.	* * * * * * * * * * * * * * * * * * *
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific	c. literary, or	☐ Yes		· ,,,,,
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to	gualify under the excep	tions	5 b	w 📲 .
Organizations relying on a current notice rega	irding disaster assistan	ce check here	► □	30	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No .	(4) 里 (4) 1
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		۽ ۾	73.7
 6 a Did the foundation, during the year, receive at on a personal benefit contract? b Did the foundation, during the year, pay prem 			∐Yes X	No 6 b	
If 'Yes' to 6b, file Form 8870	- -			e) 7	100 200
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D				/A 7b	I I
and Contractors	irectors, trustees,	Foundation Manag	gers, nigiliy Palu E	impioyee	5,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see ins	tructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, illowances
ZIAD BOUKAI 7 CHAPARRAL CT.	President 0	0.	0.		0.
LAS FLORES, CA 92688					
AMER BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688	Treasurer 0	0.	0.		0.
AKIR AM BOUKAI	Director	0.	0.		0.
7 CHAPARRAL CT LAS FLORES, CA 92688	0				
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instruction	ns). If none, enter 'NONE.	I	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation		se account, allowances
None					
					
				- .	
				 -	
Total number of other employees paid over \$50,000	TEEA0306L 1	2/25/12		Form 99 (0)-PF (2012)

0.

Form 990-PF (2012)

Form 990-PF (2012) BOUKAI FAMILY FOUNDATION 01-0788855 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter_NONE. (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service None 0 Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 2 3 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments. See instructions

TEEA0307L 12/22/12

Total. Add lines 1 through 3

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes 1 a A Average monthly fair market value of securities b Average of monthly cash balances 1 b c Fair market value of all other assets (see instructions) 1 c 1 d 0. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 2 Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 0. Minimum investment return. Enter 5% of line 5 0. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 1 Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2012 from Part VI, line 5 2 a 2 b ٠. b Income tax for 2012 (This does not include the tax from Part VI) 2 c c Add lines 2a and 2b 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 5 -1 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 0. Part XII | Qualifying Distributions (see instructions) (/not 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 182,521. 1 b **b** Program-related investments — total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 3.20 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a 3 b **b** Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 182,521 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) 6 182,521. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2012)

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

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2012	, , , , , , , , , , , , , , , , , , , ,			<i>#</i> .
a Enter amount for 2011 only			0.	. ".
b Total for prior years 20 , 20 , 20	4	0.		
3 Excess distributions carryover, if any, to 2012		3, 2 . ; * 40		
a From 2007 168, 900			,	· •
b From 2008 163, 650-				**
c From 2009 170, 985.		Ĩ. , ,	· ·	, ?
d From 2010 159, 875.			2° A*	* *
e From 2011 172, 575.			÷,	
f Total of lines 3a through e	835,985.	· 4	<u>}</u>	
4 Qualifying distributions for 2012 from Part	1	· · · · · · · · · · · · · · · · · · ·	,,	
XII, line 4 ► \$ 182,521.	3	1 · · · · · · · · · · · · · · · · · · ·	;	
a Applied to 2011, but not more than line 2a	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	33 - 45 77
b Applied to undistributed income of prior years (Election required — see instructions)		0.	, , ,	
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2012 distributable amount	~, · ~, /~ #/ #		-	0.
e Remaining amount distributed out of corpus	182,521.	Na i	* *	12.5
5 Excess distributions carryover applied to 2012	0.	3 &		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	La Marie Marie Contraction	2 44. july (66) 15. july (7)		
.,,		· National Artist of	, ₂ , -, '	10 m
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,018,506.		**** (*	
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions	- North Charles Con Control Co	0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2012 Subtract lines	, , , , , , , , , , , , , , , , , , ,	\$2.78 / - / - / - / - / - / - / - / - / - /	, , , , ,	
4d and 5 from line 1. This amount must be distributed in 2013.	and the second s		e A	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed		學官 化 生物性性	Cape Ca	
by section 170(b)(1)(F) or 4942(g)(3)			. ? ³ ,	
(see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		
Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	168,900.		<u>^</u>	
Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	849,606.		,»	o grang, to d
Analysis of line 9	, 3, L.			
a Excess from 2008 163,650.			, , , , , , , , , , , , , , , , , , ,	
b Excess from 2009 170, 985.				e 1
c Excess from 2010 159,875.				,
d Excess from 2011 172,575.			_	, ,
e Excess from 2012 182,521.				Form 990 PF (2012)

Form 990-PF (2012) BOUKAI FAMILY FO	JNDATION	·		01-0788855	
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2012, enter the date of the	rmination letter that ruling	it is a private operat	ting foundation, and th	e ruling	
b-Check-box-to-indicate-whether the foundat	ion is a private ope	erating foundation o	described in section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<u>-</u> -
b 'Endowment' alternative test — enter 2/3 of minimum investment 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 public and 5 or					···.
more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				<u> </u>	
Supplementary Information assets at any time during th	(Complete this e vear — see in	part only if the	foundation had	\$5,000 or more	ın
1 Information Regarding Foundation Management	 			-	
a List any managers of the foundation who have	contributed more t	han 2% of the total c	ontributions received to	y the foundation befo	re the
close of any tax year (but only if they have See Statement 3	contributed more	(See	Section 507(d)(2))		
b List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally large	portion of the owners	ship of
a partnership or other entity) of which the	foundation has a 1	0% or greater inter	est		
None					
2 Information Regarding Contribution, Gran	it, Gift, Loan, Scho	olarship, etc, Progra	ams:		
Check here X if the foundation only ma requests for funds If the foundation makes	kes contributions to s gifts, grants, etc	preselected charitab (see instructions) to	le organizations and d o individuals or orgar	oes not accept unsofi nizations under othe	cited r conditions,
a The name, address, and telephone number or	e-mail of the perso	n to whom applicatio	ns should be addresse	 ed	· · · · · ·
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	, p			
					· · · · · · · · · · · · · · · · · · ·
b The form in which applications should be s	submitted and infor	mation and materia	als they should includ	le	
c Any submission deadlines				-	
d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	ible fields, kinds of ir	istitutions, or other t	tactors

Partix Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor -Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year See Statement 4 3 a 182,521. Total **b** Approved for future payment

3 b

Total

er gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	1 by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c)	(d) Amount	Related or exempt function income
Program service revenue a	code		sion		(See instructions)
b			-		
c d					
e			- 		
f					
g Fees and contracts from government agencies Membership dues and assessments			+		
Interest on savings and temporary cash investments					32
Dividends and interest from securities Net rental income or (loss) from real estate				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Debt-financed property	*		r . ven 5	9 x 97 , y , 2	w Buch to state her
b Not debt-financed property					
Net rental income or (loss) from personal property Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue		~ ^ ^	1	. , , , , , , , , , , , , , , , , , , ,	11 8 10 G
a b			-		
С					
de			- 1		
Subtotal Add columns (b), (d), and (e)	ij :79 1940.		1, 7 4, "		32
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate	tions)			13	32
			- A D		<u>-</u>
rt XVI-B Relationship of Activities to th	•		-		
Explain below how each activity for which accomplishment of the foundation's exempt	income is repo ot purposes (of	orted in column (e) of ther than by providing	Part XVI- funds for	A contributed important such purposes) (See ii	y to the structions.)
N/A					
	-				
-					

Form 990-PF (2012) BOUKAI FAMILY FOUNDATION 01-0788855 Rart XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Yes No
de re a Tr (1 (2 b O (1 (2 (3) (4 (5)	escribed in elating to por ransfers from the cash (2) Other as ther transa (3) Sales of Purchase (3) Reimburg (5) Loans or performation (5) Pe	section 501(c) oblitical organization the reporting asets ctions assets to a nones of assets from facilities, equip sement arranger loan guarantee ance of services	of the Code (ot trons? foundation to acharitable exem a noncharita oment, or other ments es s or membershi	p or fundraising	solicitations	izations) or i	organization n section 527,	1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X
c Si	naring of fa	acilities, equipm	ent, mailing lis	ts, other assets,	or paid employe	ees		1c X
d If th ar	the answer e goods, oth ny transacti	r to any of the a ner assets, or ser ion or sharing a	bove is 'Yes,' ovices given by trangement, sh	complete the foll the reporting found now in column (d	lowing schedule dation If the foun the value of the	Column (b) dation receive e goods, othe	should always show the fa ed less than fair market value er assets, or services rece	nir market value of e in eived.
(a) Line		Amount involved	,	f noncharitable exem	·		iption of transfers, transactions,	
N/A			1					
					_			
							-	
						-		
				•				
							·	
					-			
de	escribed in	tion directly or ind section 501(c) of plete the followi	of the Code (ot	l with, or related to her than section	o, one or more ta 501(c)(3)) or ın	x-exempt orga section 527?	anızatıons	Yes XNo
	(a) Nar	ne of organizati	on	(b) Type	of organization		(c) Description of	relationship
N/A					-			
_								
	•							
	Under penalti	es of perjury, I declar	re that I have exami	ned this return, includ	ling accompanying scl	edules and state	ments, and to the best of my know	ledge and belief, it is true,
Sign Here	correct, and c	complete Declaration	of preparer (other t	than taxpayer) is base	ld on all information o	•	nas any knowledge	May the IRS discuss this return with the preparer shown below
	Signature o	of officer or trustee			Date	Title	11 CC POZ	(see instructions)?
		Type preparer's nar	me	Preparer's s		Date	Check	X Yes No
ם-: ב	M.	Fareed Fa			1. Sinn	1/1/5 1	self-employed	" P00705613
Paid	├				LP		- Journal Compression	-0941360
Prepa		_		ntiago Blv		<u> </u>	1111132114 33	0241300
Use O	usy Liu			92867	u., sie 20	·	Phone no (7	14) 283-1000
D A A			range, CA	94001			Filone no (/	Form 990-PF (2012)
BAA								1 01111 330-FF (2012)

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

2012

Name of the organization		Employer identification number
BOUKAI FAMILY FOUNDATION		01-0788855
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 foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
	anization can check boxes for both the General Rule and a S	inocial Pulo. See instructions
	anization can check boxes for both the General Rule and a 3	pecial Rule See Ilistructions
General Rule	000 75 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.25
X For an organization filing Form 990, 990-E2, or contributor (Complete Parts I and II)	r 990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
,		
Special Rules		
For a section 501(c)(3) organization filing F	orm 990 or 990-EZ that met the 33-1/3% support test of the	regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and received	from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I an	the greater of (1) \$5,000 or
	n filing Form 990 or 990-EZ that received from any one contribute	
total contributions of more than \$1,000 for the prevention of cruelty to children or anim	use <i>exclusively</i> for religious, charitable, scientific, literary, or nals Complete Parts I, II, and III	educational purposes, or
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contribut	or, during the year,
contributions for use exclusively for religious, c	haritable, etc, purposes, but these contributions did not total to nor Indutions that were received during the year for an <i>exclusively</i> reli	nore than \$1,000
purpose Do not complete any of the parts unle	ess the General Rule applies to this organization because it received	ved nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year	►\$
Caution: An organization that is not covered by the General F	Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 9	990-PF) but it must
answer 'No' on Part IV, line 2, of its Form 990, or check to meet the filing requirements of Schedule B (For	he box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-1	PF, to certify that it does not
	<u> </u>	Court 000, 000 E7, or 000 DEX (0010)
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the instructions for Form 990, 990EZ, Schedule B (F	Form 990, 990-EZ, or 990-PF) (2012

	_				
Schedule	R	(Form 990	990.F7	or 990-PF)	<i>(2</i> 012)
Concadic		(, 0,,,,	JJU <u>L</u> E,	0, 220 , , ,	(2012)

Name of organization

Employer ide	<u> </u>	•	
⊃aqe	1	of	

BOUKAI FAMILY FOUNDATION

01-0788855

Rant I	Contributors (see instructions) Use duplicate copies of Part I if additional space is neede	d	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENERAL PROCUREMENT INC.		Person X
	26071 MEDIT CIPCIE	\$ 20,00	Payroll U
			(Complete Part II if there is
	LAGUNA HILLS, CA 92653	-	a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMER BOUKAI	_	Person X
	7 CHAPARRAL CT	\$ 55,00	Payroll
	LAS FLORES, CA 92688	-	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ISSAM BOUKAI		Person X
	7 CHAPARRAL CT	\$ 5,00	Payroll 0 Noncash
	LAS FLORES, CA 92688		(Complete Part II if there is
		-	a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b)	(c) Total contributions	(d) Type of contribution Person X
	(b) Name, address, and ZIP + 4 ZIAD BOUKAI	(c) Total contributions	Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4	contributions	Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT	contributions	Person X Payroll Noncash (Complete Part II if there is
4	(b) Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 (b)	\$ 50,00	Type of contribution Person X Payroll
4 (a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC.	\$ 50,00	Type of contribution
4 (a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201	\$ 50,00 (c) Total contributions	Type of contribution
(a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201 PASADENA, TX 77505	\$ 50,00 (c) Total contributions	Type of contribution
4 (a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201	\$ 50,00 (c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (Complete Part II if there is a noncash contribution)
(a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201 PASADENA, TX 77505 (b)	\$50,00 (c) Total contributions \$7,40 (c) Total	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (d) Type of contribution O. Noncash (Complete Part II if there is a noncash contribution) (Complete Part II if there is a noncash contribution) (D. Noncash (Complete Part II if there is a noncash contribution)
(a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201 PASADENA, TX 77505 Name, address, and ZIP + 4 MOHAMAD J BABA	\$50,00 (c) Total contributions \$7,40 (c) Total	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (d) Type of contribution O. Noncash (Complete Part II if there is a noncash contribution) (Complete Part II if there is a noncash contribution) Type of contribution Person X Payroll Payroll Payroll
(a) Number	Name, address, and ZIP + 4 ZIAD BOUKAI 7 CHAPARRAL CT LAS FLORES, CA 92688 Name, address, and ZIP + 4 BAY AREA INFECTIOUS DISEASES ASSOC. 6319 FAIRMONT PKWY 201 PASADENA, TX 77505 Name, address, and ZIP + 4 MOHAMAD J BABA	\$ 50,00 (c) Total contributions \$ 7,40 (c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) Person X Payroll Noncash (d) Type of contribution O. Noncash (Complete Part II if there is a noncash contribution) (Complete Part II if there is a noncash contribution) Type of contribution Person X Payroll Payroll Payroll

Page

1 to

1 of Part II

Name of organization

BOUKAI FAMILY FOUNDATION

Employer identification number

01-0788855

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(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
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	

1 to

1 of Part III

Name of organization
BOUKAI FAMILY FOUNDATION

Employer identification number 01-0788855

DOOLVIT	PARTLE FOUNDATION	0000
Part III	Exclusively iclidious! Clinifiable! etc! illaigland colling along to section of the colling and the colling an), (8) or (10)
	organizations-that-total-more-than-\$1,000 for the year. Complete columns (a) through (e) an	d the following line entry.
•	For organizations completing Part III, enter total of exclusively religious, charitable, etc,	. .

	contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	(Enter this information once S space is needed	ee instruction	s) \$ N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ntionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ntionship of transferor to transferee	
	İ				

2012	Fe	deral Sta	tements		F	age 1
BOUKAI FAMILY FOUNDATION						078885
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees						
Accounting Fees	Total			ment Adjusted me <u>Net Income</u>	(d) Charit Purpo	able
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses						
Bank Charges Filing Fees Miscellaneous	Total	13 12	s Invest	ome Net Income	Charit	(d) table oses
Statement 3 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More	Contrib	utors				
ZIAD BOUKAI AMER BOUKAI						
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year						
Name and Address		Donee ationship	Found- ation Status	Purpose of Grant	Amo	unt
O. C. ISLAMIC FOUNDATION 23581 MADERO DR., STE 101 MISSION VIEJO, CA 92691			EXEMPT	CHARITABLE	\$	5,000.
CAIR CALIFORNIA 2180 W. CRESCENT AVE. STE F ANAHEIM, CA 92801			EXEMPT	CHARITABLE	3	30,000.
MUSLIMS PUBLIC AFFAIRS COUCIL 3010 WILSHIRE BLVD. #217 LOS ANGELES, CA 90010			EXEMPT	CHARITABLE	2	28,200.

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012	Federal Sta	tements		Page
	BOUKAI-FAMILY-F	OUNDATION	d	01-078885
Statement 4 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose <u>Grant</u>	
ST JOHN'S EPISCOPAL SCHOOL 30382 VIA CON DIOS RANCHO SANTA MARGARITA, CA 92688		EXEMPT	CHARITABLE	\$ 21,550
ILM FOUNDATION 2711 1/2 W. JEFFERSON BLVD LOS ANGELES, CA 90018		EXEMPT	CHARITABLE	2,000
DAVE THOMAS FOUNDATION 4150 TULLER ROAD, STE 404 DUBLIN, OH 43017		EXEMPT	CHARITABLE	20,000
ISLAMIC RELIEF USA 6131 ORANGETHORPE AVE, # 450 BUENA PARK, CA 90620		EXEMPT	CHARITABLE	6,500
UNIVERSITY OF CALIFORNIA, IRVINE 4199 CAMPUS DRIVE IRVINE, CA 92697		EXEMPT	CHARITABLE	12,500
HEARTS OF MERCY FOUNDATION 32 EDELMAN IRVINE, CA 92618		EXEMPT	CHARITABLE	8,100
SYRIAN AMERICAN COUNCIL P.O. BOX 371 WILLOW SPRINGS, IL 60480		EXEMPT	CHARITABLE	1,000
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001		EXEMPT	CHARITABLE	45,071
NAAMA 801 S. ADAMS ROAD, STE 208 BIRMINGHAM, MI 48009		EXEMPT	CHARITABLE	1,000
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303		EXEMPT	CHARITABLE	300
ST. BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE, STE 400 MONROVIA, CA 91016		EXEMPT	CHARITABLE	300
AL IHSAN ISLAMIC CENTER (MN) 955 WEST MINNEHAHA SAINT PAUL, MN 55104		EXEMPT	CHARITABLE	1,000
				Total \$ 182,521

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Form **8868** (Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you a	re filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box			<u>► X</u>
If you a	re filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of th	s forn	n)	
Do not con	nplete Part II unless you have already been grante	ed an autom	natic 3-month extention on a previously f	led Fo	orm 8868	
Electronic corporation request an electronic Associated	filing (e-file). You can electronically file Form 8866 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www.irs.gov/efile and click	8 if you nee t automatic I or Part II v nust be sent	d a 3-month automatic extension of time) 3-month extension of time You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	to file ctroni Retur	e (6 months to cally file Fort on for Transfer	m 8868 to s
Part I	Automatic 3-Month Extension of Time	. Only sul	pmit original (no copies needed).			
L	on required to file Form 990-T and requesting an				ete Part I on	lv 🕨 🗆
						لحا
All other co	rporations (including 1120-C filers), partnerships, returns	REMICS, a	na trusts must use Form 7004 to request	an ex	atension of th	те ю тіе
			Enter filer's identif			
	Name of exempt organization or other filer, see instructions			Emplo	yer identification	number (EIN) or
Type or						
print	BOUKAI FAMILY FOUNDATION				0788855	
File by the	Number, street, and room or suite number. If a P O box, see ii	nstructions		- 5	Social security nu	mber (SSN)
due date for filing your	7 CHAPARRAL CT					
return. See instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ections			
	LAS FLORES, CA 92688	_				
Enter the R	eturn code for the return that this application is fo	or (file a sep	parate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephor If the or If this is check the external three threes the check that the external three threes the check three threes three threes three threes three threes three threes three	ganization does not have an office or place of bu for a Group Return, enter the organization's four	digit Group theck this b	e United States, check this box Exemption Number (GEN) ox and attach a list with the nai		s for the who nd EINs of a	3 - 1 - 7
until The e. ► [∑] ► [2] 2 If the	$8/15$, 20 13 _, to file the exempt organization's return for:	, and endir	turn for the organization named above.	al retu	urn	,
3a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions	720, or 6069), enter the tentative tax, less any	3 a	\$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made Include any prior year overpayment al	lowed as a	credit	3 ь	\$	0.
EFTP:	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	· · · · · · · · · · · · · · · · · · ·	3 c	\$	0.
Caution. If y payment in:	ou are going to make an electronic fund withdrawal w structions.	ith this Form	8868, see Form 8453-EO and Form 8879-E	O for		

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0065	3 (Rev 1-2013)				Page 2
	are filing for an Additional (Not Automatic) 3-Month	1 Extension	complete only Part II and check	this box	<u> </u>
-	complete Part II if you have already been granted				V
_	are filing for an Automatic 3-Month Extension, com				
Part II	Additional (Not Automatic) 3-Month Ex			al (no copies needed).
				identifying number, see ins	
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or
ype or	BOUKAI FAMILY FOUNDATION 01-0788855				
rint	Number, street, and room or suite number. If a P.O. box, see institution	ructions		Social security number (SSN)	
ile by the xtended ue date for ling your eturn See	Farukhi & Company, LLP 2860 N. Santiago Blvd., Ste 200)			
nstructions	City, town or post office, state, and ZIP code. For a foreign address Orange, CA 92867	ss, see instructi	ons		
	Totalige, on 32001				
Enter the I	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04
Applicatio s For	n	Return Code	Application Is For		Return Code
orm 990 c	or Form 990-EZ	01	E-section and the		
orm 990-	BL	02	Form 1041-A		08
orm 4720	(ındıvıdual)	03	Form 4720		09
orm 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-	T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a prev	iously filed Form 8868.	
Telepho If the o If this whole grou	organization does not have an office or place of bus is for a Group Return, enter the organization's four up, check this box	digit Group	e United States, check this box Exemption Number (GEN)	If this outh the names and EINs c	► ☐ is for the
nembers	the extension is for				
5 For 6 6 If the 7 State		g hs, check r	, 20 , and ending eason I Initial return		
	ther information necessary to fi			ax return.	
nonr	s application is for Form 990-BL, 990-PF, 990-T, 47 efundable credits. See instructions.		•	8 a \$	0.
payn	s application is for Form 990-PF, 990-T, 4720, or 60 nents made. Include any prior year overpayment all Form 8868	069, enter a lowed as a	any refundable credits and estimate credit and any amount paid previo	ed tax usly 8 b \$	0.
c Bala	nce due. Subtract line 8b from line 8a. Include you PS (Flectronic Federal Tax Payment System), See	r payment v	with this form, if required, by using	8 c S	Λ

Signature and Verification must be completed for Part II only.

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Signature M. 7. Allull Title C	PA Date - 8/13/1
Under penalties of perjury, I declare that I have examined this form, including accompany	ying schedules and statements, and to the best of my knowledge and belief, it is true,