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## Form **990-PF**

# 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

Department of the Treasury Internal Revenue Service

| For                       | calei        | ndar year 2012 or tax year beginning  |   | , and ending                            |  |  |   |
|---------------------------|--------------|---|---|---|--|--|---|
| Na                        | ame o        | f foundation  |   |   | A Employer identificatio                           | n number   | • |
| _                         |              | YES TO EDUCATION FOUND  |   | Room/suite                              | 20-8916545   | 5  | _ |
|                           |              | and street (or PO box number if mail is not delivered to street   | B Telephone number (860) 240-           | -8900                                   |  |  |   |
|                           |              | GEORGE WEISS ASSOC., O  | NE STATE ST.                            | FL 20                                   | <del></del>  |  | - |
|                           | •            | TFORD, CT 06103-3113  |   |   | C If exemption application is                      | pending, check here                                |   |
|                           |              | k all that apply Initial return   | Initial return of a fo                  | ormer public charity                    | D 1. Foreign organization                          | s, check here                                      |   |
|                           |              | Final return  | Amended return                          | <b>,</b>                                |  |  |   |
|                           |              | Address change  | Name change                             |   | Foreign organizations m<br>check here and attach c | eeting the 85% test, omputation                    |   |
| H                         | Check        | type of organization X Section 501(c)(3) ex   | cempt private foundation                |   | E If private foundation sta                        | atus was terminated                                |   |
|                           |              |   | Other taxable private founda            |   | under section 507(b)(1                             |  |   |
|                           |              | arket value of all assets at end of year   J Accounti   | ~                                       | X Accrual                               | F If the foundation is in a                        |  |   |
| •                         | rom i<br>►\$ | Part II, col. (c), line 16) 01<br>28 , 051 , 318 . (Part I, colu  | ther (specify)                          | hacin \                                 | under section 507(b)(1                             | )(B), check here                                   |   |
|                           | art I        |   | 1                                       |   | (a) Advicted -at                                   | (d) Disbursements                                  | - |
|                           | ai C         | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books      | (b) Net investment income               | (c) Adjusted net income                            | for chantable purposes<br>(cash basis only)        |   |
|                           | 1            | Contributions, gifts, grants, etc., received  | 900,914.                                |   | N/A  | (Sash Sasis Shiy)                                  | • |
|                           | 2            | Check ▶ if the foundation is not required to attach Sch. B  |   |   |  |  |   |
|                           | 3            | Interest on savings and temporary cash investments  |   |   |  |  |   |
|                           | 4            | Dividends and interest from securities  |   |   |  |  | _ |
|                           | 5a           | Gross rents   |   |   |  | -  |   |
|                           | b            | Net rental income or (loss)   | 0.505.000                               | **************************************  | <del>                                     </del>   | .]   | ٠ |
| e                         | 6a           | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 120, 916, 795.          | 9,586,020.                              | ·                                       | J*****   | 1  |   |
| Revenue                   | b            |   | *************************************** | 9,586,020.                              |  | 1-2 2 7 1987 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |
| æ                         | 8            | Capital gain net income (from Part IV, line 2)  |   | 9,300,020.                              |  | <del>                                     </del>   |   |
|                           | g            | Net short-term capital gain Income modifications  | ,· _,                                   | *************************************** | 1/   | <del></del>  |   |
|                           | 10a          | Gross sales less returns  |   | ······································  |  | 1  | • |
|                           |              | Less Cost of goods sold   | <u> </u>                                | **************************************  |  | <del></del>  | • |
|                           |              | Gross profit or (loss)  |   |   |  |  | • |
|                           | 11           | Other income  | 606,766.                                | 527 <b>,</b> 893.                       |  | STATEMENT 1  |   |
|                           | 12           | Total Add lines 1 through 11  | 11,093,700.                             | 10,113,913.                             |  |  |   |
|                           | 13           | Compensation of officers, directors, trustees, etc  | 0.                                      | 0.                                      |  | 0.   |   |
|                           | 14           | Other employee salaries and wages   |   |   |  | <u> </u>   |   |
| es                        | 15           | Pension plans, employee benefits  | 13,349.                                 | 0.                                      |  | 1 575  |   |
| ınse                      | 16a          | Legal fees STMT 2 Accounting fees STMT 3  | 656.                                    | 0.                                      |  | 1,575.<br>656.                                     |   |
| xbe                       | 0            | Accounting fees STMT 3 Other professional fees  | 030.                                    | <u> </u>                                |  | 636.   |   |
| ē<br>E                    | 17           | Interest  | 161.                                    | 0.                                      |  | 0.   |   |
| ā                         | 18           | Taxes STMT 4  | 122,368.                                | 0.                                      |  | 0.   |   |
| and Administrative Expens | 19           | Depreciation and depletion  |   |   |  |  |   |
| <u>=</u>                  | 20           | Occupancy   |   |   |  |  |   |
| Ρ                         | 21           | Travel, conferences, and meetings   |   |   |  |  |   |
| and                       | 22           | Printing and publications   |   | · · · · · · · · · · · · · · · · · · ·   |  |  |   |
| g                         | 23           | Other expenses STMT 5   | 377.                                    | 0.                                      |  | 377.   |   |
| rati                      | 24           | Total operating and administrative  | 126 011                                 | •                                       |  | 0.500  |   |
| Operating                 |              | expenses. Add lines 13 through 23   | 136,911.                                | 0.                                      |  | 2,608.   |   |
| _                         | 25           | Contributions, gifts, grants paid   | 8,235,000.                              |   |  | 8,235,000.   | 1 |
|                           | 26           | Total expenses and disbursements.   | 8,371,911.                              | 0.                                      |  | 8,237,608.   | - |
|                           | 27           | Add lines 24 and 25 Subtract line 26 from line 12   | 0,3/1,311.                              |   |  | 0,231,008.   |   |
|                           |              | Excess of revenue over expenses and disbursements   | 2,721,789.                              |   |  |  |   |
|                           | 1            | Net investment income (if negative, enter -0-)  | _,,                                     | 10,113,913.                             | · · · · · · · · · · · · · · · · · · ·              | 111111111111111111111111111111111111111            |   |
|                           | l            | Adjusted net income (if negative, enter -0-)  |   | ,                                       | N/A  |  |   |
| 2235                      |              |   |   |   |  | - 000 DE (00.00)                                   | 4 |

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LHA For Paperwork Reduction Act Notice, see instructions.

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30    |     |             |     |             |
|---|--|-----|-------------|-----|-------------|
| · | (must agree with end-of-year figure reported on prior year's return)                     |     |             | 1   | 25,257,792. |
| 2 | Enter amount from Part I, line 27a   |     |             | 2   | 2,721,789.  |
|   | Other increases not included in line 2 (itemize)   | SEE | STATEMENT   | 6 3 | 9,238.      |
| 4 | Add lines 1, 2, and 3  |     |             | 4   | 27,988,819. |
| 5 | Decreases not included in line 2 (itemize)   |     |             | 5   | 0.          |
|   | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column | 6   | 27,988,819. |     |             |

| Part IV Capital Gains ar  | nd Losses for Tax on In   | vestmen                                | t Income                             |                 |  |             |                                     |                                  |
|---|---|--|--------------------------------------|-----------------|--|-------------|-------------------------------------|----------------------------------|
| (a) List and describe<br>2-story brick warel                              | e the kind(s) of property sold (e g<br>nouse, or common stock, 200 shs                            | , real estate,<br>MLC Co )             |                                      | (b) H<br>P<br>D | low acquired<br>- Purchase<br>- Donation |             | te acquired<br>, day, yr )          | (d) Date sold<br>(mo , day, yr ) |
| 1a DEUTSCHE BANK AC   | CCOUNT  |  |                                      |                 | P  | VAR         | IOUS                                | VARIOUS                          |
| b   |   |  |                                      |                 |  |             |                                     |                                  |
| <u>c</u>  |   |  |                                      |                 |  | <del></del> |                                     |                                  |
| <u>d</u>  |   | ·                                      |                                      | <del> </del>    |  |             |                                     |                                  |
| <u>e</u>  |   | ( ) 0                                  |                                      | Ц.,             |  |             |                                     | <u> </u>                         |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | plus 6                                 | st or other basis<br>expense of sale |                 |  |             | Gain or (loss<br>lus (f) minus      | (g)                              |
| a 120,916,795.  |   | 11                                     | 1,330,77                             | 5 .             |  |             |                                     | 9,586,020.                       |
| <u>b</u>  |   |  |                                      |                 |  |             |                                     | <del> </del>                     |
| <u>c</u>  |   | <u> </u>                               |                                      |                 |  |             |                                     |                                  |
| d   |   |  |                                      |                 |  |             |                                     |                                  |
| Complete only for assets showing of                                       | rain in column (h) and owned by t   | the foundation                         | on 12/31/69                          | $\neg$          |  | (I) Gains   | (Col (h) gain                       | minus                            |
| (i) F M V as of 12/31/69  | (j) Adjusted basis  | (k) E>                                 | cess of col (I)                      |                 |  | òl (k), bι  | ut not less that<br>es (from col. ( | n -0-) or                        |
| (1) F 101 V as 01 12/31/03  | as of 12/31/69  | over                                   | col (j), if any                      |                 |  |             | ·                                   |                                  |
| <u>a</u>  |   | <u></u>                                |                                      |                 |  |             |                                     | 9,586,020.                       |
| <u>b</u>  |   |  | <del></del>                          | $\dashv$        |  |             |                                     |                                  |
| <u>c</u>  |   |  |                                      |                 |  |             |                                     |                                  |
| d   |   | <u></u>                                |                                      |                 |  |             |                                     | <del></del>                      |
| е   |   | L                                      |                                      | $\neg$          |  |             |                                     |                                  |
| 2 Capital gain net income or (net capit                                   | al loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $ | ' in Part I, line<br>- in Part I, line | 7<br>7                               | }               | 2  |             |                                     | 9,586,020.                       |
| 3 Net short-term capital gain or (loss)                                   |   | d (6)                                  |                                      |                 |  |             |                                     |                                  |
| If gain, also enter in Part I, line 8, col                                | lumn (c)  |  |                                      | <b> </b>        |  |             | N/A                                 |                                  |
| Part V Qualification Und  | der Section 4940(e) for   | Reduced                                | Tax on Net                           | Inv             | estment in                               | come        |                                     | <u> </u>                         |
| (For optional use by domestic private fo                                  |   |  |                                      |                 |  |             |                                     |                                  |
| (1 of optional use by definestic private to                               | anautions subject to the section  | 10 10(u) tux on                        |                                      |                 | ,  |             |                                     |                                  |
| If section 4940(d)(2) applies, leave this                                 | part blank  |  |                                      |                 |  |             |                                     |                                  |
| Was the foundation liable for the section                                 | 4942 tax on the distributable am  | ount of any ye                         | ear in the base per                  | riod?           |  |             |                                     | Yes X No                         |
| If "Yes," the foundation does not qualify                                 | under section 4940(e) Do not co   | mplete this pa                         | ırt                                  |                 |  |             |                                     |                                  |
| 1 Enter the appropriate amount in eac                                     | h column for each year, see the ir  | structions be                          | fore making any e                    | ntries          |  |             |                                     |                                  |
| (a)<br>Base period years  | (b) Adjusted qualifying dist  | tributions                             | Net value of no                      | (c)             | ıtable-use asset                         |             | Distrit                             | (d)<br>outlon ratio              |
| Calendar year (or tax year beginning                                      | "" <i>1</i>   | 2,832.                                 |                                      |                 | ,613,88                                  |             | (cor (b) aiv                        | ided by col (c)) .199251         |
| 2011  |   | 7,150.                                 |                                      |                 | $\frac{13,00}{440,27}$                   |             |                                     | .327946                          |
| 2010<br>2009  |   | 8,960.                                 |                                      |                 | ,570,61                                  |             |                                     | .153080                          |
| 2008  |   | 3,880.                                 |                                      |                 | ,408,20                                  |             |                                     | .020280                          |
| 2007  |   | 0.                                     |                                      |                 |  | 0.          |                                     | .000000                          |
| 2007  |   |  |                                      |                 |  |             | T                                   |                                  |
| 2 Total of line 1, column (d)   |   |  |                                      |                 |  | 2           |                                     | .700557                          |
| 3 Average distribution ratio for the 5-y                                  | ear base period - divide the total o  | on line 2 by 5,                        | or by the number                     | of yea          | ars                                      |             | <b>—</b>                            | · <del>_</del>                   |
| the foundation has been in existence                                      |   |  | •                                    | •               |  | 3           |                                     | .140111                          |
|   | •   |  |                                      |                 |  |             |                                     |                                  |
| 4 Enter the net value of noncharitable-                                   | use assets for 2012 from Part X, I  | ine 5                                  |                                      |                 |  | 4           | 2                                   | 5,636,560.                       |
|   |   |  |                                      |                 |  |             |                                     |                                  |
| 5 Multiply line 4 by line 3   |   |  |                                      |                 |  | 5           |                                     | 3,591,964.                       |
|   |   |  |                                      |                 |  |             |                                     |                                  |
| 6 Enter 1% of net investment income (                                     | 1% of Part I, line 27b)   |  |                                      |                 |  | 6           |                                     | 101,139.                         |
| T Addition Front C  |   |  |                                      |                 |  | -           |                                     | 3,693,103.                       |
| 7 Add lines 5 and 6   |   |  |                                      |                 |  | 7           |                                     | 5,055,105.                       |
| 8 Enter qualifying distributions from Pa                                  |   |  |                                      |                 |  | 8           |                                     | 8,237,608.                       |
| If line 8 is equal to or greater than lin<br>See the Part VI instructions | e 7, check the box in Part VI, line   | 1b, and comp                           | lete that part using                 | g a 19          | 6 tax rate                               |             |                                     |                                  |
| 223521 12-05-12   |   |  |                                      |                 |  |             | F/                                  | orm <b>990-PF</b> (2012)         |
|   |   |  | 2                                    |                 |  |             |                                     |                                  |

| Form 990-PF (2012) SAY YES TO EDUCATION FOUNDATION 20-891654   | rusti      |           |
|--|------------|-----------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ins  | ucu        | ons)      |
| 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 here X and enter 1%   | 101,       | 139.      |
| 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, col. (b)  |            | _         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   |            | 0.        |
| · · · · · · · · · · · · · · · · · · ·  | 101,       | 139.      |
| 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-  | ror,       | 139.      |
| 6 Credits/Payments   |            |           |
| a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 66, 100.  |            |           |
| b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  6c 40,000  |            |           |
|  |            |           |
| d Backup withholding erroneously withheld  | 106        | 100.      |
|  | 100,       | 100.      |
| Chiter any penalty for and orpayment or occurrence tax of the chiter any penalty for an occurrence tax of the chiter and occurrence tax occurrence tax of the chiter and occurrence tax occurrence  |            |           |
| J ran ago, it the total of the control of the contr | 1          | 961.      |
| To other particular to the control of the control o |            | 0.        |
| 11 Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 4,961 - Refunded ▶ 11 Part VII-A Statements Regarding Activities   |            |           |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in  | Υe         | s No      |
|  | a          | X         |
|  | b          | X         |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or   |            |           |
| distributed by the foundation in connection with the activities  |            |           |
| <b>1</b>   | c _        | _X        |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  |            |           |
| (1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$ O .   | ŀ          |           |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  |            |           |
| managers > \$0.  |            |           |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2          | X         |
| If "Yes," attach a detailed description of the activities  |            |           |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or  |            | 1,,       |
| by all by the control of the control | 3          | <u> X</u> |
|  | a X<br>b X |           |
| - · · · · · · · · · · · · · · · · · · ·  |            | X         |
| 3 1483 their a inquisition, community, and analysis of the state of th | 5          |           |
| 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   |            |           |
| <ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>  |            |           |
|  | ,   x      | : 1       |
| John III die gestelling von Einstelle Einstell | 7 X        |           |
| If "Yes," complete Part II, col. (c), and Part XV.   | -          | -         |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions)  |            |           |
| CT   | Į.         |           |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  | 1          | }         |
|  | ьĺх        | :         |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar  |            | 1         |
|  | 9          | ] x       |
| · · · · · · · · · · · · · · · · · · ·  | 0          | X         |

| Forr | n 990-PF(2012) SAY YES TO EDUCATION FOUNDATION 20-891   | 6545        | P        | age <b>5</b>     |
|------|---|-------------|----------|------------------|
| P    | art VII-A Statements Regarding Activities (continued)   |             |          |                  |
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of  | 11          |          | Х                |
| 40   | section 512(b)(13)? If "Yes," attach schedule (see instructions)  | <del></del> |          |                  |
| 12   | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?  | 10          |          | Х                |
| 40   | 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?  Website address   N/A  | [ 13 ]      |          |                  |
| 11   | The books are in care of ► ROBERT GENDREAU  Telephone no ► (860)  | 240         | -890     | 10               |
| 14   | Located at ►ONE STATE STREET, HARTFORD, CT ZIP+4 ►0   |             |          |                  |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   | 0100        | <u> </u> | Ť                |
| 13   | 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,  |             |          | No               |
| 10   | securities, or other financial account in a foreign country?  | 16          |          | X                |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign  | 1           |          | <del></del>      |
|      | country   | İ           |          |                  |
| P    | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required   | <del></del> |          |                  |
|      | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |             | Yes      | No               |
| 1:   | During the year did the foundation (either directly or indirectly)  |             |          |                  |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  |             |          |                  |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |             |          |                  |
|      | a disqualified person?  |             |          |                  |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  |             |          |                  |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  |             |          |                  |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available   |             |          |                  |
|      | for the benefit or use of a disqualified person)?   |             |          |                  |
|      | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |             |          |                  |
|      | if the foundation agreed to make a grant to or to employ the official for a period after  |             |          |                  |
|      | termination of government service, if terminating within 90 days )  | [           |          |                  |
| 1    | o If any answer is "Yes" to 1a(1)-(6), did any 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)?   | 1b          |          | <del>,,,,,</del> |
|      | Organizations relying on a current notice regarding disaster assistance check here  |             |          |                  |
|      | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected   | 1 1         |          |                  |
|      | before the first day of the tax year beginning in 2012?   | 10          |          | 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))  |             |          |                  |
| ;    | 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 2012? Yes X No   |             |          |                  |
|      | If "Yes," list the years  |             |          |                  |
| 1    | Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach  |             |          |                  |
|      | statement - see instructions ) N/A  | 2b          |          |                  |
| (    | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  |             |          |                  |
| _    |   |             |          |                  |
| 3    | 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 No   |             |          |                  |
|      | 3 ··· 3 ···   |             |          |                  |
| 1    | o 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.)  N/A                                      | 2.          | 1        |                  |
|      | 7 3777 7729, 10 20101711110 77 18 18 18 18 18 18 18 18 18 18 18 18 18   | 3b          |          | <u>X</u>         |
|      | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?<br>3 Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 4a          |          |                  |
| 1    | buig the foundation make any investment in a prior year (but after beceitiber 31, 1909) that could jeopardize its charitable purpose that  had not been removed from leonardy before the first day of the tax year beginning in 2012?                         | 4h          |          | Х                |
|      | HALL HOLDBELL FEHIOVED HOLL BUDGIOV DELOIG HISLAGY OF HISLAGY ACCL DECIMINING IN SOLIC  | →U          |          | 44               |

| orm 990-PF (2012) SAY YES TO EDUCATION FOR  |  | · <u> </u>                  | 20-89165   | 45   | Page 6                            |
|---|--|-----------------------------|--|--|-----------------------------------|
| Part VII-B   Statements Regarding Activities for Which                                | Form 4720 May Be I                               | Required (contin            | ued)   |  | ,-,                               |
| 5a During the year did the foundation pay or incur any amount to                      |  | r                           |  |  |                                   |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section)      | on 4945(e))?                                     | Y:                          | es X No  |  |                                   |
| (2) Influence the outcome of any specific public election (see section 4955),         | or to carry on, directly or indir                |                             |  |  | }                                 |
| any voter registration drive?   |  |                             | es X No  |  |                                   |
| (3) Provide a grant to an individual for travel, study, or other similar purpose      |  | Ye                          | es X No  |  |                                   |
| (4) Provide a grant to an organization other than a charitable, etc., organizati      | on described in section                          |                             |  | -  |                                   |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?  |  | <del></del> -               | es X No  |  |                                   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary    | , or educational purposes, or                    |                             | [ <b>5</b> 2]  |  |                                   |
| the prevention of cruelty to children or animals?                                     |  | <del></del>                 | es X No  |  |                                   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur |  | in Regulations              | 37/3   |  |                                   |
| section 53 4945 or in a current notice regarding disaster assistance (see instr       |  |                             | N/A  | 5b   |                                   |
| Organizations relying on a current notice regarding disaster assistance check         |  |                             |  |  |                                   |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption       |  | - / -                       |  |  |                                   |
| expenditure responsibility for the grant?   |  | I/A [] Yı                   | es L No  |  |                                   |
| If "Yes," attach the statement required by Regulations section 53.494                 |  |                             | İ  |  |                                   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on                                  |                             | es X No  |  |                                   |
| a personal benefit contract?  |  | L \ <b>Y</b> (              | es 🕰 No  | <u></u>  | ٠,                                |
| b-Did the foundation, during the year, pay premiums, directly or indirectly, on a     | personal benefit contract?                       |                             | -  | 6b   | <u> </u>                          |
| If "Yes" to 6b, file Form 8870.   | 1. H. A  | Г , , ,                     | es X No  | ŧ  |                                   |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax    |  | ۲۱ لـــا                    | N/A  | 76   |                                   |
| b If 'Yes,' did the foundation receive any proceeds or have any net income attrib     |  | magaza Highli               |  | 7b   |                                   |
| Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors | tees, roundation wa                              | magers, nigni               | <b>y</b>   |  |                                   |
| List all officers, directors, trustees, foundation managers and their                 | compensation.                                    |                             | ··· <u>-</u>   |  |                                   |
|   | (b) Title, and average                           | (c) Compensation            | (d) Contributions to   | (e)  | Expense                           |
| (a) Name and address  | hours per week devoted to position               | (If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred | acco   | Expense<br>ount, other<br>owances |
| GEORGE A. WEISS   | TRUSTEE  | enter -u-y                  | compensation   | 1 and  | Wances                            |
| 252 FISHER ISLAND DRIVE   | 111001111  | •                           |  |  |                                   |
| TISHER ISLAND, FL 33109   | 2.00   | 0.                          | 0.   | .]   | 0.                                |
|   | <del> </del>                                     |                             |  | $t^{}$   |                                   |
|   | 7  |                             |  | 1  |                                   |
|   | -  |                             |  |  |                                   |
| <u></u>   |  |                             |  |  |                                   |
|   |  |                             | }  | į .  |                                   |
| <del></del>   | -  | 1                           |  | 1  |                                   |
| <del></del>   |  | <b> </b>                    |  |  | <del></del>                       |
|   | †  |                             |  | ]  |                                   |
|   | 1  |                             |  | 1  |                                   |
| Compensation of five highest-paid employees (other than those in                      | cluded on line 1). If none,                      | enter "NONE."               |  |  |                                   |
| In Name and address of anti-majority and anti-majority and anti-majority              | (b) Title, and average                           | (-) Co                      | (d) Contributions to employee benefit plans                    | (e)  | Expense                           |
| (a) Name and address of each employee paid more than \$50,000                         | hours per week devoted to position               | (c) Compensation            | employee benefit plans<br>and deferred<br>compensation         |  | unt, other<br>owances             |
| NONE  |  |                             |  |  |                                   |
|   | 7  |                             |  | }  |                                   |
|   |  |                             |  |  |                                   |
|   | 7  |                             |  |  |                                   |
|   |  |                             |  |  |                                   |
|   | 1  | 1                           |  | 1  |                                   |
|   |  |                             |  |  |                                   |
|   | 1  |                             |  |  |                                   |
|   | <del>                                     </del> | <b>†</b>                    | <del></del>  | <del>                                     </del> |                                   |
| · · · · · · · · · · · · · · · · · · ·   | -  |                             |  |  |                                   |
| otal number of other employees paid over \$50,000                                     | · · · · · · · · · · · · · · · · · · ·            |                             | <b>•</b>   | ٠  | Ō                                 |
|   |  | <del></del>                 |  |  |                                   |

Total. Add lines 1 through 3

| P  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for  | oundations  | s, see instructions.)     |
|----|---|-------------|---------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |             |                           |
| a  | Average monthly fair market value of securities   | 1a          | 22,368,127.               |
|    | Average of monthly cash balances  | 1b          | 22,368,127.<br>3,658,837. |
| C  | Fair market value of all other assets   | 10          |                           |
| d  | Total (add lines 1a, b, and c)  | 1d          | 26,026,964.               |
|    | Reduction claimed for blockage or other factors reported on lines 1a and  |             |                           |
|    | 1c (attach detailed explanation)  |             |                           |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2           | 0.                        |
| 3  | Subtract line 2 from line 1d  | 3           | 26,026,964.               |
| 4  | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4           | 390,404.                  |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.   | 5           | 25,636,560.               |
| 6  | Minimum investment return. Enter 5% of line 5   | 6           | 1,281,828.                |
|    | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here  and do not complete this part ) | and certain |                           |
| 1  | Minimum investment return from Part X, line 6   | 1           | 1,281,828.                |
| 2a | Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012 (This does not include the tax from Part VI)  2a 101, 139 2b 21, 028                               | •           |                           |
| b  | Income tax for 2012 (This does not include the tax from Part VI)  2b 21,028   | .           |                           |
| C  | Add lines 2a and 2b   | 2c          | 122,167.                  |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1  | 3           | 122,167.<br>1,159,661.    |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4           | 0.                        |
| 5  | Add lines 3 and 4   | 5           | 1,159,661.                |
| 6  | Deduction from distributable amount (see instructions)  | 6           | 0.                        |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7           | 1,159,661.                |
| P  | art XII Qualifying Distributions (see instructions)   |             |                           |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes   |             |                           |
| а  | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26  | 1a          | 8,237,608.                |
| b  | Program-related investments - total from Part IX-B  | 1b          | <u>0.</u>                 |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | 2           |                           |
| 3  | Amounts set aside for specific charitable projects that satisfy the   |             |                           |
| а  | Suitability test (prior IRS approval required)  | 3a          |                           |
| þ  | Cash distribution test (attach the required schedule)   | 3b          |                           |
| 4  | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4   | 4           | 8,237,608.                |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment  |             |                           |
|    | income. Enter 1% of Part I, line 27b  | 5           | 101,139.                  |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6           | 101,139.<br>8,136,469.    |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation  | qualifies f | or the section            |

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

|   | (a)<br>Corpus                                     | (b)<br>Years prior to 2011 | (c)<br>2011                             | (d)<br>2012                            |
|---|---|----------------------------|---|--|
| 1 Distributable amount for 2012 from Part XI,   |   |                            |   | 1,159,661.                             |
| line 7  | <del>, , , , , , , , , , , , , , , , , , , </del> | ·/                         |   | 1/105/0011                             |
| 2 Undistributed income, if any, as of the end of 2012<br>a Enter amount for 2011 only   |   | `                          | 0.                                      |  |
| b Total for prior years   | · · · · · · · · · · · · · · · · · · ·             | <u> </u>                   |   |  |
| g rotation prior years  | 1   | 0.                         |   |  |
| 3 Excess distributions carryover, if any, to 2012   | <del></del>                                       |                            | · · · · · · · · · · · · · · · · · · ·   |  |
| a From 2007 1,471,545.  |   |                            |   |  |
| b From 2008   |   |                            |   |  |
| c From 2009 2,233,517.  |   |                            |   |  |
| d From 2010 6,656,860.  |   |                            |   |  |
| e From 2011 4,087,366.  |   |                            |   |  |
| f Total of lines 3a through e   | 14,449,288.                                       |                            |   |  |
| 4 Qualifying distributions for 2012 from  |   |                            |   |  |
| Part XII, line 4 > \$ 8,237,608.  |   |                            |   |  |
| a Applied to 2011, but not more than line 2a  |   |                            | 0.                                      |  |
| 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  |   |                            |   | 1,159,661.                             |
| e Remaining amount distributed out of corpus  | 7,077,947.  |                            |   |  |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))      | 0.  |                            |   | 0.                                     |
| 6 Enter the net total of each column as indicated below:  | ***************************************           |                            |   |  |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 21,527,235.                                       |                            |   |  |
| b Prior years' undistributed income Subtract  |   |                            | *************************************** | ······                                 |
| line 4b from line 2b  |   | 0.                         |   |  |
| c Enter the amount of prior years'  |   |                            |   |  |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | ***************************************           | 0.                         |   |  |
| d Subtract line 6c from line 6b Taxable   | ~   |                            |   | ······································ |
| amount - see instructions   |   | 0.                         |   |  |
| e Undistributed income for 2011 Subtract line   | ·····   |                            |   |  |
| 4a from line 2a Taxable amount - see instr  |   |                            | 0.                                      |  |
| f Undistributed income for 2012 Subtract  |   |                            |   |  |
| lines 4d and 5 from line 1. This amount must  |   |                            |   |  |
| be distributed in 2013  |   |                            |   | 0.                                     |
| 7 Amounts treated as distributions out of   |   |                            |   |  |
| corpus to satisfy requirements imposed by   |   |                            |   |  |
| section 170(b)(1)(F) or 4942(g)(3)  | 0.  |                            |   |  |
| 8 Excess distributions carryover from 2007  |   |                            |   |  |
| not applied on line 5 or line 7   | 1,471,545.  |                            | ~                                       |  |
| 9 Excess distributions carryover to 2013.   |   |                            |   |  |
| Subtract lines 7 and 8 from line 6a   | 20,055,690.                                       |                            |   |  |
| IO Analysis of line 9   |   |                            |   |  |
| a Excess from 2008  |   |                            |   |  |
| b Excess from 2009 2,233,517.   |   |                            |   |  |
| c Excess from 2010 6,656,860.   |   |                            |   |  |
| d Excess from 2011 4,087,366.   | ,   |                            |   |  |
| e Excess from 2012 7,077,947.   |   |                            |   | Form <b>QQD_DE</b> (2012)              |

SAY YES TO EDUCATION FOUNDATION

Form **990-PF** (2012)

20-8916545

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| Part XV Supplementary Informati   | on (continued)   |                      |   |           |
|---|--|----------------------|---|-----------|
| 3 Grants and Contributions Paid During the                              |  | Payment              |   |           |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution                | Amount    |
| Name and address (home or business)                                     | or substantial contributor   | recipient            |   |           |
| a Paid during the year  |  |                      |   |           |
| EDWIN GOULD SERVICES FOR CHILDREN &                                     | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                             |           |
| FAMILIES  | j  |                      | THAT BENEFIT FOSTER                             |           |
| 1365 YORK AVENUE, SUITE 10K   |  | 1                    | CHILDREN IN THE NEW                             |           |
| NEW YORK, NY 10021  |  |                      | YORK CITY AREA.                                 | 15,000    |
| FACING HISTORY AND OURSELVES<br>225 WEST 34TH STREET, SUITE 1416        | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS THAT COMBAT RACISM AND      |           |
| NEW YORK, NY 10122  |  |                      | PREJUDICE AND NURTURE DEMOCRACY.                | 25,000    |
| SAY YES TO EDUCATION INC. ONE STATE STREET, FLOOR 20 HARTFORD, CT 06103 | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS THAT PROMOTE POST-SECONDARY |           |
|   |  |                      | EDUCATION FOR AT-RISK CHILDREN.                 | 15,000    |
| SEEDS OF PEACE<br>370 LEXINGTON AVE., SUITE 401                         | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS THAT DEVELOP                |           |
| NEW YORK, NY 10017  |  | 1                    | LEADERSHIP SKILLS                               |           |
|   |  |                      | REQUIRED TO ADVANCE                             |           |
|   |  | 501(C)(3)            | LASTING PEACE.                                  | 25,000    |
| TEMPLE EMANU-EL 1701 WASHINGTON AVE.                                    | N/A  | B01(C)(3)            | TO SUPPORT THE<br>SYNAGOGUE AND ITS             |           |
| MIAMI FL 33139  |  | Ì                    | CHARITABLE PROGRAMS.                            | 25,000    |
|   | ONTINUATION SHEE   | ET(S)                | <b>▶</b> 3a                                     | 8,235,000 |
| h Approved for future payment   |  |                      |   |           |
| NONE  |  |                      |   |           |
|   |  |                      |   |           |
|   |  |                      |   |           |
|   |  |                      |   |           |
|   |  |                      |   |           |
|   |  |                      |   |           |
|   |  |                      |   |           |
| Total   |  |                      | <b>▶</b> 3b                                     | 0         |

| Part XVI-A | Analysis of In- | come-Producing                      | <b>Activities</b> |
|------------|-----------------|-------------------------------------|-------------------|
|            |                 | · · · · · · · · · · · · · · · · · · |                   |

| Little Control | _                    |                                 |                |  |                                       |
|--|----------------------|---------------------------------|----------------|--|---------------------------------------|
| Enter gross amounts unless otherwise indicated   | (a)<br>Business      | usiness income<br>(b)<br>Amount | Exclu-<br>sion | ded by section 512, 513, or 514<br>(d)<br>Amount | (e) Related or exempt function income |
| 1 Program service revenue  | code                 | Amount                          | code           | Aillouill  | Tulicuon income                       |
| a  | - }                  |                                 | <u> </u>       |  |                                       |
| b  | - }                  | <del></del>                     | <del> </del>   |  |                                       |
| C  | -                    |                                 | ļ              |  | <del></del>                           |
| d  | - }                  |                                 |                |  |                                       |
| e  | -                    |                                 | <u> </u>       |  |                                       |
| f  | -                    |                                 |                |  |                                       |
| g Fees and contracts from government agencies  |                      |                                 |                |  |                                       |
| 2 Membership dues and assessments  | <b></b>              |                                 | ļ              |  |                                       |
| 3 Interest on savings and temporary cash   |                      |                                 | 1              |  |                                       |
| investments  | <u> </u>             |                                 |                |  |                                       |
| 4 Dividends and interest from securities   | <b></b>              | <del></del>                     | ļ              | <del></del>                                      | <del></del>                           |
| 5 Net rental income or (loss) from real estate   | <b> </b>             |                                 |                |  |                                       |
| a Debt-financed property   | ļ                    |                                 |                |  |                                       |
| b Not debt-financed property   | <u> </u>             |                                 | <u> </u>       |  | <del></del>                           |
| 6 Net rental income or (loss) from personal  |                      |                                 |                |  |                                       |
| property .   | <u> </u>             |                                 | <u> </u>       |  | <del></del>                           |
| 7 Other investment income  |                      | <del></del>                     |                |  |                                       |
| 8 Gain or (loss) from sales of assets other  |                      |                                 | 1.0            | 0 506 000  |                                       |
| than inventory   | ļ                    |                                 | 18             | 9,586,020.                                       |                                       |
| 9 Net income or (loss) from special events   |                      |                                 | ļ              | · · · · · · · · · · · · · · · · · · ·            |                                       |
| 10 Gross profit or (loss) from sales of inventory  |                      |                                 | <del> </del>   |  |                                       |
| 11 Other revenue   |                      |                                 |                |  |                                       |
| a INCOME FROM INVESTMENT   | 50000                |                                 | 1 -            | 507 000  |                                       |
| b PARTNERSHIP  | 523000               | 78,873.                         | 18             | 527,893.   |                                       |
| c  | -                    |                                 |                |  |                                       |
| d  | -                    |                                 |                |  | <del></del>                           |
| e  | - <del>  -</del> -   |                                 |                |  |                                       |
| 12 Subtotal Add columns (b), (d), and (e)  |                      | 78,873.                         |                | 10,113,913.                                      | 0.                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)   |                      |                                 |                | 13   | 10,192,786.                           |
| (See worksheet in line 13 instructions to verify calculations.)  |                      |                                 |                |  |                                       |
| Part XVI-B Relationship of Activities  | to the Accom         | plishment of Ex                 | emp            | t Purposes                                       |                                       |
| Line No. Explain below how each activity for which inc   |                      |                                 | contrib        | uted importantly to the accon                    | nplishment of                         |
| the foundation's exempt purposes (other than   | t by providing tunds | tor such purposes)              |                | <del></del>                                      |                                       |
|  | ·····                |                                 |                |  |                                       |
|  |                      |                                 |                |  | <del></del>                           |
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|  | <del></del>          |                                 |                | <del></del>                                      | <del></del>                           |
|  |                      |                                 |                |  |                                       |

|              | 74710     | Exempt Organ                       | -                         | 31613 10 6        | ila ilai     | 1300110113       | and neighbors         |                                    | ai i tabit                            | -       |          |
|--------------|-----------|------------------------------------|---------------------------|-------------------|--------------|------------------|-----------------------|------------------------------------|---------------------------------------|---------|----------|
| 1 D          | d the or  | ganization directly or indi        |                           | of the followin   | g with any o | ther organizati  | on described in sec   | ction 501(c) of                    |                                       | Yes     | No       |
|              |           | other than section 501(c           |                           |                   |              |                  |                       |                                    |                                       |         |          |
| a Ti         | ansfers   | from the reporting found           | ation to a noncharita     |                   |              |                  |                       |                                    |                                       |         |          |
| (1           | ) Cash    |                                    |                           |                   |              | 1a(1)            |                       | X                                  |                                       |         |          |
| (2           | ) Other   | assets                             |                           |                   |              |                  |                       |                                    | 1a(2)                                 |         | Х        |
| <b>b</b> 0   | her tran  | sactions                           |                           |                   |              |                  |                       |                                    |                                       |         |          |
| (1           | ) Sales   | of assets to a noncharita          | ble exempt organizal      | tion              |              |                  |                       |                                    | 1b(1)                                 |         | X        |
| (2           | ) Purch   | ases of assets from a no           | ncharitable exempt o      | rganization       |              |                  |                       |                                    | 1b(2)                                 |         | X        |
| (3           | ) Renta   | l of facilities, equipment,        | or other assets           |                   |              |                  |                       |                                    | 1b(3)                                 |         | Х        |
| (4           | ) Reiml   | oursement arrangements             |                           |                   |              |                  |                       |                                    | 1b(4)                                 |         | X        |
| (5           | ) Loans   | or loan guarantees                 |                           |                   |              |                  |                       |                                    | 1b(5)                                 |         | X        |
| (6           | ) Perfo   | rmance of services or me           | mbership or fundrai       | sıng solicitatio  | ns           |                  |                       |                                    | 1b(6)                                 |         | X        |
| c Si         | naring of | facilities, equipment, ma          | iling lists, other asse   | ts, or paid em    | ployees      |                  |                       |                                    | 1c                                    |         | Х        |
|              |           |                                    |                           |                   |              |                  |                       | market value of the goods,         |                                       | sets,   |          |
| 01           | services  | given by the reporting f           | oundation. If the four    | ndation receive   | ed less than | fair market val  | ue in any transactio  | n or sharing arrangement,          | show in                               |         |          |
| cc           |           | ) the value of the goods,          |                           |                   |              |                  |                       |                                    |                                       |         |          |
| a) Line      | no        | (b) Amount involved                | (c) Name of               | noncharitable     | exempt or    | janization       | (d) Description       | on of transfers, transactions, and | shanng ar                             | rangeme | ints     |
|              |           |                                    |                           | N/A               |              |                  |                       |                                    |                                       |         |          |
|              |           | ··                                 |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       | <del></del>                        |                                       |         |          |
|              |           |                                    |                           |                   |              |                  | <del>-  </del>        |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           |                                    | <u> </u>                  |                   |              |                  |                       |                                    |                                       |         |          |
|              |           | dation directly or indirect        | •                         | •                 |              | -exempt organ    | izations described    | г                                  |                                       |         | _        |
|              |           | 501(c) of the Code (othe           |                           | (3)) or in sect   | ion 527?     |                  |                       | L                                  | Yes                                   | LX      | No       |
| b If         | Yes, co   | mplete the following sch           |                           |                   |              | , ,              | 1                     | / h m                              |                                       |         |          |
|              |           | (a) Name of org                    | janization                |                   | (b) Type o   | f organization   |                       | (c) Description of relation        | ship                                  |         |          |
|              |           | N/A                                |                           |                   |              |                  |                       |                                    | · · · · · · · · · · · · · · · · · · · |         |          |
|              |           |                                    |                           |                   |              |                  |                       |                                    |                                       |         |          |
|              |           | ·                                  |                           |                   |              | ····             |                       |                                    |                                       |         |          |
|              |           | <del></del>                        |                           |                   |              | <del> </del>     |                       |                                    |                                       |         |          |
|              | Lindor    | penalties of penury, I declare     | that I have examined this | e return uncludin | n accompany  | ng schedules and | statements and to the | e hest of my knowledge             |                                       |         |          |
| Cia-         |           | lief, it is true, correct, and cor |                           |                   |              |                  |                       | or has any knowledge               | ay the IRS of<br>turn with th         |         |          |
| Sign<br>Here |           | 11/1                               | ·                         |                   | 1.11         | -15-12           | TRUST                 | st<br>Tara                         | X Yes                                 |         | <b>7</b> |
|              |           | ature of officer or trustee        |                           |                   | Date         |                  | Title                 |                                    | A res                                 |         | J No     |
|              | Sign      |                                    |                           | Preparer's si     |              |                  | Date                  | Check If PTIN                      |                                       |         |          |
|              |           | Print/Type preparer's na           | 11 11 G                   | Topalel 5 SI      | ,            |                  | Jako                  | self- employed                     |                                       |         |          |
| Paid         |           | ELIZABETH                          | COLECKI                   |                   | 1            | ` "              | 11/12/12              |                                    | 0235                                  | 171     |          |
|              | arer      |                                    |                           | 0 & CO            | MDANV        | , P.C.,          | CDAIC                 | Firm's EIN ► 06-1                  |                                       |         |          |
|              | Only      | Firm's name ► BLU                  | H, SHAPIK                 |                   | TIE MIN I    | ,,               | CIAS                  | LIIII S EIN P 00-1                 | U U J Z                               | J J     |          |
| J 3E         | ∵.ııy     | Firm's address ► 29                | S MATN                    | ਧਾਰਜ਼ਰਾਨ          | . P O        | BOY 2            | 72000                 |                                    |                                       |         |          |
|              |           |                                    | ST HARTFO                 |                   |              |                  | 2000                  | Phone no 860                       | 561-                                  | 400     | 0        |
|              |           | 111                                | ~ ~ ~                     | ,                 |              |                  |                       |                                    |                                       |         |          |

223622 12-05-12

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

20-8916545 SAY YES TO EDUCATION FOUNDATION Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part IV, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

#### SAY YES TO EDUCATION FOUNDATION

20-8916545

| Part I | Contributors | (see instructions). | Use duplicate cor | pies of Part I if additional space is needed. |
|--------|--------------|---------------------|-------------------|---|
|--------|--------------|---------------------|-------------------|---|

| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|-------------|--|----------------------------|--|
| 1           | GEORGE A. WEISS  7252 FISHER ISLAND DRIVE  FISHER ISLAND, FL 33109                 | \$\$.                      | Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)                              |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2           | GEORGE A. WEISS ASSOCIATES, INC.  ONE STATE STREET, 20TH FLOOR  HARTFORD, CT 06103 | \$\$\$                     | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)                             |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| (a)         | (b)  | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                                |
| No.         | Name, address, and ZIP + 4   | Total contributions  \$\$  | Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|             |  | <b>\$</b>                  | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                                |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
| 223452 12-2 |  | \$Schodulo B / Form        | Person Payroll Noncash (Complete Part II if there is a noncash contribution ) 990, 990-EZ, pr 990-PF) (2012) |

Employer identification number

#### SAY YES TO EDUCATION FOUNDATION

20-8916545

| art II                       | Noncash Property (see instructions). Use duplicate copies of P | Part II if additional space is needed          | ·                    |
|------------------------------|--|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from           | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | *  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | · (b) Description of noncash property given                    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | <b>\$</b>                                      |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Descríption of noncash property given                   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | <br> <br>s                                     |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number 20-8916545 SAY YES TO EDUCATION FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| 3 Grants and Contributions Paid During the Ye                 | <del></del>  | ·                    |  |           |
|---|--|----------------------|--|-----------|
| 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            |  |           |
|   |  |                      |  |           |
| UNIVERSITY OF PENNSYLVANIA                                    | N/A  | 501(C)(3)            | TO SUPPORT UNIVERSITY                    |           |
| 3451 WALNUT ST., 433 FRANKLIN BUILDING                        |  |                      | PROFESSORSHIPS.                          |           |
| PHILADELPHIA, PA 19104  |  | <del> </del>         |  | 7,000,000 |
| INVINITATION OF PERSONALIZATION                               |  | E01/G)/3)            | TO GUIDDONE COLLEGIATE                   |           |
| UNIVERSITY OF PENNSYLVANIA                                    | N/A  | 501(C)(3)            | TO SUPPORT COLLEGIATE ATHLETIC PROGRAMS. |           |
| 3451 WALNUT ST., 433 FRANKLIN BUILDING PHILADELPHIA, PA 19104 |  |                      | AIRBEITC PROGRAMS.                       | 50,000    |
|   |  |                      |  |           |
| UNIVERSITY OF PENNSYLVANIA                                    | N/A  | 501(C)(3)            | TO SUPPORT THE PENN                      |           |
| 3451 WALNUT ST., 433 FRANKLIN BUILDING                        |  |                      | CENTER FOR ORPHAN                        |           |
| PHILADELPHIA, PA 19104  |  |                      | DISEASE RESEARCH AND THERAPY.            | 722 000   |
| WOODROW WILSON NATIONAL FELLOWSHIP                            | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                      | 733,000   |
| FOUNDATION  | W/ A   | 501(0/(3)            | THAT ATTEMPT TO                          |           |
| 5 VAUGHN DR., SUITE 300                                       |  |                      | MAXIMIZE HUMAN                           |           |
| PRINCETON, NJ 08540   |  |                      | POTENTIAL THROUGH                        |           |
|   |  |                      | EDUCATION.                               | 175,000   |
| DAMES DETENDS OF INTERPOLATION                                | , , , , , , , , , , , , , , , , , , ,  | E01/G)/3)            |  |           |
|   | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                      |           |
| 208 EAST 51ST ST., SUITE 303<br>NEW YORK, NY 10022            |  | }                    | THAT INCREASE LIVES                      |           |
| NEW TORK, NI 10022  |  | }                    | SAVED IN AN EMERGENCY.                   | 52,000    |
| HARLEM VILLAGE ACADEMIES                                      | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                      |           |
| 15 PENN PLAZA #15   |  |                      | THAT SUPPORT STUDENTS                    |           |
| NEW YORK, NY 10001  |  |                      | TO BECOME MEANINGFUL                     |           |
|   |  |                      | CONTRIBUTORS TO                          |           |
|   |  |                      | SOCIETY.                                 | 25,000    |
| INSTITUTE FOR EDUCATIONAL LEADERSHIP                          | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                      |           |
| 4455 CONNECTICUT AVE, NW SUITE 310                            |  | 1                    | THAT PREPARE ALL                         |           |
| WASHINGTON, DC 20008  |  |                      | CHILDREN FOR                             |           |
|   |  |                      | POST-SECONDARY                           |           |
|   |  | <del> </del>         | EDUCATION.                               | 20,000    |
| TOUNG HODETNE   | N/A  | 501(C)(3)            | TO SUPPORT NEUROLOGY                     |           |
| JOHNS HOPKINS<br>600 NORTH WOLFE STREET                       | N/A  | Por(c)(3)            | RESEARCH.                                |           |
| BALTIMORE, MD 21287   |  |                      |  | 25,000    |
|   | N/A  | 501(C)(3)            | TO SUPPORT PROGRAMS                      |           |
| FOUNDATION  |  |                      | THAT GUIDE CHILDREN TO                   |           |
| 518 SOUTH WOLFE STREET  |  |                      | PURSUE THEIR OWN                         |           |
| BALTIMORE, MD 21231   |  |                      | ETHICAL HIGHEST                          |           |
|   |  | ļ                    | PURPOSE.                                 | 50,000    |
|   |  |                      |  |           |
| Total from continuation sheets                                |  |                      |  | 8,130,000 |

| FORM 990-PF                                      | OTHER D                      | INCOME                            |                                       | STATEMENT 1                   |
|--|------------------------------|-----------------------------------|---------------------------------------|-------------------------------|
| DESCRIPTION                                      |                              | (A)<br>REVENUE<br>PER BOOKS       | (B)<br>NET INVEST-<br>MENT INCOME     | (C)<br>ADJUSTED<br>NET INCOME |
| INCOME FROM INVESTMENT PARTNE                    | RSHIP                        | 606,766.                          | 527,893.                              |                               |
| TOTAL TO FORM 990-PF, PART I,                    | LINE 11                      | 606,766.                          | 527,893.                              |                               |
| FORM 990-PF                                      | LEGAI                        | FEES                              |                                       | STATEMENT 2                   |
| DESCRIPTION                                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME         | (D)<br>CHARITABLE<br>PURPOSES |
| LEGAL RESEARCH & EXAMINATION SUPPORT             | 13,349.                      | . 0                               | •                                     | 1,575.                        |
| TO FM 990-PF, PG 1, LN 16A                       | 13,349.                      | . 0                               | •                                     | 1,575.                        |
| FORM 990-PF                                      | ACCOUNT                      | ING FEES                          | · · · · · · · · · · · · · · · · · · · | STATEMENT 3                   |
| DESCRIPTION                                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME         | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING FEES                                  | 656.                         | . 0                               | •                                     | 656.                          |
| TO FORM 990-PF, PG 1, LN 16B                     | 656.                         | 0                                 | •                                     | 656.                          |
| FORM 990-PF                                      | ΥAT                          | KES                               |                                       | STATEMENT 4                   |
|  |                              |                                   | (0)                                   |                               |
| DESCRIPTION                                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME         | (D)<br>CHARITABLE<br>PURPOSES |
| DESCRIPTION  EXCISE TAXES UNRELATED BUSINESS TAX | EXPENSES                     | NET INVEST-<br>MENT INCOME        | ADJUSTED<br>NET INCOME                | CHARITABLE                    |

| FORM 990-PF   | OTHER EXPENSES              |                     |      |                              | STATEMENT  |     |
|---|-----------------------------|---------------------|------|------------------------------|------------|-----|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOK |                     |      | (C)<br>ADJUSTED<br>NET INCOM |            |     |
| OFFICE EXPENSE  | 37                          | 7.                  | 0.   |                              | 3          | 77. |
| TO FORM 990-PF, PG 1, LN 23   | 37                          | 7.                  | 0.   |                              | 3          | 77. |
| DESCRIPTION  UNREALIZED GAIN ON INVESTMENT  TOTAL TO FORM 990-PF, PART II |                             |                     |      |                              | 9,2<br>9,2 |     |
| FORM 990-PF   | OTHER I                     | NVESTMENTS          |      | <del></del>                  | STATEMENT  | 7   |
| DECCRIPTION   |                             | VALUATION<br>METHOD | B001 | K VALUE                      | FAIR MARKE |     |
| DESCRIPTION   |                             |                     | 200. |                              |            | ľ   |
| DESCRIPTION INVESTMENT IN PARTNERSHIP                                     |                             | FMV                 |      | ,963,004.                    | 23,963,0   |     |

#### Form **8868**

(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.

|  | are filing for an Automatic 3-Month Extension, comple                                      |             |   |             |                      | ightharpoons X |
|--|--|-------------|---|-------------|----------------------|----------------|
|  | are filing for an Additional (Not Automatic) 3-Month Ex                                    |             |   |             |                      |                |
|  | complete Part II unless you have already been granted                                      |             |   |             |                      |                |
|  | ic filing (e-file). You can electronically file Form 8868 if                               |             |   |             |                      | •              |
| required                                   | to file Form 990-T), or an additional (not automatic) 3-mo                                 | onth exten  | sion of time. You can electronically fi | le Form 8   | 3868 to request      | an extension   |
|  | o file any of the forms listed in Part I or Part II with the ex                            | •           |   |             |                      |                |
| Personal                                   | Benefit Contracts, which must be sent to the IRS in page                                   | per format  | (see instructions). For more details of | on the ele  | ectronic filing of t | his form,      |
|  | /.irs.gov/efile and click on e-file for Charities & Nonprofit                              |             |   |             |                      |                |
| Part I                                     | ······································   |             |   |             |                      |                |
| A corpora                                  | ation required to file Form 990-T and requesting an auto                                   | matic 6-m   | onth extension - check this box and o   | complete    | )                    |                |
| Part I oni                                 | •  |             |   |             | -                    | <b>▶</b>       |
|  | corporations (including 1120-C filers), partnerships, RENome tax returns.                  | /IICs, and  | trusts must use Form 7004 to reques     | t an exte   | nsion of time        |                |
| Type or print                              | Name of exempt organization or other filer, see instru                                     | ctions.     |   | Employe     | er identification r  | umber (EIN) or |
|  | SAY YES TO EDUCATION FOUND.  | ATION       |   |             | 20-8916              | 545            |
| File by the<br>due date for<br>filing your | Number, street, and room or suite no. If a P O. box, s C/O GEORGE WEISS ASSOC., OI         |             |   | Social se   | ecunty number (      | SSN)           |
| return See<br>Instructions                 | City, town or post office, state, and ZIP code. For a for HARTFORD, CT 06103               |             |   |             |                      |                |
|  |  |             |   |             |                      |                |
| Enter the                                  | Return code for the return that this application is for (file                              | e a separa  | te application for each return)         |             |                      | 0 4            |
| Application                                | on   | Return      | Application                             |             |                      | Return         |
| ls For                                     |  | Code        | is For                                  |             |                      | Code           |
| Form 990                                   | or Form 990-EZ   | 01          | Form 990-T (corporation)                |             |                      | 07             |
| Form 990                                   | BL   | 02          | Form 1041-A                             | -           |                      | 08             |
| Form 4720                                  | O (individual)   | 03          | Form 4720                               |             |                      | 09             |
| Form 990                                   | PF   | 04          | Form 5227                               |             |                      | 10             |
| orm 990-                                   | T (sec. 401(a) or 408(a) trust)  | 05          | Form 6069                               |             |                      | 11             |
| orm 990-                                   | T (trust other than above)   | 06          | Form 8870                               |             |                      | 12             |
|  | ROBERT GENDREAU  | J           |   |             |                      |                |
| The bo                                     | oks are in the care of <b>ONE STATE STRE</b> I   | ET - I      | HARTFORD, CT 06103                      |             |                      |                |
| Telepho                                    | one No. ► 860-240-8900   |             | FAX No. ► 860-240-126                   | 57          |                      |                |
| If the o                                   | rganization does not have an office or place of business                                   | s in the Un | ited States, check this box             |             |                      | ▶ □            |
|  | for a Group Return, enter the organization's four digit (                                  |             |   | this is fo  | r the whole grou     | p, check this  |
| ox ▶ [                                     | . If it is for part of the group, check this box   |             |   |             |                      |                |
|  | uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt | required t  | o file Form 990-T) extension of time i  | until       |                      |                |
|  | r the organization's return for:   |             |   |             |                      |                |
|  | X calendar year 2012 or  |             |   |             |                      |                |
| ▶Ē   | tax year beginning   | . and       | d ending                                |             | _                    |                |
| _  |  | ,           |   |             |                      |                |
| 2 If the                                   | tax year entered in line 1 is for less than 12 months, ch                                  | heck reaso  | on: Initial return F                    | inal retur  | 'n                   |                |
|  | Change in accounting period  |             |   |             |                      |                |
| 3a If this                                 | s application is for Form 990-BL, 990-PF, 990-T, 4720, o                                   | or 6069. er | nter the tentative tax. less any        | <del></del> |                      |                |
|  | efundable credits. See instructions.   |             | torrough a tary 1000 only               | 3a          | <b>s</b> 1           | 06,100.        |
|  | application is for Form 990-PF, 990-T, 4720, or 6069, e                                    | enter any i | refundable credits and                  |             |                      |                |
| estin                                      | nated tax payments made. Include any prior year overpa                                     | ayment all  | owed as a credit.                       | 3b          | \$                   | 66,100.        |

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. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2013)

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.

| Form 8868 (Rev 1.2013)   |              |   |             |             |               | <u>Page 2</u>                         |
|--|--------------|---|-------------|-------------|---------------|---------------------------------------|
| If you are filing for an Additional (Not Automatic) 3-Month  | Extension, o | complete only Part II and check this    | box         |             |               | X                                     |
| Note. Only complete Part II if you have already been granted ar  |              |   |             | 8868.       |               |                                       |
| If you are filing for an Automatic 3-Month Extension, comp   |              |   |             |             |               |                                       |
| Part II Additional (Not Automatic) 3-Month   |              |   | al (no c    | onies r     | reeded)       |                                       |
| Part is Additional (Not Automatio) o-month   | LACCIOIO     |   |             |             |               |                                       |
|  |              | Enter filer's                           |             |             |               |                                       |
| Type or Name of exempt organization or other filer, see inst   | ructions     |   | Employe     | ridentitio  | eation numb   | er (EIN) or                           |
| print CAN VEC TO EDUCATION FOUND   | MTON         |   |             | 20          | 001654        | E                                     |
| File by the SAY YES TO EDUCATION FOUND   |              |   |             |             | 891654        |                                       |
| due date for Number, street, and room or suite no. If a P.O. box, filling your                                     |              | 1                                       | Social se   | curity nu   | ımber (SSN    | )                                     |
| return See C/O GEORGE WEISS ASSOC., OI   |              |   |             |             |               |                                       |
| Instructions. City, town or post office, state, and ZIP code. For a  | foreign add  | iress, see instructions.                |             |             |               |                                       |
| HARTFORD, CT 06103   |              |   |             |             |               |                                       |
|  |              |   |             |             |               | <u></u>                               |
| Enter the Return code for the return that this application is for (  | ile a separa | te application for each return)         |             |             |               | $\begin{bmatrix} 0 & 4 \end{bmatrix}$ |
|  |              |   |             |             |               |                                       |
| Application  | Return       | Application                             |             |             |               | Return                                |
| Is For   | Code         | Is For                                  | <del></del> |             | ·             | Code                                  |
| Form 990 or Form 990-EZ  | 01           |   |             |             | <u> </u>      |                                       |
| Form 990-BL  | 02           | Form 1041-A                             |             |             |               | 08                                    |
| Form 4720 (Individual)   | 03           | Form 4720                               |             |             |               | 09                                    |
| Form 990-PF  | 04           | Form 5227                               |             |             |               | 10                                    |
| Form 990-T (sec. 401(a) or 408(a) trust)   | 05           | Form 6069                               |             |             |               | 11                                    |
| Form 990·T (trust other than above) 06 Form 8870   |              |   |             |             |               | 12                                    |
| STOP! Do not complete Part II if you were not already grants   | d an auton   | natic 3-month extension on a previ      | ously file  | ed Form     | 8868.         |                                       |
| ROBERT GENDREA   |              |   |             |             |               |                                       |
| <ul> <li>The books are in the care of ► ONE STATE STRE</li> </ul>  | ET - F       | HARTFORD, CT 06103                      |             |             |               |                                       |
| Telephone No ► 860-240-8900  |              | FAX No. ▶ 860-240-126                   | 57          |             |               |                                       |
| If the organization does not have an office or place of busine   | ss in the Un |   |             | -           | <b>_</b>      |                                       |
| If this is for a Group Return, enter the organization's four digit   |              |   | this is fo  | r the who   | ole aroun c   | hack this                             |
| <b>▶</b> □   |              |   |             |             |               |                                       |
| box L J. If it is for part of the group, check this box L  I request an additional 3-month extension of time until |              | BER 15, 2013.                           | an menne    | 613 (110 6  | V(CII)        | 101.                                  |
|  | 110 12111    |   |             |             |               |                                       |
| <del></del>  |              | , and ending                            | Final       | oturo.      |               | ·                                     |
| 6 If the tax year entered in line 5 is for less than 12 months,  | check reast  | on: L Initial return                    | rinai i     | etum        |               |                                       |
| Change in accounting period  |              |   |             |             |               |                                       |
| 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO  | COMPII       | E INFORMATION NECH                      | CCAD        | V TO        | DDFDA         | DE V                                  |
| COMPLETE AND ACCURATE TAX RET  |              | B INICIONATION NECT                     | DOM         | 1 10        | INDIA         | <u> </u>                              |
| COMPHETE AND ACCORDE TAX RET   | OINI         |   |             |             |               |                                       |
| A 16th 15th 15th 15th 15th 15th 15th 15th 15   |              | A - 1 A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | <del></del> | · · · · · · | <del></del>   |                                       |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,  | or 6069, er  | iter the tentative tax, less any        |             |             | 106           | ,100.                                 |
| nonrefundable credits. See instructions.   |              |   | 8a          | \$          | 100           | ,100.                                 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069   | =            |   | Ì           |             |               |                                       |
| tax payments made. Include any prior year overpayment a  | llowed as a  | credit and any amount paid              |             |             | 106           | 100                                   |
| previously with Form 8868.   |              |   | 8b          | \$          | 100           | ,100.                                 |
| c Balance due. Subtract line 8b from line 8a. Include your p   | •            | this form, if required, by using        |             |             |               | _                                     |
| EFTPS (Electronic Federal Tax Payment System). See Inst  |              |   | 8c_         | \$          |               | <u> </u>                              |
| <del>_</del>   |              | t be completed for Part II o            | -           |             |               |                                       |
| Inder penalties of perjury, I declare that I have examined this form, inclu  | ding accompa | anying schedules and statements, and to | the best o  | f my knov   | vledge and be | elief,                                |
| t is true, correct, and complete, and that I am authorized to prepare this   | vrm          |   |             | _ /         | , ,           |                                       |
| Signature - Robert E. Gendeau, CPA Title -   |              |   | Date        | <b>►</b> 8/ | 7/13          | <del></del>                           |
| <i>-</i>   |              |   |             | For         | m 8868 (Ro    | v 1.20131                             |