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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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 Open to Public Inspection

F		alendar year 2012 or tax year beginning				, 2012	, and endin	<u> </u>			20
		e of foundation						A	Employer identifi	cation number	
_		HL FAMILY FOUNDATION							03-035437	4	
	Numb	per and street (or P O box number if mail is not delivered	to stre	eet ad	dress)		Room/suite	E	3 Telephone number	er (see instructions	3)
									(80	2) 238-09	90
	156	0 GULF BOULEVARD #PH4									
	City o	or town, state, and ZIP code									
								0	If exemption applica	tion is	
	CLE	ARWATER, FL 33767							pending, check here		
G	Che	eck all that apply. Initial return			nitial return	of a former p	ublic charit	, ,			
		Final return			Amended re	•	abile enam	, -	 1 Foreign organizat 2 Foreign organizat 		
		Address change		_	Name chang				85% test, check h	ere and attach	\Box
H	Che	eck type of organization X Section 501(L	ever	not private f	oundation		_	computation .		
ſ		Section 4947(a)(1) nonexempt charitable trust				ivate founda	tion	E	If private foundation		*d_
1		·· · · · · · · · · · · · · · · · · · ·			thod X C		rual		under section 507(b)		
•		1 —		_	efy)	asii Acc	Juai	F	If the foundation is		1 1
	-	0-00-1				cash basis.)			under section 507(b)	(1)(B), check here	
		Analysis of Revenue and Expenses (The	COIUII	m (u) must be on	Casii basis.)				(d) Disburse	ments
ш	art	total of amounts in columns (b), (c), and (d)		•	enue and	(b) Net inve	estment	(c)	Adjusted net	for charita	
		may not necessarily equal the amounts in	(•	nses per ooks	incon	ne l		ıncome	purpose	
_		column (a) (see instructions))							·	(cash basis	only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .		то,	063,326.				_	<u> </u>	
	2	Check Attach Sch B									
	3	Interest on savings and temporary cash investments			627 005		4.50				
	4	Dividends and interest from securities			637,285.	53	4,459.			ATCH 1	
	5 a	a Gross rents			_						
	ь	Net rental income or (loss)							· · · - · · ·		
ne	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,303,422.			1,	303,314.						
Revenue											
ě	7	Capital gain net income (from Part IV, line 2).				1,30	3,422.				
Œ	8	Net short-term capital gain									
	9	Income modifications · · · · · · · · · · · · · · · · · · ·									
	10 a	Gross sales less returns and allowances • • • •		·					•		
	ь	Less Cost of goods sold .								-	
	С	Gross profit or (loss) (attach schedule)						,-			
	11	Other income (attach schedule) ATCH 2			221,489.	22	1,489.				
	12	Total. Add lines 1 through 11		18,	225,414.	2,05	9,370.				
	13	Compensation of officers, directors, trustees, etc			0						
"	14	Other employee salaries and wages							RECEN	7ED	
Ses	15	Pension plans, employee benefits						1	- NEUEL	,	
ĕ	16 a	Legal fees (attach schedule)						82	-	S	
Ĕ	h	Accounting fees (attach schedule)ATCH 3			5,250.		-	180	NOV 15	2013	
Ve	15 16 a b c 17 18 19	Other professional fees (attach schedule). *.			271,822.	22	6,822.	 	1.0.	RS S	
ä	17	Interest ATCH 5			3,410.		3,410.	+		1=1	
str	10	Taxes (attach schedule) (see instructions) ATCH 6			49,791.		9,791.	+	UGUEN	, U _ 	
Ē	10				,,,,,,	_	-,				
Ę	19	Depreciation (attach schedule) and depletion.									
Ϋ́	20	Occupancy				·					
anc	21	Travel, conferences, and meetings								·	
Operating and	22	Printing and publications			274 004	- 07	1 716				
atir	23	Other expenses (attach schedule) ATCH . 7			274,984.	21	1,716.				
ě	24	Total operating and administrative expenses.			COE 053		1 722				
o		Add lines 13 through 23			605,257.	53	1,739.				
	25	Contributions, gifts, grants paid			481,500.						1,500
_	26	Total expenses and disbursements Add lines 24 and 25		2,	086,757.	53	1,739.		0	1,48	1,500
	27	Subtract line 26 from line 12									
	a	Excess of revenue over expenses and disbursements	:	16,	138 <u>,</u> 657.						
	b	Net investment income (if negative, enter -0-)				1,52	7,631.				
_		Adjusted net income (if negative, enter -0-)									
Fo		perwork Reduction Act Notice, see instructions				*AT	CH 4			Form 990-F	PF (2012)

JSA For Paperwork Reduction Act Notice, see instructions.

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_	ort II	l Balanca Chasta	Attached schedules and amounts in the	Beginning of year	End	of year		
į	art II	Balance Sheets	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-bear	ing	1,153,265.	8,213,454.	8,213,454.		
			cash investments					
	t							
		Less allowance for dou	btful accounts >					
					<u> </u>			
		Less allowance for dou	btful accounts ▶					
			officers, directors, trustees, and other					
	l		tach schedule) (see instructions)					
			receivable (attach schedule)					
			abtful accounts ▶					
ts	l	Inventories for sale or us						
ssets	ı		leferred charges					
ĕ			te government obligations (attach schedule)					
	b	Investments - corporate	e stock (attach schedule) ATCH 8		1,988,682.	1,722,787.		
			e bonds (attach schedule)					
	11	Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)	s, >					
	12			-				
	14	Investments - other (atta Land, buildings, and equipment basis	loans ATCH 9	15,982,389.	22,933,788.	27,455,895.		
		Less accumulated deprecia (attach schedule)	ation					
	15)		_			
	ı		completed by all filers - see the					
	}	instructions Also, see p	page 1, item I)	17,135,654.	33,135,924	37,392,136.		
_			accrued expenses					
	18							
Se	19							
≝			ors, trustees, and other disqualified persons]		
Liabilities			otes payable (attach schedule)					
I	22	Other liabilities (describe	e >)					
_	23	Total liabilities (add line	es 17 through 22)	0	(
s			low SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.					
nce	24	Unrestricted	· · · · · · · · · · · · · · · · · · ·					
ala	25	Temporarily restricted						
9	26	Permanently restricted						
ä			not follow SFAS 117,					
7		check here and com	plete lines 27 through 31. $\blacktriangleright X$					
S	27	Capital stock, trust prin	cipal, or current funds					
sel	25 26 27 28 29	Paid-in or capital surplus, o	r land, bldg, and equipment fund					
As	29	Retained earnings, accum	ulated income, endowment, or other funds	17,135,654.	33,135,924			
Net	30	Total net assets or fund	d balances (see instructions)	17,135,654.	33,135,924	<u> </u>		
_	31	Total liabilities and	net assets/fund balances (see					
_				17,135,654.	33,135,924			
_			anges in Net Assets or Fund					
1			palances at beginning of year - Part					
	end-	of-year figure reporte	d on prior year's return)			17,135,654.		
2	Ente	r amount from Part I,	line 27a		2	16,138,657.		
3	Othe	r increases not includ	led in line 2 (itemize) ▶		3			
			line 2 (itemize) ► ATCH 10			33,274,311		
						138,387		
<u>6</u>	Tota	net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	33,135,924.		

E	Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
_	• •	d describe the kind(s) of property sold (,	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	ODD DADE IV COUR		313 WEO OO)	D - Donation	(, day, yi)	
t				 		
	· · · · · · · · · · · · · · · · · · ·					
-						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a	1					
_ <u>k</u>	<u> </u>			_		
_0						
_6		showing gain in column (h) and owne	d by the foundation on 12/31/69		0(0-1 (b) -	
_		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
	1					
Ŀ)					
_c						
	1					
)					
2	Capital gain net income or		gain, also enter in Part I, line 7		1	303,422.
3	Not short-term capital gain	or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7	2		303,422.
J		t I, line 8, column (c) (see insti				
				3		0
E			duced Tax on Net Investment I			· · -
w		·	outable amount of any year in the b	ase perio	d?	Yes X No
_			; see the instructions before making	n anv entr	100	
÷	(a)	(b)	(c)	any end	(d)	
c	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ration (col (b) divided by	
	2011	146,745.	18,193,616.			0.008066
_	2010	812,313.	16,364,858.			0.049638
	2009	576,045.	14,651,663.			0.039316
	2008	875, 992.	17,794,363.	ļ		0.049229
_	2007	800,685.	21,371,400.			0.037465
2	Total of line 1 column (4)					0 103714
2	Total of line 1, column (d)	for the 5-year base period - divide	the total on line 2 by E. or by the	2		0.183714
3			s than 5 years	3		0.036743
4	Enter the net value of non	charitable-use assets for 2012 fro	m Part X, line 5	4	23,	905,260.
5	Multiply line 4 by line 3			5		878,351.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		15,276.
7	Add lines 5 and 6			7		893,627.
8	Enter qualifying distributio			8		481,500.
	If line 8 is equal to or gree Part VI instructions.	eater than line /, check the box i	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the

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Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 20,044. Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate No Х 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the Х definition)? 1b 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 Х c Did the foundation file Form 1120-POL for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation > \$ (2) On foundation managers > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, Х or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?........... 4a If "Yes," has it filed a tax return on Form 990-T for this year? Х Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict Х X Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 Enter the states to which the foundation reports or with which it is registered (see instructions) VT, ----b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation ATCH 11 X 8ь Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and

50,600.

35,324.

7

Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld 6d

Enter any penalty for underpayment of estimated tax. Check here ______ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶

46,000.

Х

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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Form 990-PF (2012)

HOEHL FAMILY FOUNDATION Form 990-PF (2012) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (b) Type of service (a) Name and address of each person paid more than \$50,000 (c) Compensation NONE 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Part IX-B Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

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3 NONE

Total. Add lines 1 through 3.

All other program-related investments. See instructions

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	21,120,259.
b		1b	3,149,040.
С	: Fair market value of all other assets (see instructions)	1c	
d		1d	24,269,299.
е	Reduction claimed for blockage or other factors reported on lines 1a and	•	
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets		
3		3	24,269,299.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	•	
		4	364,039.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	23,905,260.
6	Minimum investment return. Enter 5% of line 5		1,195,263.
Pa	art XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete the		
			1 105 062
1	Minimum investment return from Part X, line 6		1,195,263.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 15, 27	<u>•</u>	
b	, , ,	⊣ ∣	15 076
C		. 2c	15,276.
3	Distributable amount before adjustments. Subtract line 2c from line 1	. 3	1,179,987.
4	Recoveries of amounts treated as qualifying distributions		1 150 005
5	Add lines 3 and 4	. 5	1,179,987.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	. 6	
7			1 170 007
_	line 1	. 7	1,179,987.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_ 1a	1,481,500.
b	D 1111 1 1111 D 1015		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	اما	
3	Amounts set aside for specific charitable projects that satisfy the	•	
а		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,481,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	1 _ 1	15,276.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,466,224.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculating w	hether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

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4374	
	_ ^
	Page 9
(d)	
2012	
1,179,	987.
	
	1.01
689,	161.
	
400	006
490,	826.

	n 990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instru	uctions)	₁		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				1,179,987.
2	Undistributed income, if any, as of the end of 2012			700 220	
а	Enter amount for 2011 only			792,339.	
b	Total for pnor years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
	From 2007				
b	From 2008				
C	From 2009				
đ	From 2010				
	From 2011			1	
	Total of lines 3a through e				-
4	Qualifying distributions for 2012 from Part XII, line 4 > \$ 1,481,500.				
				792,339.	
	Applied to 2011, but not more than line 2a			1,72,7337.	
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2012 distributable amount				689,161.
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2013				490,826.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.	_			
	Subtract lines 7 and 8 from line 6a	C			
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009				
С	Excess from 2010				
d	Excess from 2011				
<u>e</u>	Excess from 2012	L		L	

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ATCH 14

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH 15				
		1	1	
		ŀ		
Total	<u> </u>			1,481,500.
b Approved for future payment				
			ł	
			1	
	<u></u>	L	<u> </u>	
Total	<u></u>	<u></u>	▶ 3b	- 000 PE (0040

Form 990-PF						Page 12
Part XVI-	-A Analysis of Income-Produ	T				
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
_						
f						
	and contracts from government agencies		-			•
_	ship dues and assessments					
	on savings and temporary cash investments		-			
4 Dividend	ds and interest from securities			14	637,285.	
	al income or (loss) from real estate					
	-financed property					
	debt-financed property					
	I income or (loss) from personal property vestment income					
	loss) from sales of assets other than inventory	1		18	1,303,314.	
•	me or (loss) from special events					
	rofit or (loss) from sales of inventory.					
11 Other re	venue a					
ь <u>А</u>	ATCH 16				221,489.	
		ļ		1		
e	Add askins (b) (d) and (a)				2,162,088.	· · · · · · · · · · · · · · · · · · ·
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				\	2,162,088.
	heet in line 13 instructions to verify calc					
Part XVI-			complishment of E	xempt Purp	oses	
Line No. ▼	Explain below how each activity accomplishment of the foundation					
						
			_			
	~			***		
						
	 					
		_				
			-			
						
	I					

Part	XVII	Information R Exempt Organ	_	ansfers To and	Transacti	ons and	l Relationshi	ps With Non	chari	table)
ır		organization direct on 501(c) of the Co ations?								Yes	No
		rs from the reportin	-								•
		1							1a(1)		X
		er assets ansactions			• • • • • •				1a(2)		
	(1) Sales of assets to a noncharitable exempt organization							1b(1)		Х	
									1b(2)		Х
(3) Ren	tal of facilities, equi	ipment, or othei	r assets					1b(3)		Х
		nbursement arrang							1b(4)		X
(5) Loai	ns or loan guarantee	es						1b(5)		X
		ormance of service of facilities, equipn							1b(6) 1c	-	X
		nswer to any of th								fair m	Ц
		the goods, other									
v	alue in	any transaction or	r sharing arran	gement, show in	column (d) th						
(a) Line	e no	(b) Amount involved	(c) Name of	noncharitable exempt o	organization		cription of transfers,	transactions, and shar	nng arra	ingeme	nts
		N/A				N/A	· · · · · · · · · · · · · · · · · · ·				
			-								
							-				
		<u>-</u>					_ 	<u> </u>			·
											
											
				······································							
											
d	lescribe	oundation directly ed in section 501(c) complete the follo) of the Code (d				•	ganizations	Y	es X	·] No
		(a) Name of organizatio	n	(b) Type o	of organization		(c) D	escription of relation	ship		
					——————————————————————————————————————		-				
							_				
Sign Here		penalties of perjury, it declared complete Declaration of the Declarat	are that I have example of preparer (other than	A 1	g accompanying so formation of which	chedules and preparer has a Title	statements, and to th ny knowledge	May the IR	S discu	ss this	
Paid Prepa	arer		ANAHER ATT	Preparer's sign	ature <i>G C A</i> PLC		Date 18/1/3	self-employed			33_
Use (Firm's name ► DF Firm's address ► 15					Fii	m's EIN ▶ 20-3	0020		

05407-2166 Phone no 802-383-0399 Form 990-PF (2012)

SOUTH BURLINGTON,

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

Employer identification number Name of the organization HOEHL FAMILY FOUNDATION 03~0354374 Organization type (check one) Filers of: Section: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 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 the greater of (1) \$5,000 or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 03-0354374

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ROBERT H. HOEHL FAMILY TRUST 1560 GULF BOULEVARD #PH4 CLEARWATER, FL 33767	\$1,851,055.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ROBERT H. HOEHL FAMILY TRUST 1560 GULF BOULEVARD #PH4 CLEARWATER, FL 33767	\$9,003,952.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT H. HOEHL FAMILY TRUST 1560 GULF BOULEVARD #PH4 CLEARWATER, FL 33767	\$ <u>5,208,319.</u>	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 03-0354374

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	SEE ATTACHED STATEMENT		
		\$1,851,055.	09/12/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 3	ROCKEFELLER US SMALL CAPITALIZATION FUND LP - 4,037,488 UNITS		
		\$5,208,319.	09/12/2012
(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
		\$	

Employer identification number 03-0354374

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

HOEHL FAMILY FOUNDATION

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

`C	<u>APITAL GAI</u>	NS AND LO	SSES FOR	R TAX ON I	INVEST	/ENT	INCOM	<u> E</u>
Kınd of	Property		Descr	iption		Pr Dacqu	ate uired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		ain or ss)	
		TOTAL SHORT PARTNERSHIP ESTATES OR	, S CORPORA TRUST GAIN	N TRUST FUN TION, AND (OR LOSS	OTHER	-1	8,475.	
		TOTAL LONG- PARTNERSHIP ESTATES OR	, S CORPORA	TION, AND		1,32	1,665.	
232.		CASH IN LIEU - LITIGATION PROCEEDS				VARI	ous 232.	VARIOUS
TOTAL GAIN(I	loss)					1,30	3,422.	
					İ			

MorganStanley SmithBarney

CLIENT STATEMENT | For the Period September 1-30, 2012

Activity

Active Assets Account 383-120683-042

unt HOEHL FAMILY FOUNDATION

142 ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

SECURITY ACTIVITY

SECURITY TRANSFERS

Date	,	Security (Sumbol)	Commonte	Ousnitte	Amount
§	Transfer into Account	ALLSCRIPTS HEALTHCARE SOLU INC	PER LOA FR 383-121303-001 AO 09/11/12	31,834 000	\$357,814.16
9/12	Transfer into Account	BP PLC ADS	PER LOA FR 383-121303-001 A0 09/11/12	1,744.979	74,301.20
9/12	Transfer into Account	CISCO SYS INC	PER LOA FR 383-121303-001 AO 09/11/12	6,139.146	117,134,90
9/12	Transfer into Account	EXXON MOBIL CORP	PER LOA FR 383-121303-001 AO 09/11/12	1,378 594	123,453.09
9/12	Transfer into Account	GENERAL ELECTRIC CO	PER LOA FR 383-121303-001 AO 09/11/12	5,589.973	122,364.50
9/12	Transfer into Account	GLAXOSMITHKLINE PLC ADS	PER LOA FR 383-121303-001 AO 09/11/12	1,365 151	62,715.03
9/12	Transfer into Account	INTEL CORP	PER LOA FR 383-121303-001 AO 09/11/12	4,757.830	110,334.07
9/12	Transfer into Account	PEOPLE'S UNITED FINANCIAL INC	PER LÓA FR 383-121303-001 AO 09/11/12	4,431.733	53,801.23
9/12	Transfer into Account	PEPSICO INC NC	PER LOA FR 383-121303-001 AO 09/11/12	2,347.879	164,492 40
9/12	Transfer into Account	SHIRE PLC ADR	PER LOA FR 383-121303-001 AO 09/11/12	521.000	47,780.91
9/12	Transfer into Account	VT HFA C-1 BE 5350 *36MY01	PER LOA FR 383-121303-001 AO 09/11/12_	370,000.000	375,757.20
					CONTINUED



MorganStanley SmithBarney

Active Assets Account 383-120683-042

CLIENT STATEMENT | For the Period September 1-30, 2012

Activity

HOEHL FAMILY FOUNDATION ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

SECURITY ACTIVITY

SECURITY TRANSFERS (CONTINUED)

***************************************	221,021.17	20,085,54	\$1,851,055,40
Quantity	4,275 071	306.790	
Comments	PER LOA FR 383-121303-001 AO 09/11/12	PER LÓA FR 383-121303-001 AO 09/11/12	
Security (Symbol)	WALT DISNEY CO HLDG CO	ZIMMER HLDGS INC	
Date Activity Type	9/12 Transfer into Account	9/12 Transfer into Account	Total Security Transfers

Total Accrued Interest

PERSONAL ACCOUNTS

BUSINESS ACCOUNTS

TRUST ACCOUNTS

EDUCATION ACCOUNTS

RETIREMENT ACCOUNTS

Page 13 of 20

153498 WSGDD06L 010343

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	520,262. 14,197.	534,459.
REVENUE AND EXPENSES PER BOOKS	520,262. 14,197. 102,826.	637,285.
		TOTAL
DESCRIPTION	DIVIDENDS OTHER INTEREST TAX-EXEMPT INTEREST	

- OTHER INCOME PART I FORM 990PF,

EXPENSES PER BOOKS DESCRIPTION
INCOME (LOSS) FROM PASS-THROUGH ENTITIES
PARTNERSHIP FEE REIMBURSEMENT

TOTALS

INVESTMENT NET

REVENUE

AND

-5,562. 227,051.

-5,562. 227,051.

221,489.

221,489.

FORM 990PF, PART I - ACCOUNTING FEES

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	226,822.		226,822.
REVENUE	AND	EXPENSES	PER BOOKS	226,822.	45,000.	271,822.
			DESCRIPTION	ASSET MANAGEMENT FEES	PHILANTHROPIC ADVISOR FEE	TOTALS

ATTACHMENT 4 PAGE 23 ATTACHMENT

- INTEREST EXPENSE PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

INVESTMENT

DESCRIPTION

INVESTMENT INTEREST EXPENSE

3,410.

3,410.

TOTALS

3,410.

3,410.

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	29,791.	29,791.
REVENUE AND EXPENSES PER BOOKS	29,791. 20,000.	49,791.
		TOTALS
DESCRIPTION	FOREIGN TAX WITHHELD FEDERAL TAX PAID	

03-0354374

ATTACHMENT

OTHER EXPENSES PART I FORM 990PE,

	NET	INVESTMENT	INCOME		271,716.							271,716.
REVENUE	AND	EXPENSES	PER BOOKS		271,716.		446.		. &	2,697.	117.	274,984.
			DESCRIPTION	OTHER DEDUCTIONS FROM PASS-	THROUGH ENTITIES	NON DEDUCTIBLE EXPENSES FROM	PASS-THROUGH ENTITIES	CHARITABLE CONTRIBUTIONS FROM	PASS-THROUGH ENTITIES	INSURANCE	SUPPLIES	TOTALS

 \supset

MORGAN STANLEY - SEE ATTACHED

ENDING BOOK VALUE

ENDING

1,988,682.

1,722,787.

1,722,787.

TOTALS

1,988,682.

ATTACHMENT 8 PAGE 27

CLIENT STATEMENT | For the Period December 1-31, 2012

Holdings

Active Assets Account HOEHL FAMILY FOUNDATION 383-120683-042 ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

STOCK

COMMON STOCKS

research ratings are (1) Buy, (2) Neutral and (3) Sell For ease of comparison, Morgan Stanley and Standard & Poor's equity research ratings have been normalized to a 1 (Buy), 2 (Hold), and 3 (Sell) Please refer to the quarter month-end statement, or your first statement, if you have not yet received a statement at the quarter-end) for a summary guide describing Morgan Stanley, CIRA and Standard & Poor's ratings Morgan Stanley should read the entire research report and not infer its contents from the rating. Where a particular company is covered by both Morgan Stanley and CIRA, you can and should wew both research reports. CIRA's equity Morgan Stanley & Co LLC (Morgan Stanley), Citi Investment Research & Analysis (CIRA), and Standard & Poor's equity research ratings may be shown for certain securities. All research ratings represent the "opinions" of the research provider and are not representations or guarantees of performance. Because the applicable research report contains more complete information regarding the analyst's opinions, analysis, and rating, you Smith Barney LLC does not take responsibility for, and does not guarantee the accuracy, completeness, or timeliness of research prepared for Standard & Poor's

			in fanning and inferior		to the property of the propert			
Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
ALLSCRIPTS HEALTHCARE SOLU INC (MDRX)		31,834,000	31 2481	20.252,466	\$299,876,28	N/A	•	1
Share Price. \$9 420, Rating: Morgan Stanley. 2, Citigroup 2	ley. 2, Citigroup 2							
BP PLC ADS (BP)	4/23/98	1,323.000	32 709	43,273.79	55,089 72	11,815 93 LT 1		
	12/26/00	110.000	48 748	5,362.32	4,580 40	(781 92) LT 1		
	2/11/11	15.000	46 040	09 069	624 60	(66.00) LT		
	8/5/11	17.000	38 770	629 09	707.88	48,79 LT		
	2/17/12	17 007	44 981	765 00	708 17	(56.83) ST		
	Purchases	1,482.007		50,750 80	61,710.77	11,016 80 LT		
						(56 83) ST		
Long Term Reinvestments	: -	262.972		14,534 39	10,950 15	(3,584 24) LT		
	Total	1,744.979		65,285 19	72,660.92	7,432.56 LT	3,769.15	5 18
						(56 83) ST		
Share Price \$41 640, Rating S&P 2								
CISCO SYS INC (CSCO)	1/29/98	1,800.000	10.680	19,223 75	35,368.91	16,145.16 LT 1		
	9/1/98	4,200 000	14 105	59,242 50	82,527 47	23,284 97 LT 1		
	Purchases	6,000.000		78,466 25	117,896.38	39,430.13 LT		
Long Term Reinvestments		64.075		1,083.92	1,259 03	175.11 LT		
Short Term Reunvestments		75 071		1,339.00	1,475 10	136 10 ST		
	Total	6,139.146		80,889.17	120,630.53	39,605.24 LT	3,437.92	2.84
						136.10 ST		
Share Price \$19 649, Rating Morgan Stanley 1, Citigroup 1, S&P 1, Next Dividend Payable 03/2013	nley 1, Citigroup 1,	S&P 1, Next Dividend	l Payable 03/2013					:
EXXON MOBIL CORP (XOM)	5/15/91	1,226.000	14.298	17,529 08	106,110 30	88,581,22 LT 1		

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Page 6

CONTINUED



CLIENT STATEMENT | For the Period December 1-31, 2012

Holdings

Active Assets Account 383-120683-042

HOEHL FAMILY FOUNDATION ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

STOCKS

COMMON STOCKS (CONTINUED)

COMIMON STOCKS (CONTINUED)						;		
Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gam/(Loss)	Estimated Annual Income	Dividend Yield %
	Purchases	1,226.000		17,529.08	106,110.30	88,581 22 LT		
Long Term Reinvestinents		126.761		9,506.85	10,971.16	1,464.31 LT		
Short Term Remvestments		25.833		2,192 01	2,235 85	43.84 ST		
	Total	1,378.594		29,227.94	119,317.31	90,045 53 LT 43 84 ST	3,143.19	2.63
Share Price. \$86.550, Rating. Morgan Stanley. 2, Citigroup 1, S&P. 1, Next Dividend	iley. 2, Citigroup 1, S	&P. 1, Next Dividena	Payable 03/2013	m				
GENERAL ELECTRIC CO (GE)	10/28/97	1,453.000	20.033	29,108.41	30,498 47	1,390 06 LT 1		
	2/14/06	3,100,000	33.200	102,920 00	00 690'59	(37,851.00) LT		
	Purchases	4,553.000		132,028 41	95,567.47	(36,460.94) LT		
Long Term Reinvestments		893.621		17,695 81	18,757 10	1,061 29 LT		
Short Term Reinvestments		143.352		2,802.28	3,008 96	206 68 ST		
	Total	5,589.973		152,526 50	117,333.53	(35,399 65) LT	4,248 38	3.62
						206 68 ST		
Share Price \$20.990, Rating Morgan Stanley 2, Citigroup 1, S&P. 2; Next Dividend	iley 2, Citigroup 1, S&	&P. 2; Next Dividend	Payable 01/25/13	8				
GLAXOSMITHKLINE PLC ADS (GSK)	11/14/97	1,000.000	41.422	41,421 90	43,470 00	2,048 10 LT 1		
	12/26/00	80.000	55 952	4,476.15	3,477.60	(998 55) LT 1		
	Purchases	1,080.000		45,898.05	46,947.60	1,049 55 LT		
Long Term Reinvestments		269 298		10,971 21	11,706 38	735 17 LT		
Short Term Reinvestments		15.853		732 65	689 13	(43 52) ST		
	Total	1,365.151		57,601.91	59,343.11	1,784.72 LT	3,165 79	5.33
						(43.52) ST		
Share Price \$43 470, Rating S&P 3, Next Dividend Payable 01/03/13	t Dividend Payable 01,	/03/13						
INTEL CORP (INTC)	11/14/97	3,999.000	19 671	78,664 82	82,459 37	3,794.55 LT 1		
	12/26/00	22,000	34.626	761 77	453 63	(308.14) LT 1		
	Purchases	4,021.000		79,426 59	82,913.00	3,486 41 LT		
Long Term Reinvestments		619.074		12,321.72	12,765 30	. 443.58 LT		
Short Term Reinvestments		117.756		3,017 35	2,428 12	(589 23) ST		
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CLIENT STATEMENT | For the Period December 1-31, 2012

Holdings

Active Assets Account 383-120683-042

HOEHL FAMILY FOUNDATION ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

STOCKS

COMMON STOCKS (CONTINUED)

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
	Total	4,757 830		94,765 66	98,106,45	3,929,99 LT (589,23) ST	4,282 05	4.36
Share Price \$20 620, Rating, Morgan Stanley 3, Citigroup 2, S&P. 2, Next Dividend Payable 03/2013	3, Citigroup 2, S&F	P. 2, Next Dividend	Payable 03/2013					
PEOPLE'S UNITED FINANCIAL INC. (PBCT)	6/26/86	2,903.206	2 998	8,703 18	35,099 76	26,396 58 LT 1		
	12/26/00	639,031	7 278	4,650 94	7,725.88	3,074 94 LT 1		
	5/14/07	28.352	14 592	413.70	342 78	(70 92) LT		
	8/13/07	26 617	15 658	416 76	321 80	(94 96) LT		
	Purchases	3,597.206		14,184.58	43,490.22	29,305 64 LT		
Long Term Remvestments		665 129		9,891 92	8,041 41	(1,850 51) LT		
Short Term Reinvestments		169 398		2,061 49	2,048 02	(13.47) ST		
	Total	4,431 733		26,137 99	53,579.65	27,455 13 LT	2,836 31	5 29
						(13 47) ST		
Share Price \$12 090, Rating, Morgan Stanley 2, S&P 2, Next Dividend Payable 02/2013	2, S&P 2, Next DIV	idend Payable 02/2	:013					
PEPSICO INC NC (PEP)	6/21/91	1,706.000	14 056	23,979 80	116,741 57	92,761 77 LT 1		
	12/20/02	320.000	41.051	13,136 19	21,897 59	8,761 40 LT 1		
	Purchases	2,026.000		37,115 99	138,639.16	101,523.17 LT		
Long Term Reinvestments		268.291		17,085 47	18,359 15	1,273 68 LT		
Short Term Reinvestments		53 588		3,624 70	3,667 02	42 32 ST		
	Total	2,347 879		57,826 16	160,665.35	102,796 85 LT	5,047.94	3 14
						42 32 ST		
Share Price, \$68 430, Rating Morgan Stanley, 1, Citigroup 2, S&P. 1, Next Dividend	. I, Citigroup 2, S&F	P. 1, Next Dividend	Payable 01/02/13					
SHIRE PLC ADR (SHPG)	9/21/95	521.000	24.299	12,659.59	48,025.78	35,366 19 LT 1	239.66	0.49
Share Price. \$92 180								
WALT DISNEY CO HLDG CO (DIS)	4/10/92	1,810.000	12.612	22,827 99	90,119 90	67,291 91 LT 1		
	12/26/00	000 86	25 167	2,466.33	4,879 42	, 2,413.09 LT 1		
	12/21/01	1,300.000	20 402	26,523.23	64,727 00	38,203 77 LT 1		
	12/4/02	800 000	17 549	14,039.51	39,832 00	25,792,49 LT 1		
	Purchases	4,008.000		65,857 06	199,558.32	133,701 26 LT		
Long Term Reinvestments		202.311		5,931 43	10,073 06	4,141.63 LT		
Short Term Reinvestments		64.760		2,526 19	3,224 40	698.21 ST		
							Ö	CONTINUED

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CLIENT STATEMENT | For the Period December 1-31, 2012

Holdings

Active Assets Account 383-120683-042

HOEHL FAMILY FOUNDATION ATTN: ROBERT F HOEHL

INTERESTED PARTY COPY

STOCKS

COMMON STOCKS (CONTINUED)

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
	Total	4,275.071		74,314 68	212,855.78	137,842 89 LT 698.21 ST	3,206 30	1.50
Share Price \$49.790, Rating Morgan Stanley. 1, Citigroup 1, S&P 1, Next Dividend F	y. 1, Citigroup 1, S&P	1, Next Dividen	d Payable 12/2013	13				
ZIMMER HLDGS INC (ZMH)	8/31/00	281.000	25 424	7,144.19	18,731 46	11,587 27 LT 1		
	12/26/00	24 000	18 375	441.00	1,599.84	1,158 84 LT 1		
	Purchases	305.000		7,585 19	20,331.30	12,746,11 LT		
Short Term Reinvestments		1.790		109 96	119 32	9 36 ST		
	Total	306,790		7,695 15	20,450.62	12,746.11 LT	220 89	1.08
Share Price \$66.660, Rating Morgan Stanley 2, Citigroup. 3, S&P. 2, Next Dividend Payable 01/25/13	r 2, Citigroup. 3, S&P.	· 2, Next Dividen	d Payable 01/25/	13		9.36 ST		
Percentage of Assets % Total Cost Market Value	11111111111111111111111111111111111111	Percentage of Assets %		Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income Accrued Interest	Yield %
STOCKS	MANAGEMENT CALLS AND TO VIOLET AND THE CALL OF THE CAL	64.4%		1,659,681.96	\$1,382,845.31	\$423,605,56 LT \$433,46 ST	\$33,597.58 \$0.00	2.43%
MUNICIPAL BONDS								
Security Description	Trade Date	Orig. Face Value, Adj.	ng. Unit Cost	Orig. Total Cost Adj Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income Accrued Interest	Yield %
VERMONT HSG FIN AGY MULTIPLE PURP REV SER C-1 CUSIP 924190ED9	8/21/08	335,000,000	\$100 000 \$100 000	\$335,000,00 \$335,000 00	\$339,941.25	\$4,941.25 LT	\$17,922 50 \$2,987.08	5.27
Unit Price \$101 475, Coupon Rate 5 350%,	5.350%, Matures 05/01/2036, Int. Semi-Annually	Int Semi-Annua		Sallable \$100 00 on 05	5/01/18, Yield to Call 5	May/Nov 01, Callable \$100 00 on 05/01/18, Yield to Call 5 030%, Federal Tax Exempt, Moody AA3, Issued 09/24/08	Moody AA3, Issued 09/2	24/08
AND ALL AND AND TO THE COMMISSION OF THE PARTY AND	A COMMONDARIO POR PARA PARA PARA PARA PARA PARA PARA	Eace Value Percentage of Assets %			Market Value	Unrealized Gain/(Loss)	Estimated Annual Income Accrued Interest	"Xield %
MUNICIPAL BONDS		335,000.000		\$335,000.00 \$335,000.00	\$339,941,25	\$4,941.25 LT	\$17,922.50 \$2,987.08	5.27%

Page 9 of 22

1,723, 786.56

16187 8861

Total

BUSINESS ACCOUNTS

TRUST ACCOUNTS

EDUCATION ACCOUNTS

RE FIREMEN F ACCOUNTS

PERSONAL ACCOUNTS

OTHER INVESTMENTS

ı

PART II

FORM 990PF,

ROCKEFELLER GLOBAL EQUITY FUND ROCKEFELLER ALT STRATEGIES FD ROCKEFELLER US SMALL CAP SATURN PARTNERS LP III 5500 FUND

TOTALS

DING	VALUE
END	BOOK

ENDING FMV 28,989. 17,976,201. 3,309,566. 5,682,831. 458,308. 160,995. 14,996,331. 2,034,397. 5,176,094. 565,971.

27,455,895.

22,933,788.

ATTACHMENT 10

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

DIFFERENCE BETWEEN COST AND FAIR MARKET VALUE OF ASSETS CONTRIBUTED

138,387.

TOTAL

138,387.

ATTACHMENT 11

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

NO FILING REQUIRED

0

0

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			
KRYSTIN B. DOWNES 1259 NORTH ROAD TULLY, NY 13159	TRUSTEE - AS REQUIRED	0	0	J
ROBERT F. HOEHL 1560 GULF BOULEVARD #PH4 CLEARWATER, FL 33767	TRUSTEE - AS REQUIRED	0	0	O
JOHN M. HOEHL 1535 SPEAR STREET SOUTH BURLINGTON, VT 05403	TRUSTEE - AS REQUIRED	0	0	
RONALD L. ROBERTS 360 ROUTE 101, SUITE 13C BEDFORD, NH 03110	TREASURER & TRUSTEE - AS REQ	0	0	J

0

0

GRAND TOTALS

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ROBERT F. HOEHL 1560 GULF BOULEVARD #PH4 CLEARWATER, FL 33767 802 238-0990

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

QUALIFIED CHARITABLE, RELIGIOUS, EDUCATIONAL AND/OR SCIENTIFIC ORGANIZATIONS

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PURE WATER FOR THE WORLD BRAITLEBORD, VI	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	20,000.
RONALD MCDONALD HOUSE BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
LUND FAMILY CENTER BURLINGTON, VI	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	200,000.
HOLY CROSS SCHOOL COLCHESTER, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
ST. PETER'S CHURCH VERGENNES, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	75,500.
SYRACUSE BEHAVIORAL HEALTH SYRACUSE, NY	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	50,000.

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ATTACHMENT 15 (CONT'D)

FORM 990PF, PART XV - 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
OUR LADY OF PROVIDENCE WINOOSKI, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	50,000.
PREVENT CHILD ABUSE VERMONT MONTPELIER, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
STERN CENTER BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	584,000.
VERMONT FAMILY NETWORK WILLISTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	20,000.
MAPLE LEAF FARM JERICHO, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	200,000.
RICE MEMORIAL HIGH SCHOOL BURLINGTON, VI	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	5,000.

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ATTACHMENT 15 (CONT'D)

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	5,000.
DEVELOPMENT DEPARTMENT PREBLE STREET EATON, OH	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
CATHERINE MCCAULEY HIGH SCHOOL PORTLAND, ME	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
COTS BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	25,000.
Jarhead Pinhead organization Falmouth, Me	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	10,000.
BURLINGTON YMCA BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	12,000.

10079-400

03-0354374

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CHMENT	
ATTA(

PARISH OF THE HOLY EUCHARIST FALMOUTH, ME ACTR MIDDLEBURY, VT BOXS & GIRLS CLUB BURLINGTON, VT TULLY ELEMENTARY SCHOOL DISTRICT TULLY, NY	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT NO RELATIONSHIP EXEMPT NO RELATIONSHIP EXEMPT NO RELATIONSHIP EXEMPT NO RELATIONSHIP EXEMPT EXEMPT NO RELATIONSHIP EXEMPT	GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT	10,000. 10,000. 10,000. 50,000.
FOR ONE ANOTHER FOUNDATION BURLINGTON, VT	NO RELATIONSHIP EXEMPT	GENERAL SUPPORT	5,000.

TOTAL CONTRIBUTIONS PAID

1,481,500.

2:03:09 PM

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OTHER INCOME FROM PASS-THROUGH ENTITIES PARTNERSHIP FEE REIMBURSEMENT			01	-5,562. 227,051.	
TOTALS				221,489.	

ATTACHMENT 16 PAGE 38

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.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

2012

Name	of estate or trust			- · · · - · · · · · · · · · · · · · · ·	Employer identifi	cation	number
F	HOEHL FAMILY FOUNDATION				03-03543	74	
Note	e: Form 5227 filers need to complete only Pa						
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(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	basis ns)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
	·······						
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b	<u>. </u>	.]	1b	
2	Short-term capital gain or (loss) from Forr					2	
3	Net short-term gain or (loss) from partners					3	-18,475.
4	Short-term capital loss carryover Enter Carryover Worksheet	•		ne 9 of the 2011	Capital Loss	4	()
5	Net short-term gain or (loss). Combine column (3) on the back	lines 1a through	gh 4 in colum	n (f) Enter here and	d on line 13,	5	-18,475.
Par	t Long-Term Capital Gains and Lo	sses - Assets	Held More T	han One Year			
	(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 instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
							<u> </u>
				_			
						•	
b	Enter the long-term gain or (loss), if any, fi	rom Schedule D-	1, line 6b			6b	232.
7	Long-term capital gain or (loss) from Forn					7	
8	Net long-term gain or (loss) from partners					8	1,321,665.
9	Capital gain distributions					9	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover. Enter	the amount if			Capital Loss	10	
• •			•		•	11	()
12	Net long-term gain or (loss). Combine li column (3) on the back			· · · · · · · · · · · · · · · · · · ·		12	1,321,897.
For F	Paperwork Reduction Act Notice, see the Instru	uctions for Form 1	041.		Sc		e D (Form 1041) 2012

chedule D (Form 1041) 2012				Page 2
Part III Summary of Parts I and II		1) Beneficiaries'	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this page 3 Net short-term gain or (loss)		(see instr)	OI HUSES	-18,475.
Net short-term gain or (loss) 1 Net long-term gain or (loss):	3			-10,473
1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	4a			1,321,897
	4b			-,022,037
the state of the s	4c			
c 28% rate gain1 5 Total net gain or (loss). Combine lines 13 and 14a	_		_	1,303,422
ote: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or		990-T. Part I. line 4a	n) If lines 14a and	
ains, go to Part V, and do not complete Part IV If line 15, column (3), is a net	loss, c	omplete Part IV and	the Capital Loss	Carryover Worksheet, a
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part	l line	4c if a trust), the sm	aller of	
a The loss on line 15, column (3) or b \$3,000 ote: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	ge 1, l	ne 22 (or Form 990	T, line 34), is a lo	ss, complete the Capit
oss Carryover Worksheet in the instructions to figure your capital loss carryover		***		
Part V Tax Computation Using Maximum Capital Gains Rates	(0)			D. 4 I D. 4 II
orm 1041 filers. Complete this part only if both lines 14a and 15 in column		•	nount is enterea	in Part I or Part II an
ere is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more t aution: Skip this part and complete the Schedule D Tax Worksheet in the ins				
Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or	ii aciio	113 11		
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	gains,	or qualified divid	ends are include	ed in income in Part
Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part an				
either line 14b, col (2) or line 14c, col (2) is more than zero.				
Finter 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				
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				
0 Add lines 18 and 19		7		
1 If the estate or trust is filing Form 4952, enter the			Ì	
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		
4 Enter the smaller of the amount on line 17 or \$2,400		24	}	
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.		1		
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 27	2	27		
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
			7	
9 Subtract line 28 from line 27		29		
Multiply line 29 by 15% (.15)			30	
1 Figure the tax on the amount on line 23. Use the 2012 Tax Rate 5				
(see the Schedule Ginstructions in the instructions for Form 1041)			31	
2 Add lines 30 and 31			32	
Figure the tax on the amount on line 17. Use the 2012 Tax Rate S			d Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)			33	
4 Tax on all taxable income. Enter the smaller of line 32 or line 33 her				
G, line 1a (or Form 990-T, line 36)	<u></u> .	<u> </u>	34	
				lule D (Form 1041) 201

JSA 2F1220 2 000

Schedule D-1 (Form 1041) 2012 Page 2 Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number HOEHL FAMILY FOUNDATION 03-0354374 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (e) Cost or other basis (d) Sales price acquired (mo, day, yr) (mo, day, yr) (see instructions) 6a CASH IN LIEU - LITIGATION **PROCEEDS VARIOUS VARIOUS** 232. 232.

232.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b.

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Department of the Treasury Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967) ▶ Information about Form 4720 and its separate instructions is at www.irs.gov/form4720

2012

OMB No 1545-0052

For cale	ndar year 2012 or other tax year beginnin	g	,2012, and ending		,20
Name o	organization or entity			Emp	oloyer identification number
HOEH	L FAMILY FOUNDATION			03	3-0354374
Number	, street, and room or suite no (or P O bo	x if mail is not delivered to street address)		Che	ck box for type of annual return
1560	GULF BOULEVARD #PH4				Form 990 Form 990-EZ
City or to	own, state, and ZIP code		· · · · · · · · · · · · · · · · · · ·	T X	Form 990-PF
CLEA	RWATER	FL 33767			1
		12 00.0.		_11	Form 5227 Yes No
B F	las corrective action been take orm? (Enter "N/A" if not applicab "Yes," attach a detailed descri alue of any property recovered a	ate foundation within the meaning n on any taxable event that resole)	sulted in Chapter 42 taxes beir corrective action taken and, if	ng rep appl	ported on this N/A sizeble, enter the fair market
	cts or transactions), attach an e				
Part l	_	(Sections 170(f)(10), 664(c)(2), 959, 4965(a)(1), and 4966(a)(1))		13(a),	4944(a)(1),
1 T	ax on undistributed income - Sc	hedule B, line 4		1	
		- Schedule C, line 7			
		ze charitable purpose - Schedule			
		hedule E, Part I, column (g)			
		hedule F, Part I, column (e)			
		ures - Schedule G, line 4			
		enditures - Schedule H, Part I, co			
		al benefit contracts			
		d tax shelter transactions - Scheo			
		edule K, Part I, column (f)			
		ist's unrelated business taxable i			
		ements of section 501(r)(3) - Sch			
		· · · · · · · · · · · · · · · · · · ·		13	+
Part	-A Taxes on Managers, Se	elf-Dealers, Disqualified Pers	ons, Donors, Donor Advisor		
		4944(a)(2), 4945(a)(2), 4955(a)(2),	-		
-	·	Name and address of person subject to ta			b) Taxpayer (dentification number
a	,-,			+-	
h				+	
<u></u>					
	(c) Tax on self-dealing - Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize chantable purpose - Schedule D, Part II col (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col (d)		(f) Tax on political expenditures - Schedule F, Part II, col (d)
a					
b				ļ	
2					
Total					
	(g) Tax on disqualifying tobbying expenditures - Schedule H, Part II col (d)	(h) Tax on excess benefit transactions - Schedule I, Part II col (d), and Part III, col (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col (d)		(j) Tax on taxable distributions - Schedule K, Part II, col. (d)
9					
)					
;					
Γotal					
	(k) Tax on prohibited benefits - Sch L, Part II, col (d) and Part III, col (d)			(I) Total - Add cols (c) through (k)
3				<u> </u>	
<u> </u>					
<u> </u>					
<u> Fotal</u>					
or Priv	acy Act and Paperwork Reduction	Act Notice, see the separate instruc	ctions		Form 4720 (2012)

	20 (2012)	. T (O	T D				1 age 2			
	-B Summary o									
1 Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the										
						1				
					tions)	3				
		•	•	•	ructions)	4				
					This is your refund ▶	5				
					If-Dealing (Section 4941)					
Part I	Acts of Self-		Tax Computati		<u> </u>					
(a) Act number	(b) Date of act		(c) Description of act							
1										
2				. 						
3										
4										
5										
(d)	Question number from Fort VII-B, or Form 5227,	Form 990-PF,	(e) Amount	nvolved in act	(f) Initial tax on self-dealing		Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of			
	applicable to the		(c) / in out it		(10% of col (e))	L app.	col (e))			
					L	<u> </u>				
			<u> </u>	· 		ļ				
			 			ļ				
			 			ļ				
Part II	Summary of	Tax Liability	of Self-Dealers	and Proration	of Payments					
	(a) Names of s	elf-dealers liable fo	r tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount		(d) Self-dealer's total tax liability (add amounts in col. (c))			
				Part I, Cor (a)	or prorated amount		(see instructions)			
							-			
					<u> </u>		-			
										
										
							-			
							1			
							1			
							1			
Part II	Summary of	Tay Liabilit	of Foundation	Managers and	Proration of Payments					
ганы	Juninary or	Tax Liability	or r oundation	l	[(d) Manager's total tax liability			
	(a) Names of founda	ation managers lia	ble for tax	(b) Act no from Part I col (a)	(c) Tax from Part I, col (g), or prorated amount		(add amounts in col. (c)) (see instructions)			
							(
				 			1			
				-			1			
							1			
							1			
	S	CHEDULE E	3 - Initial Tax	on Undistribu	ted Income (Section 494	12)				
1 U					or 2012, Part XIII, line 6d)	1				
2 U	ndistributed incom	ne for 2011 (fr	om Form 990-Pf	for 2012, Part 2	XIII, line 6e)	2				
					g in 2012 and subject to tax	(
						3				
					<u> </u>	4				
							5 4720 (2012)			

		LE C - Initial Tax on	Exce	ss Bus	iness Holdi	n gs (Section 494	3)
	lings and Compu						
			ness e	nterprise	e, attach a sepa	arate schedule for ea	ch enterprise Refer to the
		e making any entries					
	s of business enterprise	2					
	CIENCES, LLC						
2100 WHARTO	ON ST, SUITE	615		PJ	TTSBURGH,	PA 15203	
Employer identif	ication number	<u></u>	<u>.,.</u>			▶27-29	10593
Form of enterpri	se (corporation, pa	rtnership, trust, joint ve	nture,	sole prop	prietorship, etc.)	▶ PARTN	ERSHIP
				(profit	(a) ing stock s interest or cial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation	holdings in busines	s enterprise	1		2.3370 %	2.3370 %	
2 Permitted he	oldings in business	enterprise	2		32.3500 %	32.3500 %	
3 Value of exc	cess holdings in bus	siness enterprise	3				
4 Value of e.	xcess holdings dis	sposed of within 90					
		excess holdings not					
		(attach explanation)	4				
	_	business enterprise -					
line 3 minus	line 4 ,		5				
C T F-1	4004 . 51 . 5						
6 Tax - Enter			6				· · · · · · · · · · · · · · · · · · ·
		line 6, columns (a), and on Part I, line 2	7				
		on Investments The	at Jec	pardiz	e Charitable	Purpose (Section	on 4944)
	tments and Tax			•			
(a) Investment number	(b) Date of investment	(c) Description of in	ivestmen	ıt	(d) Amount of investment	(e) Initial tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10 000 or 10% of col (d))
1							
2							
3							
4							
5							
		n Part I, line 3					
		orated amount) here an					
		ility of Foundation M					
(a) Nam	es of foundation manage		(b) Inve	n Part I,		rt I, col (f) or prorated mount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
·							
		-					
		-					
							Form 4720 (2012)

				s on Taxable Ex	(Separatures)	ection 4945)		
Part I	Expenditures a	nd Computation	of Tax		,			
(a) Item number				Name and address of re	cipient	(e) Description of expenditure and purposes for which made		
1			 					
2			ļ					
3	· -		 					
4			 					
(f) Questio	on number from Form 99 27, Part VI-8 applicable		(g) Ir	nitial tax imposed on foo (20% of col. (b))	undation	manage	I tax imposed on foundation ers (if applicable) - (lesser of 0,000 or 5% of col. (b))	
				·				
	umn (g) Enter hei							
otal - col	umn (h) Enter tot	al (or prorated an		d in Part II, column				
Part li	Summary of Ta	x Liability of Fo	undation Ma	nagers and Pro	ration of Paym	nents		
	(a) Names of founda	tion managers liable for	tax	(b) Item no from Part I, col (a)	(c) Tax from Pa prorated a		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
								
							-	
Part I	Expenditures a			s on Political Ex	penditures (S	ection 4955)	4	
(a) Item number	(b) Amount	(c) Date paid or incurred		on of political expenditu	re organizat	tax imposed on ion or foundation 6 of col (b))	(f) Initial tax imposed on managers (if applicable) (lessei of \$5 000 or 2 1/2% of col (b)	
1								
$-\frac{2}{3}$							- 	
$-\frac{3}{4}$					 			
5								
	umn (e) Enter hei							
				d in Part II, column		ners and Pror	ation of Payments	
	(a) Names of organization managers or foundation managers liable for tax			(b) Item no from Part I, col (a) (c) Tax from Part I col (f), or prorated amount			(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
		·				·····	(see instructions)	
							-	
							_	
							-	
 -				1			Form 4720 (20)	

(a) Names of organization managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Manager's total tax liabili (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I **Excess Benefit Transactions and Tax Computation** (a) (b) Date of (c) Description of transaction Transaction transaction number 1 2 3 4

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))		
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				Fransactions (Section 49	58) Continued	
Part Sum	mary of Tax Liab	oility of Disqualified P	ersons and f	Proration of Payments		
(a) N	ames of disqualified pe	rsons liable for tax	(b) Trans no from Part t col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax fiability (add amounts in cot (c)) (see instructions)	
· - · · · · · · · · · · · · · · · · · ·						
·						
Dort III. Sum	manu of Tay Link	ility of 504(a)(2) (a)(4)) 8 (=)(20) Or	ganization Managars and	d Progation of Payments	
Part III Sum	mary of Tax Liat	onity of 501(c)(3), (c)(4)) & (C)(29) OI	ganization Managers and		
(a) Names of 50	01(c)(3) (c)(4) & (c)(29) orga	inization managers liable for tax	(b) Trans no from Part I col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
				<u></u>		
				-		
					·	
	SCHEDULE J - 1	Taxes on Being a Part	y to Prohibit	ed Tax Shelter Transacti	ons (Section 4965)	
	nibited Tax Shelf Instructions)	ter Transactions (PTS	ST) and Tax Ir	nposed on the Tax-Exem	pt Entity	
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection		(d) Description o	f transaction	
1						
2						
3		-				
4						
5						
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No			(g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions)			
Fotal - column ((h) Enter here and	on Part I, line 9	<u> </u>	<u></u>	7.720 (0.10	

Part II	Tax Imp	osed on Entity Managers (Sec	ction 4965	o) Con	ntınued		
	(a)	Name of entity manager	(b) Trans number Part I, co	from	(c) Tax - enter \$20 transaction listed in c manager in c	col (b) for each	(d) Manager's total tax liability (add amounts in col. (c))
						· · · · · · · · · · · · · · · · · · ·	
							-
			ids (Secti	ons of on 49	Sponsoring Orga 66) See the instru	nizations Mai ctions	ntaining Donor
Part I (a) Item number		(b) Name of sponsoring organization donor advised fund				(c) Description	of distribution
1							
 4			, .				
(d) Date of o	distribution	(e) Amount of distribution		(f) Tax imposed on organization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)	
		nter here and on Part I, line 10 nter total (or prorated amount) he		art II, c	column (c), below		
Part II	Summa	ry of Tax Liability of Fund Man	agers and	Pror	ation of Payments		
	(a) Name o	f fund managers liable for tax	(b) Item no : Part I col ((c) Tax from Part I, col amount	(g) or prorated	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							-
							
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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967) See the instructions

Part I P	rohibited Benefits a	nd Tax Computa	tion						
(a) Item number	(b) Date of prohibited benefit		(c) Description of benefit						
1									
2									
3									
4									
5									
(d) Amoun	t of prohibited benefit	1	ited benefit (125% of col. (d)) e instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)					
									
									
Part II S	ummary of Tax Liabi	lity of Donors, D	onor Advisors, Related	Persons and Proration of Payments					
(a) Names of donors, donor advisor, or related persons liable for tax		(b) Item no from (c) Tax from Part I col (e) or Part I col (a) prorated amount		(d) Donor donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)					
_									
Part III T	ax Liability of Fund N		oration of Payments						
(a) Names of	fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)					
	 								
	:								
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Schedule M - Tax on Failure to Meet the Community Health Needs Assessment Requirements (Section 501(r)(3)) (See Instructions)

-		rements (Section 50 (1)(5)) (See in			
Part I	Name of Hospital Facility a	nd Summary of Failure to Meet Sectio	n 501(r)(3)		
(a) Item	(b) Name of facility	(c) Description of the failure	(d) Tax year hos facility last conduc CHNA	•	(e) Tax year hospital facility last adopted an implementation strategy
1					
3					
3					
4					
5					
Part II	Computation of Tax				
1 Num	nber of hospital facilities operated	by the hospital organization that failed to m	neet the Community		· - · ·
		nts of section 501(r)(3)	· 1	1	
		1 here and on Part I, line 12		2	

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	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stacknowledge and belief it is true correct and complete Declaration of preparer (other than taxpayer) is based on all if any knowledge.	
	Signature of officer or trustee Signature of officer or trustee Title	Nov 8, 20
Sign	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person donor, donor advisor or related person	Date
Here	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer disqualified person, donor donor advisor or related person	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor donor advisor, or related person May the IRS discuss this return with the preparer shown below? (see instructions)	Date No
Paid Preparer	Print/Type preparer's name CATHY H ATTIG CIA Preparer's signature CATHY H ATTIG CIA Preparer's signature CATHY H ATTIG CIA Sel	leck of PTIN PO0641183
Use Only		Firm's EIN > 20-3682035 Phone no 802-383-0399
•	France address a too transmit by to b gooth boltmington, at any	FROMERIO OUZ JOJ UJJJ

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