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### Form 990-PF

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0052

Open to Public Inspection

For	calend	lar year 2012 or tax year beginning, a	and ending				
	me of fou			A	Empl	oyer identification number	
М	ASS	ARELLI CHARITABLE FOUNDATION			20	-2034836	
		street (or P O box number if mail is not delivered to street address)	Roc	om/suite B		hone number (see instructions)	<del></del>
_9	20	S. MILWAUKEE AVENUE			84	7-680-8000	
		, state, and ZIP code		c	If exe	mption application is pending, c	heck here
		RTYVILLE IL 60048	<del></del>				. —
G (	Check a		n of a former public cha	inty D		oreign organizations, check here	
		Final return Amended		1		oreign organizations meeting the 5% test, check here and attach	
		Address change Name cha			0.	The test, wheth there and attacks	Compatation
		ype of organization Section 501(c)(3) exempt private		Į E	•	ate foundation status was termi in 507(b)(1)(A), check here	nated under
			e private foundation  X Cash Accr				
-		ket value of all assets at  J Accounting method ear (from Part II, col (c), Other (specify)	Cash Accr	ual F		foundation is in a 60-month terr section 507(b)(1)(B), check he	. 1 1
	na or ye ne 16) <b>i</b>	500 504	ne on cash hasis \				
_	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			[	(d) Disbursements
•	u	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	ent	(c) Adjusted net income	for chantable purposes
	т	the amounts in column (a) (see instructions) )	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					<del></del>
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B	3		3	3	
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	12,992	12	, 992	12,992	
	5a	Gross rents	12,332		, 332	12,992	
-	b	Net rental income or (loss)					
ΞĘ	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	17,949				<del></del>
Revenue	b	Gross sales price for all assets on line 6a 227 , 726				The same of the sa	
æ	7	Capital gain net income (from Part IV, line 2)				CENTO	}
•	8	Net short-term capital gain		lo		0	
	9	Income modifications		24		T 0 9 224	
	10a	Gross sales less returns and allowances		- T-	00	1 0 9 2013	
	b	Less Cost of goods sold			<u></u>	-4	
	С	Gross profit or (loss) (attach schedule)			KANAGE THE	JULIV, U:	·
	11	Other income (attach schedule) STMT 2	4,025		,025	4,025	
	12	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	34,969	1/	,020	17,020	
es	14	Other employee salaries and wages	<del>-</del>				
ନ୍ଦ penses	15	Pension plans, employee benefits					<del></del>
ကို ed	16a	Legal fees (attach schedule)					
يُو	b	Accounting fees (attach schedule)					<del></del>
	С	Other professional fees (attach schedule)					
in the	17	Interest					
ist .	18	Taxes (attach schedule) (see instructions) STMT 3	522				
$\exists \in$	19	Depreciation (attach schedule) and depletion					
٦₽	20	Occupancy					
<b>9</b> 7	21	Travel, conferences, and meetings					
an a	22	Printing and publications		l			
SING N 6 LUD (ISINING)  Operating and Administrative Ex	23	Other expenses (att sch ) STMT 4	7,972				
عظظ	24	Total operating and administrative expenses.	0.404		_	_	_
Ser.	25	Add lines 13 through 23	8,494		0	0	0
Ö	25	Contributions, gifts, grants paid	29,600 38,094		0	0	29,600
	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	30,094			<del>  -                                   </del>	29,600
	a	Excess of revenue over expenses and disbursements	-3,125			[	
	b	Net investment income (if negative, enter -0-)	3,123	17	,020		
	C	Adjusted net income (if negative, enter -0-)		<u>=-</u>	,	17,020	

Part IV Capital Gains	and Losses for Tax on investine	iii iiicoiiie			
	escribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs. MLC Co.)		I D Durchaea I	e) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
b					
c					1
d					
е					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis pense of sale		ain or (loss) s (f) minus (g)
b					
c				·····	
d					<del></del>
e				···	· · · · · · · · · · · · · · · · · · ·
	ng gain in column (h) and owned by the four	dation on 12/31/69	<del></del>		· · · · · · · · · · · · · · · · · · ·
Complete city for access and	Ť		<del></del>		Col (h) gain minus not less than -0-) <b>or</b>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	cess of col (i) col (j), if any		(from col (h))
_a b					· · · · · · · · · · · · · · · · · · ·
	<del> </del>				
	<del> </del>	<del></del>	<del></del>		
		<del></del>			·
е	If gain, also enter in F	Port Line 7		T	
2 Capital gain net income or (net o	capital loss) If (loss), enter -0- in F	<b>•</b>	1 2		
2. Not short term contains or //s		rant i, line /	2	<del> </del>	
, ,	oss) as defined in sections 1222(5) and (6)	0 7			
•	3, column (c) (see instructions) If (loss), ent	er -u- in			
Part I, line 8	Indox Section 4040(a) for Reduc	ad Tax an Nat	Investment Income	<u> </u>	
	Under Section 4940(e) for Reduc				
(For optional use by domestic private	e foundations subject to the section 4940(a)	tax on net investin	nent income )		
If section 4940(d)(2) applies, leave t	his part blank				
Mae the foundation liable for the sec	ction 4942 tax on the distributable amount o	fany voar in the he	nco poriod?		Yes X No
	alify under section 4940(e) Do not complete		isc periou.		1es <b></b> 140
	<del></del>	<del></del>			
1 Enter the appropriate amount in	each column for each year, see the instruc	ions before makin	g any entries	<del></del>	14\
Base penod years	(b) Adjusted qualifying distributions	Net ve	(c) alue of noncharitable-use assets		(d) Distribution ratio
Calendar year (or tax year beginning	,				b) divided by col (c))
2011		,350	608,730		0.043287
2010		,200	524,512		0.044232
2009		,700	520,080		0.064798
2008		,953	148,264	<u> </u>	0.289706
2007		,844	506,326	<u> </u>	0.066842
2 Total of line 1, column (d)				2	0.508865
3 Average distribution ratio for the	5-year base period – divide the total on line	2 by 5, or by the		1 1	
number of years the foundation	has been in existence if less than 5 years			3	0.101773
					_
4 Enter the net value of noncharita	able-use assets for 2012 from Part X, line 5			4	545,690
5 Multiply line 4 by line 3				5	55,537
• • •					
6 Enter 1% of net investment inco	me (1% of Part I. line 27b)			6	170
	•				
7 Add lines 5 and 6				7	55,707
8 Enter qualifying distributions from	m Part XII line 4				20 500
8 Enter qualifying distributions from		nd .complete #5.54 :	ant usung a 40/ ± 2	18	29,600
	an line 7, check the box in Part VI, line 1b, a	na complete that p	bart using a 1% tax rate. See	uie	
Part VI instructions	<del></del>		<del></del>	<del></del>	000 55
					Form <b>990-PF</b> (2012)

	1 990-PF (2012) MASSARELLI CHARITABLE FOUNDATION 20-2034836			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			340
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (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			340
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-			340
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)  6c 200			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d 7			200
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			140
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
Pa	art 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		Yes	No
	participate or intervene in any political campaign?	_1	а	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			1
	Instructions for the definition)?	_1	b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			Ţ
	published or distributed by the foundation in connection with the activities			1
С	Did the foundation file Form 1120-POL for this year?	/A 1	С	<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			T
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	1		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$	İ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	2	X
	If "Yes," attach a detailed description of the activities			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	з	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	а	X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 4	b_	
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	1		1
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			1
	conflict with the state law remain in the governing instrument?	E	X a	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	7 X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
þ	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(j)(3) or			1
-	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"	-		
	complete Part XIV	\ ,	9	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<del>                                     </del>		<del>                                     </del>
	names and addresses	1	0	X
	10/1 INT 4 FTP 8 TOT 152		990-P	

orn	; · · · · · · · · · · · · · · · · · · ·	1 20-2	034836				P	age <b>6</b>
Pi	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (conf	inued)				
 5a	During the year did the foundation pay or incur any amount to							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?		Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to d	carry on,	<u> </u>		_	. İ		
	directly or indirectly, any voter registration drive?			Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in				1		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational	<b></b>		_			
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	he exceptions desc	ribed in					
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s	ee instructions)?			N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here				▶ □			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax			لسا			
	because it maintained expenditure responsibility for the grant?		N/A	Yes	No	. J		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					Ì		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay j	premiums						
	on a personal benefit contract?			Yes	X No			
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?			6b		X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelt	er transaction?		Yes	X No			
	If "Yes," did the foundation receive any proceeds or have any net income attributab		12		N/A	7b		
Pa	Information About Officers, Directors, Trustees, For and Contractors	ındation Mana	gers, Highly	Paid E	mploye	es,		
1 (	List all officers, directors, trustees, foundation managers and their compensa	tion (see instructi	ons)					
	elst all officers, alreators, a astess, foundation managers and after compensa	1		(d) Co	ontributions to	1		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emp plans	loyee benefit and deferred appensation		ense ad r allowa	
SE	E STATEMENT 7							
2	Compensation of five highest-paid employees (other than those included or "NONE."	line 1 – see instr	uctions). If none	e, enter		L		
		Υ	Γ	(d) Ca	ontributions to	Γ.		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	emp plans	loyee benefit and deferred appensation		ense ad r allowar	
NC	NE							
			<del> </del>	+				
		-		-			<del></del>	
		<del> </del>		-		-		
ota	I number of other employees paid over \$50,000				<u>-</u>		Т-	0
J.6		<del></del>			F	om 99	0-PF	

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Part VIII	Information About Officers, Directors, Trustees, Foundation	<del></del>	
	and Contractors (continued)	<u> </u>	
3 Five highe	est-paid independent contractors for professional services (see instructions		
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		]	
		····	
		<b>\</b>	
Total number of	others receiving over \$50,000 for professional services		•
	· · · · · · · · · · · · · · · · · · ·		
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical information such as the	number of	-
	ther beneficianes served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
2			
3			
			<u> </u>
4			
Part IX-B	Summary of Program-Related Investments (see instruction	s)	<u> </u>
	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
<del> </del>			<u> </u>
2			
All other program re	lated investments. See instructions	<del></del>	<del> </del>
3	INCO INTOGRACIONO GEE INSTITUCIONO		
-			
			1

Total. Add lines 1 through 3

2b

2c

3

4

5

6

line 1		7	26,945
Part XI	Qualifying Distributions (see instructions)		
1 Amo	unts paid (including administrative expenses) to accomplish chantable, etc., purposes		·
а Ехре	nses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	29,600
<b>b</b> Prog	ram-related investments – total from Part IX-B	1b	
2 Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	-   -	
purp	oses	_ 2	
3 Amo	unts set aside for specific charitable projects that satisfy the	-	
<b>a</b> Suita	bility test (prior IRS approval required)	_3a_	
<b>b</b> Cash	distribution test (attach the required schedule)	3b	
4 Qual	ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	29,600
5 Four	dations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1 1	
Ente	1% of Part I, line 27b (see instructions)	5	0
6 Adju	sted qualifying distributions. Subtract line 5 from line 4	6	29,600
Note	The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the for	undation	

26,945

b

Ç

3

5

6

Add lines 2a and 2b

Add lines 3 and 4

Income tax for 2012 (This does not include the tax from Part VI)

Recoveries of amounts treated as qualifying distributions

Deduction from distributable amount (see instructions)

Distributable amount before adjustments. Subtract line 2c from line 1

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

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,

Pa	art XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part X	¥,	Corpus	Years prior to 2011	2011	2012
	line 7	1				26,945
2	Undistributed income, if any, as of the end	d of 2012				
а	Enter amount for 2011 only	<u> </u>				
b	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to 2	012	l			
а	From 2007		İ	İ		
b	From 2008		1			
С	From 2009	1,197				
d	From 2010	7,900				
е	From 2011	9,097				
f	Total of lines 3a through e		18,194			
4	Qualifying distributions for 2012 from Part	:XII,				
	line 4 ▶ \$29,600	]	Ì			
а	Applied to 2011, but not more than line 2a	ı				
b	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)	L				
С	Treated as distributions out of corpus (Ele	ection				_
	required - see instructions)	Ĺ				
d	Applied to 2012 distributable amount					26,945
е	Remaining amount distributed out of corps	us	2,655			
5	Excess distributions carryover applied to 2	2012				
	(If an amount appears in column (d), the s	same		į		
	amount must be shown in column (a))					
6	Enter the net total of each column as	¥		1		: 
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	t line 5	20,849			
b	Prior years' undistributed income Subtract	ot				
	line 4b from line 2b		· · · · · · · · · · · · · · · · · · ·			
С	Enter the amount of prior years' undistribution	uted			·	
	income for which a notice of deficiency ha	is				
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed	ļ			·	
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions	<u> </u>				
е	Undistributed income for 2011 Subtract li	ne				
	4a from line 2a Taxable amount – see					
	instructions	Ĺ				
f	Undistributed income for 2012 Subtract li	nes				
	4d and 5 from line 1. This amount must be	e l		ļ		
	distributed in 2013	1	-··			0
7	Amounts treated as distributions out of co	·				
	to satisfy requirements imposed by section	1				
	170(b)(1)(F) or 4942(g)(3) (see instruction	· -				
8	Excess distributions carryover from 2007	not				
	applied on line 5 or line 7 (see instructions					
9	Excess distributions carryover to 2013	3.				
	Subtract lines 7 and 8 from line 6a	1	20,849			
10	Analysis of line 9	, 1	ĺ	İ		
а	Excess from 2008			Ì		
b	Excess from 2009	1,197	ļ	İ		
С	Excess from 2010	7,900	Ì	Ì		
d	Excess from 2011	9,097		İ		
_e	Excess from 2012	2,655				

Form	990-PF (2012) MASSARELLI C	HARITABLE E	FOUNDATION	20-20348	36	Page <b>10</b>
_Pa	art XIV Private Operating For	undations (see ins	structions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2	2012, enter the date of	the ruling	<b>&gt;</b>		
b	Check box to indicate whether the founda	tion is a private operati	ng foundation described	d in section 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(2) 7-1-1
	income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for					
	each year listed		L			
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		1	<b>\</b>		
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities				:	ł
	Subtract line 2d from line 2c					ļ
3	Complete 3a, b, or c for the					
	alternative test relied upon					<u> </u>
а	"Assets" alternative test – enter		ļ			İ
	(1) Value of all assets		1			1
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		İ			! 
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in		1		i.	
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on			į		
	securities loans (section					
	512(a)(5)), or royalties)				<del></del>	<del></del>
	(2) Support from general public and 5 or more exempt			İ		
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5,000 or more	in assets at
	any time during the y	<u>ear – see instruct</u>	tions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed more	than 2% of the total cor	ntributions received by t	he foundation	
	before the close of any tax year (but only	if they have contributed	more than \$5,000) (S	ee section 507(d)(2))		
	N/A					
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large po	rtion of the	
	ownership of a partnership or other entity;	of which the foundation	n has a 10% or greater	ınterest		
	N/A					
2	Information Regarding Contribution, G	irant, Gift, Loan, Sch	olarship, etc., Progran	ns:		
	Check here $ ightharpoonup$ if the foundation only	makes contributions to	preselected charitable	e organizations and doe	s not accept	
	unsolicited requests for funds. If the found	lation makes gifts, grar	nts, etc (see instruction	s) to individuals or orga	nizations under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone numb	er or e-mail of the pers	on to whom application	s should be addressed		
	N/A					
b	The form in which applications should be	submitted and informat	tion and materials they	should include		
	N/A		·			_
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards,	such as by geographic	al areas, chantable field	ls, kinds of institutions.	or other	
	factors			,		
	N/A					
DAA						Form <b>990-PF</b> (2012

Part XV Supplementary Information (con	ntinued)			
Part XV Supplementary Information (cor 3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUION	·
Name and address (home or business)  a Paid during the year  SEE STATEMENT 8		recipient	Contribution	29,600
Total	<u> </u>	L	<b>&gt;</b> 3a	29,600
b Approved for future payment N/A			, Ja	23,000
Total		<del></del>	▶ 3b	

P	art XVI-A	Analysis of Income-Producing Acti	vities		_		
		unts unless otherwise indicated	T	ed business income	Exclude	d by section 512, 513, or 514	(-)
			(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1	Program ser	vice revenue			code		(See instructions )
	a						
							·
	с						
	e				<u> </u>		
	f						
	<b>g</b> Fees an	d contracts from government agencies			<u> </u>		
		dues and assessments			<u> </u>		
		avings and temporary cash investments	L	<del>_</del>			
		nd interest from securities			14	12,992	
5		come or (loss) from real estate			<del> </del> -		<del></del>
		anced property			<del></del>		
		-financed property					
		come or (loss) from personal property			+		
		ment income					4,025
		s) from sales of assets other than inventory	<u> </u>		<del> </del>		17,949
		or (loss) from special events	<u> </u>		<del>                                     </del>	<u> </u>	
	•	or (loss) from sales of inventory			┼		
		ue. a	-		- <del>                                     </del>		
			<del></del>		+ -		
				ļ	+		
	e	d columns (b), (d), and (e)		<del>                                     </del>		12,992	21,97
		ne 12, columns (b), (d), and (e)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	13	34,969
		in line 13 instructions to verify calculations )				"	34,30.
	art XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt Pi	urposes		
	ine No.	Explain below how each activity for which income is					<del> </del>
_	▼	accomplishment of the foundation's exempt purpose					)
	N/A						· · · · · · · · · · · · · · · · · · ·
				·			
						· · · · · · · · · · · · · · · · · · ·	
							·
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Form 990-PF	(2012) MASSARE	LLI CHAF	RITABLE FO	DUNDATION	1 20-2034	1836		Pag	ge <b>13</b>
Part XVI		-	ansfers To and	d Transactio	ns and Relationshi	ps With Noncharitab	le		
1 Did the	Exempt Organ  organization directly or in		un any of the follow	ung with one oth	or organization decombed		<del></del>	Yes	No
	ion 501(c) of the Code (ot	_			=			163	140
	zations?	Her than section	1 30 I(c)(3) Organiz	addris) of its sect	ion 527, relating to politic	aı			
•	ers from the reporting foul	ndation to a nor	ohantahla avamat	organization of			1 1		
(1) Ca	• -	ildation to a nor	ichantable exempt	Organization of			1a(1)		x
, ,	her assets						1a(1)		X
	transactions						10(2)		
	iles of assets to a noncha	ritable evernet c	raanization				1b(1)		x
	irchases of assets from a	•	•	2			1b(2)		X
` '	ental of facilities, equipmen			•			1b(3)		X
, ,	eimbursement arrangemei						1b(4)		X
• •	ans or loan guarantees						1b(5)		X
	erformance of services or	membership or	fundraising solicita	itions			1b(6)		X
	g of facilities, equipment,	•	-				1c		X
	inswer to any of the above	-	•		n (b) should always show	the fair market			
	of the goods, other assets								
	n any transaction or shari			=					
(a) Line no			ne of nonchantable exem			transfers, transactions, and shanng	arrangemen	its	
N/A									
			·······						
						<del></del>			
						<del></del>			
					ļ	<del> </del>			
					<u> </u>	<del></del>			
		<del></del>	<del></del>		<del></del>		<del></del> -		
		<del></del>	·		<del> </del>				
		<del> </del>	<del></del>	<del></del>	<del> </del>				
2- 1-11-6	·	40				<del></del>			
	oundation directly or indirectly or indirectly of the	-					□ v.	s X	1
	," complete the following s	•	nan section 50 r(c)	(3)) of its section	3217			s A	j NO
	(a) Name of organization	scriedule	(b) Type of	organization	T	(c) Description of relationship			
N/A	(-/		(4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(o) becomplied of federations			
	<del></del>	<del></del>							
	······································		1			······································			
	<del></del>			<del></del> -	<u> </u>	<del></del>			
Und	der penalties of penjury, I declare	that I have examin	ed this return, including	accompanying sche	dules and statements, and to the	e best of my knowledge and belief, i	t is true,		
сон	rect, and complete Declaration	of preparer (other th	nan taxpayer) is based o	on all information of v	hich preparer has any knowled	ge May the IRS di	scuss this re	turn	
Sign	$\sim$				_	with the prepar	er show <u>n b</u> e	low _	_,
Here /		100	) ~	Ω	0-52	(see instruction	ns)? X	Yes	No
	X	10-120	حد	~(	-10/20/	PRESIDENT			
	Signature of officer or trustee			Date		Title _			
F	Print/Type preparer's name			Preparer's signatu	re \	Date		Charle	$\overline{\Box}_{\iota}$
Doi:	-				XIT	1/4		Check self-em	
Paid KI	ENNETH W. PETER	SON, CPA			<u> </u>	09/0	05/13		
Preparer	<del></del>			& WIRTH,	CPA'S		00046	293	3
Use Only			PLACE SUI			Firm's EIN ► 36	-411	963	9
	DOW	NERS GRO	OVE, IL	60515			0-39	0-1	140
							Earm QC	n_pr	(2012)

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Line 6a - 5
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Part I.
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•	Net Gain / Loss		t + 0 <b>1</b> 0	19,368		397		1,387		114		2,697	17,949
	A Gain	\ \ \	ŀ										\$
	Depreciation												0
	Expense	· · · · · · · · · · · · · · · · · · ·	-										\$ 0
	Cost	102,634 \$		39,027	•	44,430		13,421		174		10,091	209,777 \$
How Received	Sale Price	PURCHASE 96,620 s	PURCHASE	58,395	PURCHASE	44,827	PURCHASE	14,808	PURCHASE	288	PURCHASE	12,788	227,726 \$
	Date Sold	1510 1/01/12 12/31/12 \$		1/01/05 12/31/12		1/01/12 12/31/12		1/01/05 12/31/12		1/01/12 12/31/12		1/01/05 12/31/12	·ν.
Description	Date Acquired	964021510	964021510	1/01/02	964021518	1/01/12	964021518	1/01/05	964021514	1/01/12	964021514	1/01/05	
	Whom Sold	TD AMERITRADE AC 964021510	TD AMERITRADE AC 964021510		TD AMERITRADE AC 964021518		TD AMERITRADE AC	:	TD AMERITRADE AC 964021514		TD AMERITRADE AC 964021514		TOTAL

## Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Υe	Revenue per Books	Net II	Net Investment Income	Adju I	Adjusted Net Income
TD AMERITRADE ACCOUNTS		4,025	φ.	4,025	φ.	4,025
TOTAL	S.	4,025	တ	4,025	ςς	4,025

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$ \$
Adjusted Net	\$ \$
Net Investment	\$ \$
Total	\$ 522 \$ 522
Description	INDIRECT TAXES/LICENSES TOTAL

### Federal Statements

20-2034836

## Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	249,259 200,005 133,211 582,475	
Basis of Valuation	MARKET MARKET MARKET	
End of Year	249,259 200,005 133,211 582,475	
	w w	
seginning of Year	232,119 184,474 129,203 545,796	
Ш	w w	
Description	TD AMERITRADE 964-021514 TD AMERITRADE 964-021518 TD AMERITRADE 964-021518 TOTAL	

20-2034836 1

### **Federal Statements**

### Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
CHANGE IN UNREALIZED GAIN/LOSS	\$36,185
TOTAL	\$ 36,185

Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	-PF, Part VIII, Line	1 - List of O	fficers, Directors, T	rustees, Etc.	•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MICHAEL M. MASSARELLI 920 S. MILWAUKEE AVENUE LIBERTYVILLE IL 60048	PRESIDENT	1.00	0	0	0
JOANN M MASSARELLI 920 S MILWAUKEE AVE LIBERTYVILLE IL 60048	VICE PRES	1.00	0	0	0
MICHAEL R MASSARELLI 920 S MILWAUKEE AVE LIBERTYVILLE IL 60048	VICE PRES	1.00	0		0
JOHN P MASSARELLI 920 S MILWAUKEE AVE LIBERTYVILLE IL 60048	SECRETARY	1.00	0	0	0
JOSEPH M MASSARELLI 920 S MILWAUKEE AVE LIBERTYVILLE IL 60048	TREASURER	1.00	0	0	0

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20-2034836

# Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount	2,000	4,000	1,000	2,500	1,000	4,000	1,000	2,000	2,500	1,000	200	200	200	1,500	29,600
	Purpose	FOR FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R WISH GRANTING FUNDS	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	R FINANCIAL SUPPORT	FINANCIAL SUPPORT
Address	Relationship Status	332 N. LAUDERDALE	ZZI PAKA PLACE E 10351 W WASHINCTON	1140 M	M OFT	101 101 101 101	OF FRAM OE0A	COSO MEST TOOMS	348 CLFN		SSSU NOKIH CENIKAL E FOR 705 DIIFV HOSDIMAI DIIME			5000 and	2000 2001III 31III	
Name	Address	ST JUDES HOSPITAL MEMPHIS IN 38105 CT 10CEPH SCHOOL		GRAYSLAKE IL 60030 NONE	CHICAGO IL 60607  CHICAGO IL 60607  DISABLED AMERICAN VETS	CINCINNATI OH 45250-0301 NONE		~	MUNDELEIN IL 60060 NONE	MESTON MA 02493 NONE	HARE A WISH FOUNDALION PHOENIX AZ 85012 TIDM E DITEV HOSDITAL		CHICAGO IL 60625 NONE	SALLE INSTIN WASHINGTON DC 20090 NONE HINES VA	HINES IL 60141 VETERANS OF FORFIGN WARS	

### Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

Internal Revenue Service ▶ X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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 extension 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). 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 Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print MASSARELLI CHARITABLE FOUNDATION 20-2034836 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) File by the 920 S. MILWAUKEE AVENUE due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See LIBERTYVILLE IL 60048 instructions 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 02 Form 1041-A 80 Form 990-BL Form 4720 Form 4720 (individual) 03 09 Form 5227 10 04 Form 990-PF Form 6069 Form 990-T (sec 401(a) or 408(a) trust) 11 06 Form 8870 12 Form 990-T (trust other than above) MICHAEL M. MASSARELLI 920 S. MILWAUKEE AVENUE The books are in the care of ▶ LIBERTYVILLE IL 60048 Telephone No ▶ 847-680-8000 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 this is and attach If it is for part of the group, check this box for the whole group, check this box 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 until 08/15/13, to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year \_2012 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a nonrefundable credits. See instructions b If 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 overpayment allowed as a credit 3b \$ Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

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

EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (F	Rev 1-2013)				<del></del>		Page 2
If you are	filing for an Additional (Not Automatic) 3-Mo	nth Extens	sion, com	plete only Part II and check the	is box		► X
Note. Only co	omplete Part II if you have already been granted	l an automa	atic 3-mon	th extension on a previously file	ed Form 8868		<del></del>
• If you are	filing for an Automatic 3-Month Extension, o	omplete o	nly Part I	(on page 1)			
Part II	Additional (Not Automatic) 3-Mo	nth Exte	nsion o	f Time. Only file the orig	inal (no copies	needed).	
				Ei	nter filer's identif	ing number,	see instructions
Type or	Name of exempt organization or other filer,	see instruct	tions		Employer identific		
print				ł			` ,
•	MASSARELLI CHARITABLE	FOUN	DATIC	N	20-203483	36	
File by the	Number, street, and room or suite no. If a P	O box see	e instruction	ons	Social security nu	mber (SSN)	
due date for filing your	920 S. MILWAUKEE AVEN	IUE					
return See	City, town or post office, state, and ZIP code		eign addre	ss see instructions			
instructions	LIBERTYVILLE		60048	•			
					<del> </del>		<del></del>
Enter the Ret	urn code for the return that this application is fo	r (file a sep	arate appl	ication for each return)			04
Application	n		Return	Application			Return
Is For			Code	ls For			Code
	or Form 990-EZ		01			······································	
Form 990-E			02	Form 1041-A			08
Form 4720			03	Form 4720			09
Form 990-F			04	Form 5227			10
	(sec 401(a) or 408(a) trust)		05	Form 6069			11
	(trust other than above)		06	Form 8870			12
	ot complete Part II if you were not already g						
Telephon If the orga If this is for the whole list with the na I reque For call If the ta Ch State ir ADD AND	ames and EINs of all members the extension is st an additional 3-month extension of time until endar year 2012, or other tax year be ax year entered in line 5 is for less than 12 months ange in accounting period in detail why you need the extension ITIONAL TIME IS REQUESTACCURATE RETURN.	isiness in the digit Groups for part of for 11/1 eginning this, check r	FAX No Ine United Sp Exemption the group  L5/13  reason  GATE	States, check this box on Number (GEN) , check this box  , and ending Initial return  IER INFORMATION	If this is and attach a al return TO PREPA		60048  ▶□  MPLETE
	ipplication is for Form 990-BL, 990-PF, 990-T,	4720, or 606	69, enter t	he tentative tax, less any		1.	•
	undable credits See instructions	0000		dable exadit		\$	0
	application is for Form 990-PF, 990-T, 4720, or		-				
	ted tax payments made Include any prior year	overpayme	nt allowed	as a credit and any	<u></u>		•
	t paid previously with Form 8868	<del></del>			8b	\$	0
	ce due. Subtract line 8b from line 8a Include yo		it with this	form, if required, by using EFT			_
(Electro	onic Federal Tax Payment System) See instruc	ctions			8c	\$	0
	Signature and less of penjury, I declare that I have examined the hold belief, it is true, conject, and complete, and the second	ıs form, ıncl	luding acc thorized to		•	Date <b>•</b>	08/12/13
	WI T T	-					8868 (Rev 1-2013)
	ή ,						