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# Form 990-PF

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

OMB No 1545-0052

2012

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 ar beginning , 2012, and ending ,

For	ale	ndar	year 2012, or t	ax year beginni	ng	, 2012	and ending		,	
THE		LOF	RENCE TYSO	N FUND FOR	THE			A	Employer identification nu 20-2011199	mber
CREATIVE ARTS THERAPIES, INC. P.O. BOX 1531 NEW YORK, NY 10276							В	Telephone number (see the	instructions)	
NEV	Ι Υ	ORK	K, NY 1027	6				С	If exemption application is	pending, check here
G	Che	ck all	that apply	Initial return		Initial return of a form	ner public charity	D	1 Foreign organizations, che	ck here
Н	Ch	ock i	type of organiza	Address char	~	Name change (c)(3) exempt private f	oundation		2 Foreign organizations mee here and attach computations	
		Sec	tion 4947(a)(1)	nonexempt cha	ritable t	rust Other taxable	orivate foundation	Ε	If private foundation statu under section 507(b)(1)(A	
1			ket value of all asse rt II, column (c), line	e 16)		counting method X Counting method X Counting method X Counting method X Counting must be or		F	If the foundation is in a 60 under section 507(b)(1)(B	)-month termination
Par	र को	Ar	nalysis of Re	, 853. evenue and	(Fart I,		-		T	
1 4	•••	co. sa.	<b>(penses</b> (The lumns (b), (c), a rily equal the ai	total of amount and (d) may not mounts in colum	neces-	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<del>7</del> 5			Contributions offs	) grants, etc, received	(att sch)					
202		2	Ck ► X if the f	foundn is not req to a	tt Sch B					
<b>©</b>		3	Interest on sav	vings and tempo	rary	5,972.	5,97	12	5,972.	
<b>@</b>		4		erest from securities		5,312.	3,31	۷.	3,312.	
			Gross rents Net rental income							
SCAMMED NOV			or (loss)	n sale of assets not or	line 10	-5,627.				
Œ			Gross sales price fo		,000.	3,027.				
影	1	7		come (from Part IV, III				0.		
ZN ZN		8 9	Net short-term Income modific							ļ
SE.		•	Gross sales less returns and							
<b>W</b>			allowances Less Cost of							
		~	goods sold	(ott ook)						
			Gross profit/(loss) Other income	) (all scri) (attach schedule	e)					
				•						
			Total. Add line			345.	5,97	2.	5,972.	
		13 14	Other employee sa	fficers, directors, trust Maries and wages	ees, etc	0.				
		15	, ,	, employee bene	efits					
	A		Legal fees (attach	,						EIVED
	D M		Accounting fees (a Other prof fees (at						The National Property of the National Property	18
o	N	17	Interest	uacii scii)					9 101	
O P E R A T	S T R A T	18	Taxes (attach schedule)(		STM 1	108.	10	8.	NOV 1	5 2013 J
À	Ä	19	Depreciation (a sch) and deple							<u></u>
I N G	V	20	Occupancy						OGE	
	E	21 22	Travel, conference Printing and per	ences, and meet	tings	124.				124.
A N D	E X P	23		es (attach sched	ule)	1,265.				1,265.
	E N			SEE STATEM	_	1,675.			380.	1,295.
	S E	24	Total operating	g and administr Ines 13 through	ative th 23	3,172.	10	8(	380.	2,684.
	3	25	Contributions, gifts	s, grants paid $STM$	T 3	51,700.				51,700.
				s and disburser and 25	nents.	54,872.	10	8.	380.	54,384.
		27		26 from line 12: enue over exper	1585					
		a	and disbursen		.503	-54,527.				
				come (if negative, ent			5,86	4.	F F00	
<del></del>	_			me (if negative, enter		Aim attama			5,592.	Form <b>990-PF</b> (2012)

4 Add lines 1, 2, and 3 310,202. 5

Decreases not included in line 2 (itemize). 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

310,202. Form 990-PF (2012)

6

	beginning in)	Honoral Rabic ase assets	(00.0	init (b) divided by colditit (c))
	2011			
	2010			
	2009			
	2008			
	2007			
2	Total of line 1, column (d)		2	
3	Average distribution ratio for the 5-year base period — number of years the foundation has been in existence	3		
4	Enter the net value of noncharitable-use assets for 20	4		
5	Multiply line 4 by line 3		5	
6	Enter 1% of net investment income (1% of Part I, line	27b)	6	·
7	Add lines 5 and 6		7	
Q	Enter qualifying distributions from Part XII. line 4		8	

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Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

	1 990-PF (2012) THE FLORENCE TYSON FUND FOR THE 20-2011				age 4
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instru	ction	s)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V,				<u>117.</u>
	check here ► and enter 1% of Part I, line 27b				
•	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
_	foundations only Others enter -0-).				0.
3	Add lines 1 and 2				<u> 117.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			:	<u>117.</u>
6	Credits/Payments.				
	a 2012 estimated tax pmts and 2011 overpayment credited to 2012				
	Exempt foreign organizations — tax withheld at source  6b				
	Tax paid with application for extension of time to file (Form 8868)				
_	Backup withholding erroneously withheld  6d				_
7	Total credits and payments Add lines 6a through 6d		<u>-</u>		0.
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  SEE STATEMENT 4	<del></del>			12 <u>3.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Figure the amount of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to be Credited to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated to your part of line 10 to 2013 estimated				
Do	Enter the amount of line 10 to be: Credited to 2013 estimated tax  * Refunded * 11    **T VII-A   Statements Regarding Activities				
ь				Yes	No
1 a	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?	ł	1 a	162	X
		ŀ	1 0		<del>  ^</del>
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 ь		x
		ŀ			<u>├</u> ^
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
,	Did the foundation file <b>Form 1120-POL</b> for this year?		1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1			<del></del>
	(1) On the foundation >\$ 0. (2) On foundation managers >\$	0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				1
2	foundation managers \bigs \\$0.  Has the foundation engaged in any activities that have not previously been reported to the IRS?				
2	If 'Yes.' attach a detailed description of the activities	ŀ	2		X
		Ì			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		l v
4 -	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	}	4 a		X
	o If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	ŀ	4b	NT	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5	- 14	X
•	If 'Yes,' attach the statement required by General Instruction T	ŀ			<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	l			
	By language in the governing instrument, or	l	. [		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	İ	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	ŀ	7	Х	<del></del>
8 2	Enter the states to which the foundation reports or with which it is registered (see instructions)	Ī			<u> </u>
	NY	-		ı	
	o 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		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(	j)(5)	7		
-	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part	XIV	. 9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses		10	D=	X
BAA		For	m <b>990</b>	-PF (2	2012)

Par	t 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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address	<u> </u>	<del></del> -	
14	The books are in care of ► NAMED ORGANIZATION  Telephone no ►	- <b></b>		
	Located at ► 351A 14TH STREET BROOKLYN NY ZIP + 4 ► 11215		~	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	\	П
	and enter the amount of tax-exempt interest received or accrued during the year			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, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►			
Par	t 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
1 a	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	lo		ľ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X	lo		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	lo	} i	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	lo		
	(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)?  Yes X	lo		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X	lo		
b	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)?			
		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1 c	.	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))		 	•
a	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d	_		
	and 6e, Part XIII) for tax year(s) beginning before 20125	lo		
	If 'Yes,' list the years 20 , 20 , 20 , 20		ĺĺ	
t	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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions.)	2 b	N	/A
c	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			, A
	► 20 , 20 , 20			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X I	4o		
t	of If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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, Form 4720, to determine if the foundation had excess business holdings in 2012.)	3 b	N	/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4 b		Х
DAA		Form 00	<del></del> _	

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Part VII-B Statements Regarding Activiti		1 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	<del>-</del>	n (coction 1915(a))?	☐ Yes 🗓	No	
• • • • • • • • • • • • • • • • • • • •			☐ tes [¥	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?			No	
(3) Provide a grant to an individual for travel,	•		∐ Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	5 b	N/A			
Organizations relying on a current notice rega	rding disaster assistand	ce check here	• []		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Regi					
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐ Yes X	No	Ų
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	lums, directly or indirec	tiy, on a personal bene	iii comract:	6 b	<u> </u>
<b>7a</b> At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	action? Yes X	No	
b If 'Yes,' did the foundation receive any procee	ds or have any net inco	ome attributable to the f	transaction? N	I/A 7b	
Part VIII Information About Officers, D	rectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees	,
and Contractors	1.00*				
1 List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
SEE STATEMENT 5					
		0.	0.		0.
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE	<u> </u>	-
(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 other all	account, owances
NONE			2200/640040401		
				<u> </u>	
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	<del>                                     </del>	
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Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, I and Contractors (continued)	Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, er	
(a) Name and address of each person paid more than \$50,000 (b) Type of se	ervice (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<b>P</b> 0
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 nur organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber of Expenses
<del></del>	
1 <u>N/A</u>	
2	
<b>-</b>	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2 Amount
1	
N/A	
2	
All all and a second valetad as a short of Control of C	<del>-</del>
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	٥.
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а	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	54,384.
b	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
	Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	54,384.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,384.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
Distributable amount for 2012 from Part XI, line 7				16,193.
2 Undistributed income, if any, as of the end of 2012.				10,133.
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007				
<b>b</b> From 2008				
c From 2009				
<b>d</b> From 2010 333.				
e From 2011 23,834.				
f Total of lines 3a through e	24,167.			
4 Qualifying distributions for 2012 from Part				
XII, line 4 \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{				
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)	0.			
d Applied to 2012 distributable amount				16,193.
e Remaining amount distributed out of corpus	38,191.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
6 Enter the net total of each column as			•	
indicated below: a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	62 250			
' '	62,358.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		0.		·
ed 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 instructions			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)	•			
(see instructions)	0.	-		
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	62,358.			
10 Analysis of line 9				
a Excess from 2008				
<b>b</b> Excess from 2009				
<b>c</b> Excess from 2010 333.				
<b>d</b> Excess from 2011 23, 834.				
<b>e</b> Excess from 2012 38, 191.				F 000 BE (0010)

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Form **990-PF** (2012)

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Part XIV   Private Operating Foundate					N/A
1 a If the foundation has received a ruling or determined is effective for 2012, enter the date of the	ruling		_		1040()(5)
<b>b</b> Check box to indicate whether the foundar		erating foundation of		4942(J)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a.				<u>-</u>	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					_
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter		Ì	}		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(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)		<del> </del>	<del> </del>		
(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 Information			foundation had	\$5,000 or more	in
assets at any time during th	e year – see ir	istructions.)			
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more t	han 2% of the total c than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation bef	ore the
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a	estock of a corporation in the stock of a corporation in the stock of a corporation in the stock of a c	on (or an equally large est	portion of the owner	ship of
O hatamarkan Barra Barra O hall at	1 6:4 1 6 :	alamakir -i- 5			
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only ma requests for funds If the foundation make complete items 2a, b, c, and d	ikes contributions to	preselected charitab	le organizations and o		
a The name, address, and telephone number o	r e-mail of the perso	on to whom application	ns should be address	ed	
CER CHAMENER C					
SEE STATEMENT 6  b The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors
SEE STATEMENT FOR LINE 2A					
BAA	TE	EA0310L 12/23/12		F	orm <b>990-PF</b> (2012)

Page 11

3 Grants and Contributions Paid During the Yo	3 Grants and Contributions Paid During the Year or Approved for Future Payment									
* Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	substantial contributor	recipient	30/11/10/10/1	,						
a Paid during the year	SUDSTANUAL CONTRIBUTOR									
Total			► 3a							
b Approved for future payment  Total			► 3b							
BAA	TEEA0501L	12/23/12	- 30	Form <b>990-PF</b> (2012)						
<del></del>	, LD 10001E									

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Llaralato	d business income	Evaluded by	section 512, 513, or 514	
	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue:			code		
a				_	
b				_	
c					
d	l				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	5,972.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</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			14	-5,627.	
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				345.	
13 Total. Add line 12, columns (b), (d), and (e)				13	345.
(See worksheet in line 13 instructions to verify calculation	ons )			_	
Part XVI-B Relationship of Activities to the	Accompli	shment of Every	nt Purnose	)c	
rait Avi-b Relationship of Activities to the	Accompli	Similarit of Exemp	pt i uipost		
Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is repo purposes (otl	rted in column (e) of her than by providing	Part XVI-A c funds for suc	ontributed importantl ch purposes). (See ir	y to the istructions )
N/A					
				_	

# Form 990-PF (2012) THE FLORENCE TYSON FUND FOR THE 20-2011199 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		-						Yes	No
describe	organization direct ed in section 501(c) to political organiz	) of the Code (o	ngage in any of the fo ther than section 501	ollowing with a (c)(3) organiza	iny other organization itions) or in section	on 527,		162	110
-			a noncharitable exen	npt organizatio	on of				
(1) Cas	,	· · · · · · · · · · · · · · · · · · ·					1 a (1)		Х
(2) Oth	er assets						1 a (2)		Х
<b>b</b> Other tr	ansactions								
(1) Sale	es of assets to a no	oncharitable exe	mpt organization				1 b (1)		Х
<b>(2)</b> Puro	chases of assets fr	om a noncharita	ible exempt organizat	ion			1 b (2)		X
<b>(3)</b> Ren	ital of facilities, equ	upment, or othe	r assets				1 b (3)		Х
<b>(4)</b> Reir	mbursement arrang	gements					1 b (4)		X
• •	ns or loan guarante						1 b (5)		_X
• •			ip or fundraising solic				1 b (6)		X
<b>c</b> Sharing	of facilities, equip	ment, mailing lis	sts, other assets, or p	aid employees	<b>,</b>		1 c		Х
<b>d</b> If the ar the good any tran	nswer to any of the ls, other assets, or s nsaction or sharing	above is 'Yes,' services given by arrangement, s	complete the following the reporting foundation how in column (d) the	g schedule Con If the foundate value of the g	olumn <b>(b)</b> should alk son received less that goods, other assets,	ways show the fair no n fair market value in or services receive	narket val	ue of	
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) Description of tra	nsfers, transactions, and	sharing arrar	ngement	s
N/A									
					<del></del>				
			<del></del>						
			<del></del>						
		<del>-</del>	· · · · · · · · · · · · · · · · · · ·						
	<del></del>								
	<del>-</del>	<u> </u>							
describe	undation directly or i ed in section 501(c) complete the follo	) of the Code (o	d with, or related to, on ther than section 501	e or more tax-e (c)(3)) or in se	xempt organizations ction 527?		Yes	X	No
	) Name of organiza		(b) Type of o	rganization	(6	) Description of rela	ationship		
N/A	,		,	<u> </u>	<del> </del>		•		
.,		<del></del>			-			•	
	Δ								
Under p	penalties of perjury, I dec	lare that I have exam	ined this return, including act than taxpayer) is based on a	companying schedu	iles and statements, and to	o the best of my knowledge vledge	and belief, i	t is true,	
Sign Here	( Bal		1	17/13	Prosider	T	May the I this return preparer (see instr	n with th shown b (uctions)	ie jelow
Signa	Print/Type preparer's r	name	Date Preparer's signatu	re /	Title Date		X	Yes	No
	" ' '	ianic	' -		.   10 / C/	Check X if		1612	
Paid	FRANK BOVE	DINOUTEZ (	FRANK BOY			-	P00747	043	
Preparer	Firm's name	DINOWITZ &	NAY STE 1801			FIRESEIN UZ-U	632187		
Use Only	Firm's address	NEW YORK,		<del></del> -		Phone no (212	) 973-0	Udse	
BAA		MEM TORK,	HI 10030			(212	Form <b>99</b> 0		
שאת							1 01111 990	(2)	)

(Rev. January 2013

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

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or THE FLORENCE TYSON FUND FOR THE print CREATIVE ARTS THERAPIES, INC.

Number, street, and room or suite number If a PO box, see instructions 20-2011199 Social security number (SSN) File by the due date for BOX 1531 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions NEW YORK, NY 10276 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Is For Return Application Return Is For Code Code Form 990-T (corporation) 01 07 Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 0.3 Form 4720 09 Form 990-PF 04 Form 5227 10 05 Form 6069 11 Form 990-T (section 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) The books are in the care of NAMED ORGANIZATION Telephone No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, ► If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  $_{\rm -}$ , 20  $_{\rm 13}$   $_{\rm -}$ , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 12 or  $\_$  , 20  $\_$  , and ending tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a|\$ 117. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b |\$ payments made Include any prior year overpayment allowed as a credit 0. c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3 c \$ 117.

payment instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

Name of exempt organization or other filer, see instructions  Type or print  Type or print  THE FLORENCE TYSON FUND FOR THE CREATIVE ARTS THERAPIES, INC.  DINOWITZ & BOVE, CPAS tiles your instructions  DINOWITZ & BOVE, CPAS 150 BROADWAY STE 1801  City, town or post office, state, and zile code For a foreign address, see instructions  NEW YORK, NY 10038  Enter the Return code for the return that this application is for (file a separate application for each return)  Application is For  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-PF  O4 Form 5227  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8860  • The books are in care of NAMED ORGANIZATION Telephone No Passes in the United States, check this box	Page 2
Part II Additional (Not Automatic 3-Month Extension, complete only Part I (on page I)  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need Enter filer's identifying number, see Employer identification number (SE ORGATIVE ARTS THERAPIES, INC. 20-2011199  Number, steet, and room or sulte number if a PO box, see instructions  DINOWITZ & BOVE, CPAS 150 BROADWAY STE 1801  City, town or post office, stals, and 2P code For a foreign address, see instructions  NEW YORK, NY 10038  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990-FF  The books are in care of P NAMED ORGANIZATION Telephone No P Form See an in care of P NAMED ORGANIZATION Telephone No P Form See an in care of P NAMED ORGANIZATION Telephone No P Form See and S	► X
Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need Enter filer's identifying number, see instructions   Type or print   Name of exempt organization or other filer, see instructions   Employer identification number, see instructions   THE FLORENCE TYSON FUND FOR THE CREATIVE ARTS THERAPIES, INC. 20-2011199	
Name of exempt organization or other filer, see instructions   Emter filer's identifying number, see	
Name of exempt organization or other filer, see instructions   Emter filer's identifying number, see	ded).
Name of exempt organization or other filter, see instructions	
Print y the Number, steet, and room or subte number if a P O box, see instructions  DINOWITZ & BOVE, CPAS	
Print y the Number, steet, and room or subte number if a P O box, see instructions  DINOWITZ & BOVE, CPAS	
Number, street, and room or suite number. If a P O box, see instructions    Number   Social security number   SS	
extended or laboration laboration instructions    DINOWITZ & BOVE, CPAS	SN)
due date for instructions    150 BROADWAY STE 1801	
City, town or post office, state, and ZIP code For a foreign address, see instructions    NEW YORK, NY 10038	
NEW YORK, NY 10038	
Application Is For Code Section 401(a) or 408(a) trust)  The books are in care of Pinameter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If the group, check this box  If the sayear an additional 3-month extension of time until 11/15, 20 13  For additional 3-month extension of the tax year beginning  If the tax year entered in line 5 is for less than 12 months, check reason	
Application Is For Score   Return Code   Return Return Return Code   Return Ret	
SFOr   Code   Is For   Form 990 or Form 990-EZ   01	04
Form 990-BL Form 990-BL Form 990-PF Od Form 5227 Form 990-PF Od Form 5227 Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868  The books are in care of NAMED ORGANIZATION Telephone No FAX NO F	Return Code
Form 4720 (Individual)  Form 990-PF  Form 990-PF  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868  The books are in care of NAMED ORGANIZATION Telephone No FAX NO FA	
Form 990-PF Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8864  The books are in care of PAMED ORGANIZATION Telephone No PAMED ORGANIZATION Telephone	08
Form 990-PF Form 990-T (section 401(a) or 408(a) trust) Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8869  The books are in care of PAMED ORGANIZATION Telephone No PAMED ORGANIZATION Telephone N	09
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868  • The books are in care of ▶ NAMED_ORGANIZATION	10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868  • The books are in care of ▶ NAMED_ORGANIZATION	11
The books are in care of ► NAMED_ORGANIZATION Telephone No ► FAX No ►  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If whole group, check this box If it is for part of the group, check this box  If request an additional 3-month extension of time until 11/15 , 20 13  For calendar year 2012, or other tax year beginning , 20 , and ending , 20  If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return  Change in accounting period  Taxpayer respectifully requests Additional Time Gather Information Necessary To File A Complete And Accurate Tax Return.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	12
<ul> <li>The books are in care of ► NAMED ORGANIZATION         Telephone No ► FAX No ►         If the organization does not have an office or place of business in the United States, check this box         If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)         If whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EIN members the extension is for         I request an additional 3-month extension of time until 11/15</li></ul>	
FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If whole group, check this box  If it is for part of the gr	
FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If whole group, check this box  If it is for part of the gr	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>If whole group, check this box</li> <li>If it is for part of the group, check this box</li> <li>If and attach a list with the names and EIN members the extension is for</li> <li>I request an additional 3-month extension of time until 11/15</li></ul>	
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>If whole group, check this box</li> <li>If it is for part of the group, check this box</li> <li>If and attach a list with the names and EIN members the extension is for</li> <li>I request an additional 3-month extension of time until 11/15, 20, and ending, 20, and ending</li></ul>	
whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EIN members the extension is for  4 I request an additional 3-month extension of time until 11/15 , 20 13  5 For calendar year 2012 , or other tax year beginning , 20 , and ending , 20  6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return  Change in accounting period  7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	▶ [_]
### description of the extension of time until 11/15	f this is for the
4   request an additional 3-month extension of time until 11/15	Ns of all
5 For calendar year 2012, or other tax year beginning , 20 , and ending , 20 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return  Change in accounting period 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	
<ul> <li>5 For calendar year 2012, or other tax year beginning , 20 , and ending , 20</li> <li>6 If the tax year entered in line 5 is for less than 12 months, check reason</li></ul>	
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Change in accounting period 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	
Change in accounting period  7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a	20
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8 a \$	
GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8 a \$	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<u> TO </u>
nonrefundable credits. See instructions 8a \$	
nonrefundable credits. See instructions 8a \$	
h If this application is for Form 900 DE 990.T 4720, or 6069, anter any refundable credits and estimated tax!	117.
payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  8c \$	117.

Under penalties of perjury, I declare that I have examined this form,	ncluding acco	mpanying schedules and statements, and to	the best of my knowledge and belief, it is true,
Under penalties of person, I declare that I have examined this form, correct, and complete, and that I am authorized to prepare this form		•	1 1
1 1 1 L .		10. 1	ما اسالا
Signature ► ( M)	Title ►	Mesident	Date ► [1] 3
ВАА		FIFZ0502L 01/21/13	Form <b>8868</b> (Rev 1-2013)

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#### FEDERAL STATEMENTS

PAGE 1

**CLIENT FTF2005** 

THE FLORENCE TYSON FUND FOR THE CREATIVE ARTS THERAPIES, INC.

20-2011199

STATEMENT 1 FORM 990-PF, PART I, LINE 18 **TAXES** 

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLEPURPOSES
FEDERAL EXCISE TAX	TOTAL	\$ 108. \$ 108.	\$ 108. \$ 108.	\$ 0.	<u>\$ 0.</u>

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		_	(A) XPENSES ER BOOKS	(B) NET INVESTMENT INCOME	AI NET	(C) DJUSTED INCOME		(D) CHARITABLE PURPOSES
BANK CHARGES DUES AND SUBSCRIPTION	TOTAL	\$ <u>\$</u>	380. 1,295. 1,675.	<u>\$ 0.</u>	\$	380.	\$ \$	1,295. 1,295.

#### STATEMENT 3 FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

DONEE'S NAME:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

TAX EXEMPT

NONE

THERAPY AND RESEARCH

612 ALLERTON AVENUE BRONX, NY 10467

RESEARCH AND EDUCATION

INST. FOR MUSIC & NEUROLOGIC

NYU/NORDOFF-ROBBINS CENTER 82 WASHINGTON SQUARE E, 4TH FL

NEW YORK, NY 10003

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

TAX EXEMPT

8,500.

CLASS OF ACTIVITY:

CLASS OF ACTIVITY:

DONEE'S ADDRESS:

DONEE'S NAME: DONEE'S ADDRESS:

**EDUCATION AND THERAPY** ANNA MARIA COLLEGE 50 SUNSET LANE PAXTON, MA 01612

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

4,000.

1,000.

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

THERAPY AND RESEARCH LEWIS ARMSTONG CENTER BETH ISRAEL MEDICAL CENTER

NEW YORK, NY 10003

RELATIONSHIP OF DONEE:

NONE

2012 .

#### FEDERAL STATEMENTS

PAGE 2

**CLIENT FTF2005** 

THE FLORENCE TYSON FUND FOR THE CREATIVE ARTS THERAPIES. INC.

20-2011199

7,000.

8,500.

5,000.

7,500.

2,000.

3,500.

1,200.

**STATEMENT 3 (CONTINUED)** FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS** 

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

TAX EXEMPT

TAX EXEMPT

CLASS OF ACTIVITY: THERAPY AND RESEARCH DONEE'S NAME: BALTIC STREET ADVISORY BOARD INC. DONEE'S ADDRESS:

250 BALTIC STREET BROOKLYN, NY 11201

NONE RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

THERAPY AND RESEARCH KINGS COUNTY HOSPITAL CENTER 451 CLARKSON AVENUE

BROOKLYN, NY 11203

NONE

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

CLASS OF ACTIVITY:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

DONEE'S NAME:

DONEE'S ADDRESS:

THERAPY AND RESEARCH MUSIC THERAPY INSTITUTE OF MCW

216 CENTRAL AVENUE

WHITE PLAINS, NY 10606 NONE

TAX EXEMPT

TAX EXEMPT

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

THERAPY

MERCY MEDICAL CENTER

1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11571

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: TAX EXEMPT

AMOUNT GIVEN:

DONEE'S NAME:

DONEE'S ADDRESS:

THERAPY

SUNSET PARK HEALTH COUNCIL

6025 SIXTH AVENUE BROOKLYN, NY 11220

NONE

ORGANIZATIONAL STATUS OF DONEE: TAX EXEMPT

AMOUNT GIVEN:

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

ARTS AND CULTURE

POUND RIDGE THEATRE CO 257 WESTCHESTER AVE POUND RIDGE, NY 10576

NONE

TAX EXEMPT

EDUCATION AND THERAPY HIGHER OCTAVE HEALING

PO BOX 7608

TEMPE, AZ 85281

NONE

TAX EXEMPT

2012	FEDERAL STATES THE FLORENCE TYSON FUR				PAGE 3
CLIENT FTF2005	CREATIVE ARTS THERA	PIES, INC	· · · · · · · · · · · · · · · · · · ·		20-2011199
STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND					
AMOUNT GIVEN:				\$	3,500.
				TOTAL \$	51,700.
STATEMENT 4 FORM 990-PF, PART VI, LINE 9 TAX DUE			-		· · · · · · · · · · · · · · · · · · ·
				\$	117. 4.
				TOTAL \$	2. 123.
				<u></u>	
STATEMENT 5	1				
FORM 990-PF, PART VIII, LINE LIST OF OFFICERS, DIRECTOR  NAME AND ADDRESS	RS, TRUSTEES, AND KEY EMP  TITLE AND AVERAGE HOURS PER WEEK DEVOT	S C	OMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/ OTHER
FORM 990-PF, PART VIII, LINE LIST OF OFFICERS, DIRECTOF	RS, TRUSTEES, AND KEY EMP TITLE AND AVERAGE HOURS	s c	OMPEN-	BUTION TO EBP & DC	ACCOUNT/ OTHER
FORM 990-PF, PART VIII, LINE LIST OF OFFICERS, DIRECTOR  NAME AND ADDRESS  CHRISTOPHER BANDINI 351A 14TH STREET	RS, TRUSTEES, AND KEY EMP  TITLE AND AVERAGE HOURS PER WEEK DEVOT  INITIAL DIR.	S C	OMPEN- SATION	BUTION TO EBP & DC	ACCOUNT/ OTHER
NAME AND ADDRESS  CHRISTOPHER BANDINI 351A 14TH STREET BROOKLYN, NY 11215  JOAN BROWN 2280 PALMER AVENUE	TITLE AND AVERAGE HOURS PER WEEK DEVOT INITIAL DIR. 10.00 INITIAL DIR.	S C	OMPEN- SATION 0.	BUTION TO EBP & DC \$ 0.	* 0.
NAME AND ADDRESS  CHRISTOPHER BANDINI 351A 14TH STREET BROOKLYN, NY 11215  JOAN BROWN 2280 PALMER AVENUE NEW ROCHELLE, NY 10801  ALICE BRANDWEIN 98-30 67TH AVENUE	TITLE AND AVERAGE HOURS PER WEEK DEVOT INITIAL DIR. 10.00  INITIAL DIR. 10.00  DIRECTOR	S C	OMPEN- SATION 0.	BUTION TO EBP & DC \$ 0.	* 0.
NAME AND ADDRESS  CHRISTOPHER BANDINI 351A 14TH STREET BROOKLYN, NY 11215  JOAN BROWN 2280 PALMER AVENUE NEW ROCHELLE, NY 10801  ALICE BRANDWEIN 98-30 67TH AVENUE FOREST HILLS, NY 11374  DENIS JORDAN 151-43 17TH ROAD	TITLE AND AVERAGE HOURS PER WEEK DEVOT INITIAL DIR. 10.00  INITIAL DIR. 10.00  DIRECTOR 1.00  DIRECTOR	S C	OMPEN- SATION 0.	BUTION TO EBP & DC \$  0.	* 0.  **OTHER*  * 0.  0.  0.
NAME AND ADDRESS  CHRISTOPHER BANDINI 351A 14TH STREET BROOKLYN, NY 11215  JOAN BROWN 2280 PALMER AVENUE NEW ROCHELLE, NY 10801  ALICE BRANDWEIN 98-30 67TH AVENUE FOREST HILLS, NY 11374  DENIS JORDAN 151-43 17TH ROAD WHITESTONE, NY 11357  LOIS A REIERSOL 201 WEST 72ND STREET	TITLE AND AVERAGE HOURS PER WEEK DEVOT  INITIAL DIR. 10.00  INITIAL DIR. 10.00  DIRECTOR 1.00  DIRECTOR 1.00  DIRECTOR 1.00	S C	OMPEN- SATION 0.	BUTION TO EBP & DC \$  0.	* 0.  \$ 0.  0.

2012 . '

#### FEDERAL STATEMENTS

PAGE 4

**CLIENT FTF2005** 

THE FLORENCE TYSON FUND FOR THE CREATIVE ARTS THERAPIES, INC.

20-2011199

**STATEMENT 6** FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: CREATIVE ARTS THERAPIES

FLORENCE TYSON FUND CHRISTOPHER BANDINI

PO BOX 1531

NEW YORK, NY 10276

THE LETTER SHOULD BE 3-5 PAGES LONG, AND SHOULD DESCRIBE THE ORGANIZATION THAT IS APPLYING FOR FUNDING, THE NEED FOR FUNDING, AND THE WAY IN WHICH THE PROPOSED PROJECT WILL ADVANCE THE WORK THAT WAS BEGUN BY FLORENCE TYSON AND IS CARRIED FORWARD HER COLLEAGUES IN THE FIELD OF CREATIVE ARTS THERAPY. PROOF OF NON-PROFIT STATUS, SUCH AS 501C(3) IS REQUIRED FOR FUNDING. AN INDICATION OF OTHER FUNDING OR ORGANIZATION RESOURCES FOR THE PROJECT SHOULD ALSO BE

INCLUDED.

THE BOARD AND ADVISORS TO THE BOARD HAVE IDENTIFIED SEVERAL TYPES OF PROJECTS THAT WILL BE CONSIDERED. AMONG THESE ARE SCHOLARSHIPS TO PROVIDE CREATIVE ARTS THERAPIES FOR PATIENTS WITH SIGNIFICANT NEED; FUNDING FOR WORKSHOPS OR SYMPOSIA FOR PROFESSIONALS WHO PROVIDE THERAPY FOR PSYCHIATRIC PATIENTS IN THE COMMUNITY; FUNDING OF EDUCATIONAL MATERIALS TO ADVANCE PRACTICE IN THE FIELD OF COMMUNITY-BASED MUSIC THERAPY. WE CANNOT FUND INDIVIDUALS

WHO ARE NOT AFFILIATED WITH A 501C(3) ORGANIZATION.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

THE FUND NORMALLY AWARDS GRANTS OF BETWEEN \$3,000 AND

\$10,000.