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# **EXTENSION ATTACHED**

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

Treated as a Private Foundation

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

2012

For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number WHISPERING BELLS FOUNDATION 13-6962126 C/O MCGLADREY LLP Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1185 AVENUE OF THE AMERICAS (212)372-1210City or town, state, and ZIP code C If exemption application is pending, check here NEW YORK, NY 10036 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 1,398,200. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purpose: (cash basis only) expenses per books income ıncome 550,000. N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT 22,993. 22,993 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 9,228 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 291,572. 9,228 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) Other income 11 582,228 32,228 12 Total. Add lines 1 through 11 13 Ο. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees RECEIVE and Administrative 17 Interest 18 REACK NOV 25 2013 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings OGDEN, UT 22 Printing and publications 3,380 STMT 3 3.130.250. Operating 23 Other expenses 24 Total operating and administrative 3,380 3,130. 250. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 260,050 260,050. 26 Total expenses and disbursements. 263,430 260,300. 3,130 Add lines 24 and 25 27 Subtract line 26 from line 12 318,798 a Excess of revenue over expenses and disbursements 29,098. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

23501 2-05-12 LHA For Paperwork Reduction Act Notice, see instructions. 2 625 -Form 990-PF (2012)

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End of year

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	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	ear ear
Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments .	293,247.	414,089.	414,089
3	Accounts receivable	7		7 - 1 - 74.11 - 11 - 11 - 11 - 11 - 11 - 11 - 11
	Less allowance for doubtful accounts			
4	Pledges receivable			
i	Less allowance for doubtful accounts			
5	Grants receivable .			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts			
8   8	Inventories for sale or use			
9				
10	a Investments - U.S. and state government obligations STMT 4	277,286.	374,938.	393,373
- 1	b Investments - corporate stock STMT 5	426,514.	526,818.	393,373 590,738
1	c Investments - corporate bonds		·	•
1	Investments - land, buildings, and equipment basis		***	··· ·· · · · · · · · · · · · · · · · ·
1	Less accumulated depreciation			
12	· · · · · · · · · · · · · · · · · · ·		-	
13				
14	Tarana and the same of the sa	<del></del>	***	
'	Less, accumulated depreciation		1	
15				
."				
16	Total assets (to be completed by all filers)	997,047.	1,315,845.	1,398,200
	Accounts payable and accrued expenses	•	•	·····
18	· · · · · · · · · · · · · · · · · · ·			
1	· •			
20				
20 21				
20	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0.	0.	
1-5	Foundations that follow SFAS 117, check here			
ľ	and complete lines 24 through 26 and lines 30 and 31.			
3 24	Unrestricted			
25				
26				
2	Foundations that do not follow SFAS 117, check here			
3	and complete lines 27 through 31.			
27	· · · · · · · · · · · · · · · · · · ·	0.	0.	
28	· · · · · · · · · · · · · · · · · ·	0.	0.	
29		997,047.	1,315,845.	
24 25 26 27 28 29 30		997,047.	1,315,845.	
-		•		
31	Total liabilities and net assets/fund balances	997,047.	1,315,845.	
	Analysis of Changes in Net Assets or Fund Ba			
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	ust agree with end-of-year figure reported on prior year's return)		1	997,047
•	er amount from Part I, line 27a		2	318,798.
	er increases not included in line 2 (itemize)		3	0
Add	1 lines 1, 2, and 3		4	1,315,845
Dec	creases not included in line 2 (itemize)		5	0 .
i Tot	al not accete or fund halances at end of year /line 4 minus line 5) - Part II col	lumn (h) line 30	6	1.315.845.

Beginning of year

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Part IV: Capital Gains				income						
	ribe the kind(s) of p irehouse, or comm				P	low ac - Purch - Dona	nase '	<b>c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
12 PUBLICLY TRADED SECURITIES						2/31/12	12/31/12			
b PUBLICLY TRADED SECURITIES					P 1	2/31/12	12/31/12			
c CAPITAL GAINS	DIVIDEND	S								
d										
е										
(e) Gross sales price	(f) Depreciat (or allo			t or other basis xpense of sale				(h) Gain or (lo (e) plus (f) minu		
a 134,191.				133,12	1.				1,070.	
b 152,698.				149,22	3.				1,070. 3,475.	
c 4,683.				<u> </u>					4,683.	
d										
е										
Complete only for assets showing	ig gain in column (	h) and owned by t	the foundation	on 12/31/69				Gains (Col. (h) ga		
(i) F M V as of 12/31/69	(j) Adjust as of 12		, , ,	cess of col (i) col (j), if any				k), but not less t Losses (from co		
a									1,070.	
b							-		1,070. 3,475.	
C									4,683.	
d		•					•			
e										
2 Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0	n Part I, line :	7 7	}	2			9,228.	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	ss) as defined in se				1					
If (loss), enter -0- in Part I, line 8	coluinii (c)				P	3		N/	Α	
Part V Qualification U	nder Section	4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco			
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in a section of the s	tion 4942 tax on th lify under section 4	940(e) Do not co	mplete this pa	rt					Yes X No	
(a)	each column for ea		ISTRUCTIONS DE	ore making any e					(d)	
Base period years Calendar year (or tax year beginni	ng in) Adjus	(b) ted qualifying dis		Net value of no	(c) nchar			Distribution ratio (col (b) divided by col (c))		
2011			8,250.				9,433.	•	.751384	
2010			9,457.				9,918.		.743626	
2009			1,362.		1		2,291.		.757502	
2008			5,850.	·····			8,163.		.636128	
2007		12	6,752.			02	8,342.	ļ ļ	1.156619	
2 Total of line 1, column (d)								2	4.045259	
3 Average distribution ratio for the the foundation has been in existent	•		on line 2 by 5,	or by the number	ot ye	ars		3	.809052	
4 Enter the net value of noncharitati	ole-use assets for 2	012 from Part X,	line 5					4	1,047,203.	
5 Multiply line 4 by line 3		-						5	847,242.	
6 Enter 1% of net investment incom	ne (1% of Part I, lin	e 27b)						6	291.	
7 Add lines 5 and 6								7	847,533.	
8 Enter qualifying distributions from	n Part XII line 4							8	260,300.	
If line 8 is equal to or greater than		ox in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax r	ate		200,000	
See the Part VI instructions	<del></del>	<u> </u>						<del></del>	Form <b>990-PF</b> (2012)	
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WHISPERING BELLS FOUNDATION

Form	990-PF (2012) C/O MCGLADREY LLP				962126		Page 4	
Рa	rt VI. Excise Tax Based on Investment Income (Section 4940(a	), 4940(b), 4	940(e), or 4	948 - s	ee instru	uctio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter	"N/A" on line 1	J					
	Date of ruling or determination letter (attach copy of letter if necess	ary-see instructi	ons)	+				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	, }	1		5	82.	
	of Part I, line 27b	-			,,,,,		,,	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	Part I, line 12, co	ı (b) Ј					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others	s enter -0-)		2			0.	
3	Add lines 1 and 2			3		5	82.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Other	s enter -0-)		4			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5		_ 5	82.	
6	Credits/Payments						•	
а	2012 estimated tax payments and 2011 overpayment credited to 2012	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
đ	Backup withholding erroneously withheld	5d						
7	Total credits and payments Add lines 6a through 6d			7			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d		8			12.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9		5	94.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax		Refunded >	11				
Pa	rt 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 or intervene in								
	any political campaign?				1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (	(see instructions	for definition)?		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any ma	iterials publishe	ed or				
	distributed by the foundation in connection with the activities.						1	
C	Did the foundation file Form 1120-POL for this year?				10		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ır						
	(1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶	\$	0.		Ė			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	tax imposed on	foundation		ŧ		1	
	managers ▶ \$0 .				[			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X	
	If "Yes," attach a detailed description of the activities.				-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instri	ument, articles o	fincorporation, o	r			]	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/I	A 4b			
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.					.,,		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				1			
	By language in the governing instrument, or				ŧ			
	• By state legislation that effectively amends the governing instrument so that no mandatory dir	rections that conf	lict with the state	law			-	
	remain in the governing instrument?				6_	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х		
	If "Yes," complete Part II, col (c), and Part XV.					I	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>&gt;</b>					1	
	NY							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney General (or d	esignate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	X		
9	is the foundation claiming status as a private operating foundation within the meaning of section	n 4942(j)(3) or 4	942(j)(5) for cale	ndar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," comp	olete Part XIV			9		X	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule lis'	ting their names and	l addresses		10		X	
	<del></del>				Form <b>990</b>	-PF	(2012)	

	, Whiteking bedde roundation				
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P	art VII-A Statements Regarding Activities (continued)				
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
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?			
	If "Yes," attach statement (see instructions)	-	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of JOHN MCPARLAND  Telephone no.	<b>►(212)</b> 3	72-	121	0
	Located at ► MCGLADREY LLP, 1185 6TH AVENUE, NEW YORK, NY	ZIP+4 ▶10	036		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign				
	country				
P	art VII-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.			Yes	No
18	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?	es X No	[		,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es X No			:
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es X No			
	(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)?	es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1	:
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days )	es X No	ŀ	-	
1	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	16	]	
	Organizations relying on a current notice regarding disaster assistance check here				
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1	
	before the first day of the tax year beginning in 2012?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5))		-	İ	
á	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin			I	
	before 2012?	es 🗓 No		1	
	If "Yes," list the years 🕨		F	Ī	
t	a Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	•	ŀ		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1	
	statement - see instructions )	N/A	2b		
(	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			I	
	<b>-</b>			- [	
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1	
	- ·	es X No		}	
t	o if "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons aft			- 1	
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d			1	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C			1	
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	ļ	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could ignored be charitable purpose.	ı that		3	

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

		<del> </del>		<u> </u>	
2	Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				
				]	
_					
_			<del>-</del>		
_					
_		<del></del>			
_		<b>⊣</b>		}	
_					
_		_		!	
_		<u></u>			
T	atal number of other employees paid over \$50,000			<b>N</b>	

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enti-	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del> </del>
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	Expenses
1 N/A		
		]
2		_
		_
3		-
		+
4		
4		†
		†
Part IX-B Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A		
2		
		4
All other are represented in contract to the c		<u> </u>
All other program-related investments. See instructions		
3		1
		†
Total. Add lines 1 through 3	<u> </u>	0.
	<del>-</del> ·	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		<del> </del>
а	Average monthly fair market value of securities	1a	951,207.
b	Average of monthly cash balances	1b	951,207. 111,943.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	1,063,150.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,063,150.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,947.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,047,203.
6	Minimum investment return. Enter 5% of line 5	6	52,360.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	52,360.
2a	Tax on investment income for 2012 from Part VI, line 5		•
b	Income tax for 2012 (This does not include the tax from Part VI )	1 1	
C	Add lines 2a and 2b	2c	582.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	51,778.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	51,778.
6	Deduction from distributable amount (see instructions)	6	0.
. 7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	51,778.
P	art XII Qualifying Distributions (see instructions)		
· 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	260,300.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	260,300.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	260,300.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

Form **990-PF** (2012)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		<del>111</del>		
line 7				51,778.
2 Undistributed income, if any, as of the end of 2012	<u> </u>	'	, , , , , <del>, , , , , , , , , , , , , , </del>	
a Enter amount for 2011 only			0.	
b Total for prior years			· • • • • • • • • • • • • • • • • • • •	
, ,,		0.		
3 Excess distributions carryover, if any, to 2012	1			
a From 2007 696, 451.	1			
b From 2008 632, 492.	1			
t From 2009 674,083.	1			
d From 2010 597, 271.	1			
e From 2011 593,814.				
f Total of lines 3a through e	3,194,111.			
4 Qualifying distributions for 2012 from	1			
Part XII, line 4 ►\$ 260,300.			_	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.	,,+,,, .	., <del>., .</del>
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.	727	rn	51 770
d Applied to 2012 distributable amount	200 522			51,778.
e Remaining amount distributed out of corpus	208,522.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,402,633.			
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		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr	1		0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of	_	•		, —
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	696,451.			
9 Excess distributions carryover to 2013.	-			
Subtract lines 7 and 8 from line 6a	2,706,182.			
10 Analysis of line 9				
a Excess from 2008 632,492.	#			
b Excess from 2009 674,083.				
c Excess from 2010 597,271.				
d Excess from 2011 593,814.	1			
e Excess from 2012 208,522.		<u> </u>		<del></del>

•	ING BELLS FO	NOITADNUC		10.50	
	LADREY LLP			13-69	62126 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			n anation	4042(1)(2) or 7	40(1)(E)
<ul><li>b Check box to indicate whether the found</li><li>2 a Enter the lesser of the adjusted net</li></ul>	Tax year	g toundation described t	Prior 3 years	4942(j)(3) or49	42(J)(5)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for	(0, 20.2	(4) 20	(6) 25.0	(2) 2000	(0) 10121
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		<del></del> -		·-	
used directly for active conduct of			]		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities			}		
Subtract line 2d from line 2c			ł		
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(i)(3)(B)(i)					
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  Part XV Supplementary Info	rmation (Complet	to this part only	if the foundation	had \$5,000 or mo	ro in accote
at any time during t				mad \$5,000 or me	
1 Information Regarding Foundation	<del>-</del>				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the clos	e of any tax
SEE STATEMENT 6	note than \$5,000). (See Se	cuon 507(a)(2) }			
	100/		/a		Ab
b List any managers of the foundation wh other entity) of which the foundation ha	o own 10% or more of the s a 10% or greater interest	estock of a corporation ( t	or an equally large portio	in of the ownership of a pa	rtnersnip or
NONE			<del></del>		<u> </u>
2 Information Regarding Contribut					
Check here X if the foundation of					
the foundation makes gifts, grants, etc	· · · · · · · · · · · · · · · · · · ·			implete items 2a, b, c, and	<u> </u>
a The name, address, and telephone num	ber or e-mail of the persor	i to wnom applications s	nould be addressed		
<b>b</b> The form in which applications should be	e submitted and informati	on and materials they sh	nould include		·
c Any submission deadlines	<del></del>				
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields,	kinds of institutions, or o	ther factors	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year 826 NYC NONE EXEMPT CHARITABLE 372 5TH AVENUE BROOKLYN, NY 11215 350. AMERICAN BOOKSELLERS FOUNDATION FOR NONE EXEMPT CHARITABLE FREE EXPRESSION (ABFFE) 19 FULTON STREET, ROOM 407 NEW YORK, NY 10038 6,000. BED-STY CAMPAIGN AGAINST HUNGER NONE EXEMPT CHARITABLE 2010 FULTON STREET BROOKLYN, NY 11233 300. NONE -CHRIST THE KING PREP SCHOOL EXEMPT EDUCATIONAL 239 WOODSIDE AVENUE NEWARK, NJ 07104 2,000. COMMON CAUSE NONE EXEMPT CHARITABLE 1133 19TH STREET WASHINGTON, DC 20036 2,000. SEE CONTINUATION SHEET(S) ► <u>3a</u> Total 260,050. b Approved for future payment NONE **▶** 3b 0. Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat (a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a			ļ		
b			-		
C	ļ				
d					
e			ļ		·- ·
g Fees and contracts from government agencies		<u> </u>			
2 Membership dues and assessments		ļ			
3 Interest on savings and temporary cash			ا ـ ا	_	
investments			14	7.	
4 Dividends and interest from securities			14	22,993.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	9,228.	
9 Net income or (loss) from special events	ł				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	1				
b		-			
G					<del>.</del>
d					<del>.</del>
e					
12 Subtotal Add columns (b), (d), and (e)		0.		32,228.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	32,228.
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities t	o the Acc	omnlishment of Ex	/emn	t Durnosas	
Relationship of Additions to		omplishment of E	Cilip		
Line No. Explain below how each activity for which inco			contrib	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than	by providing fi	unds for such purposes)			150
				· · · <del>- · · ·</del> · · · ·	
					·
			<del></del>	* <u></u>	
		<del> </del>			
					_
				-	
					<del></del>
		···			
223621 12-05-12					Form <b>990-PF</b> (2012)

Forr	•	ERING BELLS FOU CGLADREY LLP	NOITAON	13-6	5962126	Page 1
Pa	art XVII Information Reg Exempt Organiz		and Transactions a	nd Relationships With Nor	charitable	· • • · · · · · · · · · · · · · · · · ·
1	Did the organization directly or indire		g with any other organization	n described in section 501(c) of	Y	es No
	the Code (other than section 501(c)(					
а	Transfers from the reporting foundat					
	(1) Cash				1a(1)	X
	(2) Other assets				1a(2)	X
b	Other transactions					
	(1) Sales of assets to a noncharitable	le exempt organization			1b(1)	X
	(2) Purchases of assets from a none	charitable exempt organization	·		1b(2)	X
	(3) Rental of facilities, equipment, or	r other assets			1b(3)	X
	(4) Reimbursement arrangements	_			1b(4)	X
	(5) Loans or loan guarantees				1b(5)	X
	(6) Performance of services or mem	nbership or fundraising solicitatio	ns		1b(6)	X
C	Sharing of facilities, equipment, maili	ing lists, other assets, or paid em	ployees	-	1c	X
	Line no (b) Amount involved	(c) Name of noncharitable	exempt organization	(I) Description of transfers, transaction	is, and sharing arrar	igements
		***	<del>-</del>			
_						
	Is the foundation directly or indirectly in section 501(c) of the Code (other)	than section 501(c)(3)) or in sect	· -	zations described	Yes	X No
<u> </u>	If "Yes," complete the following scheool (a) Name of organ		(b) Type of organization	(c) Description of re	ationship	
	(a) warne or orga	IIIZALIVII	(b) Type of organization	(e) pescription or tel	auviisiiip	

b	If "Yes," complete the following schedule			
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	
	N/A			
				•

Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

May the IRS discuss this return with the preparer shown below (see instr.)?

X Yes No Sign Here PRESIDENT Signature of officer or trustee Date Title

	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
				self- employed		
Paid	PAUL WEIRETER				P00140887	
Preparer Use Only	Firm's name ► MCGLADREY LLP			Firm's EIN ► 42-0714325		
	Firm's address ► 1185 AVENUE NEW YORK, N	OF THE AMERICAS Y 10036-2602		Phone no	212-372-1000	

Form **990-PF** (2012)

Part XV **Supplementary Information Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient COMMUNITY CATS NONE EXEMPT CHARITABLE 402 OLD POST ROAD BEDFORD, NY 10506 250. CONGRESSIONAL MEDAL OF HONOR NONE EXEMPT CHARITABLE FOUNDATION 252 NORTH WASHINGTON STREET FALLS CHURCH, VA 22046 25,000. DALTON SCHOOL NONE EXEMPT EDUCATIONAL 108 EAST 89TH STREET NEW YORK, NY 10128 1,000. DRUG POLICY ALLIANCE NONE EXEMPT CHARITABLE 925 15TH STREET WASHINGTON, DC 20005 500. FAIR CHANCE NONE EXEMPT CHARITABLE -2001 S STREET, NW SUITE 310 WASHINGTON, DC 20009 12,000. FAMILY CARE INTERNATIONAL NONE EXEMPT CHARITABLE 588 BROADWAY NEW YORK, NY 10012 1,000. FOSTER PRIDE NONE EXEMPT CHARITABLE 250 WEST 94TH STREET, #6F NEW YORK, NY 10025 600. GODDARD-RIVERSIDE COMMUNITY CENTER NONE EXEMPT CULTURAL 593 COLUMBUS AVENUE NEW YORK, NY 10024 5,000. GRAHAM WYNDHAM NONE EXEMPT CHARITABLE 33 IRVING PLACE NEW YORK, NY 10003 3,000. NONE HUMAN NEEDS FOOD PANTRY EXEMPT CHARITABLE 9 LABEL STREET MONTCLAIR, NJ 07042 250. 249,400. Total from continuation sheets

120	13-6962		LADREY LLP	
	<del></del>			Part XV Supplementary Information
		T		3 Grants and Contributions Paid During the Y
Amount	Purpose of grant or contribution	Foundation status of	If recipient is an individual, show any relationship to any foundation manager	Recipient  Name and address (home or business)
		recipient	or substantial contributor	(Horne of Dubliness)
	CHARITABLE	EXEMPT	NONE	INTERNATIONAL ACTION
	1			19 L STREET SE
700.				ASHINGTON, DC 20003
	CHARITABLE	EXEMPT	NONE	JEWISH WOMEN'S FOUNDATION
	1			.30 EAST 59TH STREET
500.				IEW YORK, NY 10022
	CHARITABLE	EXEMPT	NONE	EUREMIA & LYMPHOMA SOCIETY
				311 MAMORONECK AVENUE
500.				HITE PLAINS, NY 10605
	CHARITABLE	EXEMPT	NONE	ONG WHARF THEATRE
		]		222 SARGENT DRIVE
5,000.		<del></del>		IEW HAVEN, CT 06511-5919
		}		
	CHARITABLE	EXEMPT	NONE	MALARIA NO MORE FUND
		}		32 PARK AVENUE SOUTH, 4TH FLOOR
2,500.				NEW YORK, NY 10016
	CULTURAL	EXEMPT	NONE	METROPOLITAN MUSEUM OF ART
	1			000 FIFTH AVENUE
2,000.				NEW YORK, NY 10028
	CULTURAL	EXEMPT	NONE	METROPOLITAN OPERA
3,500.				NEW YORK, NY 10023
		,		
	CHARITABLE	EXEMPT	NONE	MIDORI & FRIENDS
		ŀ		352 SEVENTH AVENUE, SUITE 301
600.				NEW YORK, NY 10001
	CULTURAL	EXEMPT	NONE	MODERN MUSEUM OF ART
		}		1 W 53RD STREET
1,000.				NEW YORK, NY 10019
	CHARITABLE	EXEMPT	NONE	
3,000.				
	<u> </u>			
		EXEMPT		MIDORI & FRIENDS 352 SEVENTH AVENUE, SUITE 301 NEW YORK, NY 10001 MODERN MUSEUM OF ART 1.1 W 53RD STREET

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIONAL COALITION AGAINST CENSORSHIP 19 FULTON STREET, ROOM 407 NEW YORK, NY 10038	NONE	EXEMPT	CULTURAL	7,00
NATIONAL MS SOCIETY 733 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017	NONE	EXEMPT	CULTURAL	4,00
NY PHILHARMONIC LO LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	EXEMPT	CHARITABLE	11,00
NYC OUTWARD BOUND 29-46 NOTHERN BLVD NEW YORK, NY 11101-2813	NONE	EXEMPT	CHARITABLE	5,00
PAGE EDUCATION FOUNDATION PO BOX 581254 MINNEAPOLIS, MN 55458	NONE	EXEMPT	CHARITABLE	1,00
PARK AVENUE CHRISTIAN CHURCH DAY SCHOOL 1010 PARK AVENUE NEW YORK, NY 10028	NONE	EXEMPT	EDUCATIONAL	1,00
POETS & WRITERS ASSOCIATION PO BOX 422460 PALM COAST, FL 32142	NONE	EXEMPT	CULTURAL	5,00
PREP FOR PREP 328 WEST 71ST STREET NEW YORK, NY 10023	NONE	EXEMPT	CHARITABLE	75,00
REGIONAL CARE ASSOCIATION 100 FIRST STREET HACKENSACK, NJ 07601	NONE	EXEMPT	CHARITABLE	2,50
SMITHSONIAN LATH STREET AND CONSTITUTION AVENUE WASHINGTON, DC 20560	NONE	EXEMPT	CULTURAL	250

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient TASTE OF THE NATION NONE EXEMPT CHARITABLE 82 MERCER STREET NEW YORK, NY 10012 5,000. TIDES FOUNDATION NONE EXEMPT CHARITABLE 55 EXCHANGE PLACE NEW YORK, NY 10005 10,000. TRICKLE UP NONE EXEMPT CHARITABLE 104 W. 27TH STREET, 12TH FLOOR NEW YORK, NY 10001-6210 5,000. UJA FEDERATION NONE EXEMPT CHARTTABLE 130 EAST 59TH STREET NEW YORK NY 10022 30,000. UNITED NEIGHBORHOOD HOUSES OF NYC NONE EXEMPT CHARITABLE -70 W. 36TH STREET #503 NEW YORK, NY 10018 500. UNIVERSITY OF DENVER NONE EXEMPT EDUCATIONAL 2199 S. UNIVERSITY BLVD. DENVER, CO 80208 2,500. VISUALLY IMPAIRED PARTNERSHIP NONE EXEMPT CHARITABLE 7 PINE STREET WALDWICK, NJ 07463 5,000. WILTON LIBRARY FRIENDS NONE EXEMPT CULTURAL 137 OLD RIDGEFIELD ROAD WILTON, CT 06897 500. NONE YADDO EXEMPT CHARITABLE 312 UNION AVENUE SARATOGA SPRINGS, NY 12866 500. NONE YALE ALUMNI FUND EXEMPT EDUCATIONAL 38 HILLHOUSE AVENUE NEW HAVEN, CT 06521 500. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient YALE UNIVERSITY NONE EXEMPT EDUCATIONAL PO BOX 2038 NEW HAVEN CT 06521 250. YES WE CARE INC. 2012 NONE EXEMPT CHARITABLE 1070 MIDDLE COUNTRY ROAD SELDEN, NY 11784 2,000. YWCA NONE EXEMPT CHARITABLE 2025 M STREET WASHINGTON, DC 20036 8,000. **Total from continuation sheets** 

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
JPMORGAN CHASE BANK NA						7.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	OLUMN A				7.
FORM 990-PF DIVIDENT	DS AND INTE	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	<b>.</b> )
JPMORGAN CHASE - CAPITAL GAIN DISTRIBUTION JPMORGAN CHASE - DIVIDEND JPMORGAN CHASE - INTEREST	N	4,683. 22,988. 5.		4,683. 0. 0.	22,9	0. 88. 5.
TOTAL TO FM 990-PF, PART I, I	LN 4	27,676.		4,683.	22,9	93.
FORM 990-PF	OTHER	EXPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
JPMORGAN MANAGEMENT FEES NYS FILING FEE	3,130 250		130.			0. 50.
TO FORM 990-PF, PG 1, LN 23	3,380	. 3,	130.			50.

FORM 990-PF U.S. AND STATE	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 4
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
VARIOUS GOVERNMENT & AGENCY OBLIGATIONS - SEE EXHIBIT A	<u> </u>		374,938.	393,373.
TOTAL U.S. GOVERNMENT OBLIGATIONS	}	•	374,938.	393,373.
TOTAL STATE AND MUNICIPAL GOVERNM	ENT OBLIG	SATIONS		
TOTAL TO FORM 990-PF, PART II, LI	NE 10A	•	374,938.	393,373.
FORM 990-PF C	ORPORATE	STOCK		STATEMENT 5
FORM 990-PF C  DESCRIPTION	ORPORATE	STOCK	BOOK VALUE	STATEMENT 5 FAIR MARKET VALUE
	ит в	STOCK .	BOOK VALUE 494,353. 32,465.	FAIR MARKET
DESCRIPTION  VARIOUS COMMON STOCKS - SEE EXHIB	IT B T C	STOCK	494,353.	FAIR MARKET VALUE
DESCRIPTION  VARIOUS COMMON STOCKS - SEE EXHIBITED STOCKS - SEE EXHI	IT B T C	STOCK	494,353. 32,465.	FAIR MARKET VALUE 561,175. 29,563.

NAME OF MANAGER

CAROLAN WORKMAN ELIZABETH WORKMAN

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

**Employer identification number** 

WHISPERING BELLS FOUNDATION C/O MCGLADREY LLP 13-6962126 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 X 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** X 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. J 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 more during the year \$ 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),

LHA 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)

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).

Name of organization WHISPERING BELLS FOUNDATION C/O MCGLADREY LLP

Employer identification number

13-6962126

Part I	<b>Contributors</b>	(see instructions). U	se duplicate copies of I	Part I if additional space is needed.
--------	---------------------	-----------------------	--------------------------	---------------------------------------

(a)	<b>(L)</b>	(-)	4.5
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORKMAN PUBLISHING CO.  708 BROADWAY  NEW YORK, NY 10003	\$550,000.	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
		\$	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 Onncash 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 Payroli 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)

Name of organization
WHISPERING BELLS FOUNDATION
C/O MCGLADREY LLP

Employer identification number

13-6962126

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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
		<b>*</b>	
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization WHISPERING BELLS FOUNDATION

Employer identification number

	GLADREY LLP			13-6962126
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the	vidual contributions to section 501(c	c)(7), (8), or (10) organization	ns that total more than \$1,000 for the
	the total of <i>exclusively</i> religious, charitable, et	c , contributions of \$1,000 or less to	r the year (Enter this information once:	<b>▶</b> \$
	Use duplicate copies of Part III if addition		, , , , , , , , , , , , , , , , , , , ,	
(a) No. from	(L) Down and of the	(a) 11a - as - 56	4.0.5	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
į				
		(e) Transfer of git	ft	
		-		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from	(h) Dumana of sift	(a) 11a a a 6 a 164	(-0 D	2. A
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of how gift is held
ļ				
ŀ		(e) Transfer of git	ft	
_	Transferee's name, address, a	Relationship of tran	sferor to transferee	
;			·	
(-) NI-			<del>. , ,</del>	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
Part I	(2) ( 2. pool of g	(0, 000 0. g	(4, 2000)	
<del> </del>				
		(e) Transfer of git	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Helationship of tran	sferor to transferee
ŧ				
(a) No.	<del></del>	<u></u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
Faiti				
—				
-		(e) Transfer of git		
		(e) Hansier of gir	•	
	Transferee's name, address, ar	nd 7IP + 4	Relationship of tra-	sferor to transferee
	mansieree s name, address, ar		riciationship of (rar	isieror to transferee

## 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

<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		, ▶	X	
•	u are filing for an Additional (Not Automatic) 3-Month Ex	-	, , ,	•			
	complete Part II unless you have already been granted a						
	onic filing (e-file). You can electronically file Form 8868 if y						
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	<b>dension</b>	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers .	Associated With Cer	rtain	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	ctronic filing of this f	om,	
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part			·		,		
A comp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete	_		
Part I d	• • • • • • • • • • • • • • • • • • • •					ш	
	er corporations (Including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time		
	<del></del>	<del></del>		<del></del>	····		
	ype or Name of exempt organization or other filer, see instructions.  Employer identification number (EIN)						
print							
File by th	C/O MCGLADREY LLP				13-696212		
due date filing you			tions.	Social se	curity number (SSN	)	
return. Se	80 TIOS AVBROLL OF THE AMERICAN						
instructio	0.00, 10.000 0.000, 0.000, 0.000, 10.000, 10.000	oreign add	ress, see instructions.				
	NEW YORK, NY 10036						
	ha Datum and for the sature that this and in the 150 for 150		A 15 45 4			04	
Entert	he Return code for the return that this application is for (file	в а ѕерала	te application for each return)			. 0 4	
Applic	ation	Potuen	Application			Return	
- 11 <u>- 11- 11- 11- 11- 11- 11- 11- 11- 1</u>						1	
Is For Code Is For Form 990 or Form 990-EZ  01 Form 990-T (corporation)						Code 07	
Form 9	<del></del>	02	Form 990-T (corporation) Form 1041-A		<del></del>	08	
_	1720 (individual)	03	Form 4720		<del></del>	09	
Form 9		04	Form 5227		<del></del>	10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	190-T (trust other than above)	06	Form 8870			12	
0,,,,,	JOHN MCPARLAND		101110070			- '-	
• The	books are in the care of MCGLADREY LLP,	1185	6TH AVENUE - NEW	YORK.	NY 10036		
	ephone No. ► (212)372-1210		FAX No.				
	e organization does not have an office or place of business	s in the Ur					
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole group, o	heck this	
box 🕨		and atta	ch a list with the names and FINs of	all memb	ers the extension is	for.	
1 1	request an automatic 3-month (6 months for a corporation						
			tion return for the organization name		The extension		
i:	s for the organization's return for:	•	<b>3</b>				
	X calendar year 2012 or						
}	tax year beginning	, an	d ending		•		
		<del></del>			<del></del>		
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 I	Final retur	n		
	Change in accounting period				•		
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
ŗ	nonrefundable credits. See instructions.			3a	\$	0.	
b	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	estimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b_	\$	0.	
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
t	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
Cautic	on. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879-	EO for payment inst	ructions.	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (Re	ev. 1-2013)	

Form 8868 (Rev. 1-2013)		· · · · · · · · · · · · · · · · · · ·			Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>	tension, d	complete only Part II and check this	box		▶ 🛣
Note. Only complete Part II if you have already been granted an a			led Form	8868.	
If you are filing for an Automatic 3-Month Extension, comple					<del></del>
Part II: Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).
		Enter filer's	identifyir	g number,	see instructions
Type or Name of exempt organization or other filer, see instru	ctions		Employer	identification	on number (EIN) or
print WHISPERING BELLS FOUNDATION					
File by the C/O MCGLADREY LLP		· · · · · · · · · · · · · · · · · · ·		<u> 13-69</u>	62126
Sue date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	cunty numb	er (SSN)
retum. See 1185 AVENUE OF THE AMERICAS					
City, town or post office, state, and ZIP code. For a form	oreign add	lress, see instructions.			
NEW YORK, NY 10036					<del></del>
					F-F
Enter the Return code for the return that this application is for (fike	a separa	te application for each return)			0 4
	<del> </del>				
Application	Return	Application			Return
is For	Code	Is For		2 ( )	Code
Form 990 or Form 990-EZ	01	<b>的,他们就是一个人的,他们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们</b>	1. 4. 4. 14.4.		· 清楚[2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual) 03 Form 4720 09					
					10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11	
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 88	<u> </u>
JOHN MCPARLAND	1105	Emil Aviimilia Alieni	VADV	NT 10	026
• The books are in the care of MCGLADREY LLP,	1100	·	IURK,	NI IC	036
Telephone No. ► (212)372-1210	- (- 44 - 11	FAX No.			<b>►</b> □
If the organization does not have an office or place of business     If this is far a Croup Potum, order the properties to be distincted.					P
• If this is for a Group Return, enter the organization's four digit	,				
		sch a list with the names and EINs of BER 15, 2013.	ali memb	ers the exte	nsion is for.
	NO A EM	· · · · · · · · · · · · · · · · · · ·	_		
<ul> <li>For calendar year <u>2012</u>, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months, c</li> </ul>	book roos	on: Initial return	Final r		<del></del>
Change in accounting period	HOUR TEAS	on:initial return		ewn	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	ro PR	OVIDE A COMPLETE A	ND AC	CURATE	RETURN
IDDITIONING TIME ID INSCRIPTING	10 110	OVIDE A COMBBIA A	ND AC	COLUMNIE	TESTORY
				<del></del> -	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any			<del></del>
nonrefundable credits. See instructions.		The tile territario tall, not all,	8a	s.	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated	- 1. di	<del></del>	
tax payments made. Include any prior year overpayment all	-		. 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr	•		8c	\$	0.
Signature and Verificat	ion mu	st be completed for Part II o	nly.		
Under penalties of perjury, I declare that I have examined this form, includ	ing accomp	•	_	f my knowled	ge and belief,
it is true, correct, and complete, and that I am authorized to prepare this fo	म्मा.	•			
Signature ▶ Tritle ▶ (	CPA		Date	<b>_</b>	
	<u> </u>			Form (	3868 (Rev. 1-2013)

01-21-13