

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2012 or tax year beginning , and ending A Employer identification number Name of foundation 27-1526180 EDELMANN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number (202) - 345 - 1446P.O. BOX 4914 City or town, state, and ZIP code C If exemption application is pending, check here INCLINE VILLAGE, NV 89450 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 742,338. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income ıncome expenses per books 80,000. Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 3 9,674.STATEMENT 8,720. 9,674 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 368. 6a Net gain or (loss) from sale of assets not on line 10 404. 368 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain 8 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) Other income 11 9,088. 9,674. 90,042. 12 Total Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits Expenses 16a Legal fees 950 0. 0. 0. STMT 2 **b** Accounting fees 2,128. 0 STMT 2,128. 0. c Other professional fees SECEIVED 17 SCANNED NOV 2 1 2013 18 19 Depreciation and depletion Occupancy NOV 7 20 21 Printing and publications Other expenses

Total operating and administrative UTAH 23 3,078 2,128. 0 expenses. Add lines 13 through 23 65,000. 65,000. Contributions, gifts, grants paid Total expenses and disbursements. 68,078 2,128 65,000. Add lines 24 and 25 27 Subtract line 26 from line 12 21,964 a Excess of revenue over expenses and disbursements 6,960 b Net Investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions

9,674.

| - | Balance Sheets Attached schedules and amounts in the description | beginning or year | End of y | ear |
|---------------------------|--|--|----------------|-----------------------|
| Par | Balarice Sheets column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | | | |
| 2 | Savings and temporary cash investments | 435,951. | 258,309. | 258,309. |
| 3 | Accounts receivable | | | |
| | Less allowance for doubtful accounts ▶ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 4 | Pledges receivable | | | |
| | Less allowance for doubtful accounts | | | |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons | | | |
| 7 | Other notes and loans receivable | | | |
| | Less allowance for doubtful accounts | | | |
| <u>د</u> 8 | Inventories for sale or use | | | |
| Assets | Prepaid expenses and deferred charges | | | |
| ĕ 10 | a investments - U.S. and state government obligations | | | |
| 1 | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | Investments - land buildings, and equipment basis | | | HIVE |
| | Less accumulated depreciation | | | |
| 12 | ! Investments - mortgage loans | | | |
| 13 | COMO 4 | 295,042. | 494,648. | 484,029. |
| 14 | | | | ii |
| 1., | Less accumulated depreciation | Ì | | |
| 15 | Other assets (describe | | | |
| ' | | | | |
| 16 | Total assets (to be completed by all filers) | 730,993. | 752,957. | 742,338. |
| 17 | | | | |
| 18 | | | | |
| | | | | |
| Liabilities | | | | |
| 를 21 등 21 | | | | |
| :3 22 | | | | |
| " | Other habilities (describe | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | Foundations that follow SFAS 117, check here | | | |
| İ | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 8 24 | , - | | | |
| E 25 | | | | |
| E 26 | · · · | | | |
| 힏 | Foundations that do not follow SFAS 117, check here | | | |
| ₽ | and complete lines 27 through 31 | | | |
| Net Assets or Fund Baland | | 600,000. | 600,000. | |
| 28 | | 0. | 0. | |
| A 29 | | 130,993. | 152,957. | |
| ₹ 30 | · · · · · · · · · · · · · · · · · · · | 730,993. | 752,957. | |
| 2 " | I total field addoord of fella balanado | | , | |
| 31 | Total liabilities and net assets/fund balances | 730,993. | 752,957. | |
| | | | | |
| Par | Analysis of Changes in Net Assets or Fund B | | | |
| 1 Tot | tal net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| (m | ust agree with end-of-year figure reported on prior year's return) | | 1 | 730,993. |
| 2 Ent | ter amount from Part I, line 27a | | 2 | 21,964. |
| 3 Oth | ner increases not included in line 2 (itemize) | | 3 | 0. |
| | d lines 1, 2, and 3 | | 4 | 752 , 957. |
| | creases not included in line 2 (itemize) | | 5 | 0. |
| 6 Tot | tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 752,957. |

223511 12-05-12

752,957. Form **990-PF** (2012)

| 2-story brick wa | ribe the kind(s) of property sold (e irehouse, or common stock, 200 sl | | (1 |) How acquire P - Purchase D - Donation | |) Date acquired mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|---|------------------------------|------------------------------------|---|-------|---|--|
| 1a MERRILL LYNCH | #2017 | | | P | | | |
| b CAPITAL GAINS | DIVIDENDS | | | | | | |
| _ C | | | | | | | |
| d | | | | | | | |
| е | | | | - | | | · · · · · |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | 147 | t or other basis xpense of sale | | | (h) Gain or (loss) e) plus (f) minus (| g) |
| a 36. | | | 36 | • | | | 0. |
| b 368. | | | · | | | | 368. |
| C | | - | | | | | |
| <u>d</u> | · | _ | | | | | |
| e | | 45 - 5 | 40/04/00 | | | | |
| Complete only for assets showin | ig gain in column (h) and owned by | | | | | ains (Col. (h) gain i), but not less than | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (I) col (j), if any | | | osses (from col (l | |
| | 23 01 12/3 1/03 | + | | | | | 0. |
| <u>a</u> | · · · · · · · · · · · · · · · · · · · | | | | | | 368. |
| <u>b</u> | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | | 300. |
| <u>C</u> | | | | | | * * | |
| | | - | ·-·· | . | | | ** |
| 0 | | | | | · | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also ent - If (loss), enter | er in Part I, line / | 7 | 2 | | | 368. |
| | • | | ' | | • | | |
| 3 Net short-term capital gain or (los | | and (6) | ` | | | | |
| If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (c) | | |) 3 | | | 0. |
| Part V Qualification U | nder Section 4940(e) fo | r Reduced | Tax on Net Ir | vestment | Inco | me | |
| Was the foundation liable for the sec if "Yes," the foundation does not qua | lify under section 4940(e). Do not o | complete this pai | rt | | | | Yes X No |
| | each column for each year, see the | Instructions Det | | | | | |
| (a) Base period years | Adjusted qualifying d | Į. | | (C) | | | (d) |
| Calendar year (or tax year beginni | | ictributions | | | ecate | Distrib | (d) ution ratio |
| 2011 | ilg iii) | | Net value of nonc | naritable-use a | | Distrib (col (b) div | útión ratio ided by col. (c)) |
| 0040 | ng iii) | 40,000. | Net value of nonc | | 0. | Distrib (col (b) divi | ution ratio ided by col. (c)) • 0 0 0 0 0 0 |
| 2010 | ng iii) | 40,000. 30,000. | Net value of nonc | | 0. | Distrib (col (b) divi | ution ratio ided by col. (c)) • 0 0 0 0 0 0 |
| 2009 | ng iii) | 40,000. | Net value of nonc | | 0. | Distrib (col (b) divi | ution ratio ided by col. (c)) • 0 0 0 0 0 0 |
| 2009 2008 | ng iii) | 40,000. 30,000. | Net value of nonc | | 0. | Distrib (col (b) divi | ution ratio ided by col. (c)) • 0 0 0 0 0 0 |
| 2009 | ng iii) | 40,000. 30,000. | Net value of nonc | | 0. | Distrib (col (b) divi | ution ratio ided by col. (c)) • 0 0 0 0 0 0 |
| 2009 2008 2007 | ng iii) | 40,000. 30,000. | Net value of nonc | | 0. | (col (b) divi | uition ratio ided by col. (c)) • 0 0 0 0 0 • 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) | ing inf in | 40,000. 30,000. 1,000. | | naritable-use a | 0. | Distrib (col (b) divi | uition ratio ided by col. (c)) • 0 0 0 0 0 • 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the | 5-year base period - divide the tota | 40,000. 30,000. 1,000. | | naritable-use a | 0. | (col (b) divi | uition ratio (c)) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) | 5-year base period - divide the tota | 40,000. 30,000. 1,000. | | naritable-use a | 0. | (col (b) divi | uition ratio (c)) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe | 5-year base period - divide the tota nce if less than 5 years | 40,000. 30,000. 1,000. | | naritable-use a | 0. | (col (b) divi | uition ratio (c)) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe | 5-year base period - divide the tota nce if less than 5 years | 40,000. 30,000. 1,000. | | naritable-use a | 0. | (col (b) divi | ution ratio |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat | 5-year base period - divide the tota nce if less than 5 years | 40,000. 30,000. 1,000. | | naritable-use a | 0. | (col (b) divi | uition ratio (c)) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat | 5-year base period - divide the tota nce if less than 5 years | 40,000. 30,000. 1,000. | | naritable-use a | 0. | 2 3 4 | .000000 .000000 .000000 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 | 5-year base period - divide the tota nce if less than 5 years ble-use assets for 2012 from Part X | 40,000. 30,000. 1,000. | | naritable-use a | 0. | 2 3 4 | .000000 .000000 .000000 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 | 5-year base period - divide the tota nce if less than 5 years ble-use assets for 2012 from Part X | 40,000. 30,000. 1,000. | | naritable-use a | 0. | 2 3 4 5 5 | .000000 .000000 .000000 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor | 5-year base period - divide the tota nce if less than 5 years ble-use assets for 2012 from Part X | 40,000. 30,000. 1,000. | | naritable-use a | 0. | 2 3 4 5 5 | .000000 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6 | 5-year base period - divide the tota nce if less than 5 years ble-use assets for 2012 from Part X | 40,000. 30,000. 1,000. | | naritable-use a | 0. | 2 3 4 5 6 7 | uition ratio (ded by col (c)) . 0 0 0 0 0 0 . 0 0 0 0 0 0 . 0 0 0 0 |
| 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6 8 Enter qualifying distributions from | 5-year base period - divide the tota nce if less than 5 years ble-use assets for 2012 from Part X | 40,000. 30,000. 1,000. | or by the number of | years | 0. | 2 3 4 5 6 | .000000 .000000 .000000 |

| Form | | | <u> 15261</u> | | | age 4 |
|------|--|------|---------------|----------------------|-------|--|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see in | stru | ctior | 15) |
| 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% | 1 | ļ | | | 70. |
| | 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-) | 2 | | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | ļ | | | 70. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | - | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | | | ···· | 70. |
| 6 | Credits/Payments | | | | | |
| a | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a | | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | ^ |
| | Total credits and payments Add lines 6a through 6d | 7_ | ļ | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | ļ | | | 70. |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ► | 11 | <u> </u> | | | |
| | rt VII-A Statements Regarding Activities | | | | V | Na |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | IN | ŀ | | Yes | |
| | any political campaign? | | - | 1a | | <u>X</u> |
| þ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | - | 1b | | · |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | a or | | | | |
| | distributed by the foundation in connection with the activities. | | | . | | X |
| | Did the foundation file Form 1120-POL for this year? | | - | 1c | | |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\infty\$ \$ 0 \cdot (2) \text{ On foundation managers} \neq \text{\$\infty}\$ \$ 0 \cdot \text{\$\infty}\$ | | | | | |
| | (1) On the requirement of | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 • | | | - | | |
| | | | | 2 | | Х |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | - | - | | |
| • | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | ١r | | | | |
| 3 | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | " | | 3 | | Х |
| 40 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N | I/A | 4b | • | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| ٠ | 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 | | | į | | |
| • | By language in the governing instrument, or | | | [| | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | | |
| | remain in the governing instrument? | | | 6 | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 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) NONE | | | | | |
| | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | _ | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | Γ | | | |
| | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV | | L | 9 | Х | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | <u> </u> |
| | | | Enem | $\alpha\alpha\alpha$ | _DE / | 2012\ |

All other program-related investments. See instructions

▶ Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, see | instructions) |
|----|---|-------------------|---------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 0. |
| C | Fair market value of all other assets | 10 | 0. |
| d | Total (add lines 1a, b, and c) | 1d | 0. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 0. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 0. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2012 from Part VI, line 5 | | |
| b | Income tax for 2012 (This does not include the tax from Part VI) |] | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | <u>.</u> |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | |
| P | art XII Qualifying Distributions (see instructions) | F | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 65 000 |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 65,000. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | , · · · · · · · · · · · · · · · · · · · | 3b | <u> </u> |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 65,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 7.0 |
| | income Enter 1% of Part I, line 27b | 5 | 70. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 64,930. |
| | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years | qualifies for the | section |

| Part XIII Undistributed Income (se | ee instructions) | N/A | | |
|---|---|---------------------------------------|-------------|--|
| | (a) | (b) | (c) | (d) |
| Ĺ | Corpus | Years prior to 2011 | 2011 | 2012 |
| 1 Distributable amount for 2012 from Part XI, | | | | |
| line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2012 | | | | |
| a Enter amount for 2011 only | | | | ************************************** |
| b Total for prior years | | | | |
| | | | <u> </u> | ++ |
| 3 Excess distributions carryover, if any, to 2012 | | | | |
| a From 2007 | | | | |
| b From 2008 | | | | |
| c From 2009 | | | | |
| d From 2010 | | | | |
| e From 2011 | | | | |
| f Total of lines 3a through e | ····· | | | |
| 4 Qualifying distributions for 2012 from | | | | |
| Part XII, line 4 ► \$ | | | | |
| a Applied to 2011, but not more than line 2a | | | | · · · · · · · · · · · · · · · · · · · |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | | | | |
| d Applied to 2012 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | · · · · · · · · · · · · · · · · · · · | | |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount | ······································ | | | |
| must be shown in column (a)) | | | | ` |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | | | |
| e Undistributed income for 2011 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| f Undistributed income for 2012 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2013 | 1.1.1.000,000 | ··· | | 1 |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | | | | |
| 8 Excess distributions carryover from 2007 | | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2008 | | | | |
| b Excess from 2009 | | | | |
| c Excess from 2010 | | | | |
| d Excess from 2011 | | | | |
| e Excess from 2012 | | | <u> </u> | 5 000 DE (0010) |

| | art XIV Private Operating F | | · · · · · · · · · · · · · · · · · · · | A, question 9) | | |
|---|---|---------------------------------------|---------------------------------------|------------------------------|-----------------------------|------------------|
| 1 | a If the foundation has received a ruling or | | | 00/ | 1 / 1 0 | |
| | foundation, and the ruling is effective for | | • | | 31/10 | |
| | b Check box to indicate whether the found | | foundation described in | | 942(j)(3) or 494 | 2(j)(5) |
| 2 | a Enter the lesser of the adjusted net | Tax year | (b) 0011 | Prior 3 years | (4) 2000 | (a) Total |
| | income from Part I or the minimum | (a) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | (e) Total |
| | investment return from Part X for | | | | | ^ |
| | each year listed | 0. | 0. | 0. | 0. | 0. |
| | b 85% of line 2a | 0. | 0. | 0. | 0. | |
| | c Qualifying distributions from Part XII, | 65 000 | 40 000 | 20 000 | 1,000. | 136,000. |
| | line 4 for each year listed | 65,000. | 40,000. | 30,000. | 1,000. | 130,000. |
| | d Amounts included in line 2c not | | : | | | |
| | used directly for active conduct of | 0. | 0. | 0. | 0. | 0. |
| | exempt activities | | | 0. | | <u></u> |
| | e Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | 65,000. | 40,000. | 30,000. | 1,000. | 136,000. |
| 3 | Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter | 03,000. | 40,000. | 30,000. | | · · · |
| | (1) Value of all assets | | | | 599,000. | 599,000. |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | 599,000. | 599,000. |
| | b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | 0. |
| | c "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | 0. |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0. |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | | | | 0. |
| | (4) Gross investment income | | | | | 0. |
| P | art XV Supplementary Info | | | if the foundation I | had \$5,000 or mor | e in assets |
| | at any time during t | he year-see instru | ictions.) | | | |
| 1 | Information Regarding Foundatio | | | | | |
| | a List any managers of the foundation wh year (but only if they have contributed n | | | ributions received by the fo | oundation before the close | of any tax |
| N | ONE | ,, | ,,,,, | | | |
| _ | b List any managers of the foundation wh | o own 10% or more of the | stock of a corporation (| or an equally large portion | of the ownership of a par | tnership or |
| | other entity) of which the foundation has | s a 10% or greater interest | | | | |
| N | ONE | | | | | |
| 2 | Information Regarding Contributi Check here ► X if the foundation of the foundation makes gifts, grants, etc. | only makes contributions to | preselected charitable (| organizations and does no | t accept unsolicited reques | sts for funds If |
| _ | a The name, address, and telephone num | ` | | | <u>-ii-i-i</u> | |
| | a monamo, addition, and totophone hem | , , , , , , , , , , , , , , , , , , , | | | | |
| | b The form in which applications should b | pe submitted and information | on and materials they sh | ould include | · · | |
| | c Any submission deadlines | | | | | |
| | | | | lundo of in-Albitation | ha fasta s | |
| | d Any restrictions or limitations on awards | s, such as by geographical | areas, charitable fields, | kinas of institutions, or ot | ner factors | |
| | | | | | | |

| Grants and Contributions Paid During the Y | | rayment | | |
|--|--|---|---|--------|
| 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 | ** | |
| a Paid during the year | | | | |
| | | | anavaantya on Livin | |
| MARSHALL LEGACY INSTITUTE | | | SPONSORING OF LAND | |
| 2425 WILSON BLVD STE 240 | | | MINE DETECTION DOGS. | 20,00 |
| ARLINGTON, VA 22201 | | | | |
| INCLINE VILLAGE COMMUNITY HOSPITAL | | | FOR DIAGNOSTIC IMAGING | |
| FOUNDATION | | | ENHANCEMENTS. | |
| 880 ALDER AVE | | | | |
| INCLINE VILLAGE, NV 89451 | | | | 5,00 |
| | | | | |
| WILDLIFE WAYSTATION | | | TO PROVIDE SHELTER FOR | |
| 14831 LITTLE TUJUNGA CANYON RD | | | EXOTIC ANIMALS AND NON-RELEASABLE NATIVE | |
| SYLMAR, CA 91342 | | | WILDLIFE. | 2,50 |
| | | | ALLOUDIT A. | |
| CHRYSALIS | | | ASSISTANCE FOR | |
| 1853 LINCOLN RD | | | HOMELESS AND | |
| SANTA MONICA, CA 90404 | | | LOW-INCOME INDIVIDUALS | |
| | | | TO ACHEIVE EMPLOYMENT | 2,50 |
| | | | | , |
| CONVOY OF HOPE | | | TO SUPPORT RELIEF | |
| 330 S PETERSON AVE | | | EFFORTS AFTER | |
| SPRINGFIELD, MO 65802 | | | HURRICANE SANDY. | 2,50 |
| · · · · · · · · · · · · · · · · · · · | NTINUATION SHEE | T(S) | <u>▶ 3a</u> | 65,00 |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | |
| Total | l | • | ► 3b | |

** SEE PURPOSE OF GRANT CONTINUATIONS

| Daw VIA A | Analysis of | Income-Producina | Activition |
|------------|-------------|------------------|------------|
| Part XVI-A | Analysis of | Income-Producina | Activities |

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | led by section 512, 513, or 514 | (e) | |
|---|-----------------|-----------------|-----------------------|---------------------------------|-----------------------------------|--|
| · | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income | |
| 1 Program service revenue | code | | code | Amount | | |
| a | | | | | · | |
| b | | | | | | |
| C | _ | | | | | |
| d | _ | | | | | |
| 8 | _ | | | | · | |
| f | _ | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | |
| 4 Dividends and interest from securities | | | | | 9,674. | |
| 5 Net rental income or (loss) from real estate | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | 18 | | 368. | |
| 9 Net income or (loss) from special events | | ···· | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue | | | | | | |
| a | _ | <u> </u> | | | | |
| b | _ | | | | | |
| C | I | | | | | |
| d | | | | <u></u> | | |
| e | | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | (| 0. | 0. | 10,042 | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 10,042. | |
| (See worksheet in line 13 instructions to verify calculations |) | | | | | |
| Part XVI-B Relationship of Activitie | | nplishment of | Exemp | t Purposes | | |
| Line No. Explain below how each activity for which is | | | | | | |

| Line No. | | | | | | | of Part XVI-A contributed impor | tantly to | the accomplishment of |
|--------------------|--------|------|----------------------------|-----|------|-----|--|-----------|---------------------------|
| | | | npt purposes (other than b | • • | | | | | |
| 3 | INCOME | FROM | INVESTMENTS | IS | USED | FOR | CONTRIBUTIONS | TO | CHARITIES |
| 4 | INCOME | FROM | INVESTMENTS | IS | USED | FOR | CONTRIBUTIONS | TO | CHARITIES |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | ··· | | | | | | · |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | ······································ | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 223621 12-05-12 | | | | | | | | | Form 990-PF (2012) |

| 1 63 | LUNII | Exempt Organ | | isiers 10 a | ing transactions | and neialions | nips with Noncha | Itable | , | |
|--------------|--------------|-----------------------------------|-------------------------|---------------------|---------------------------------------|-------------------------|---------------------------------------|---------------|------------|------|
| | Did the ex | | | of the followin | g with any other organizati | on described in sect | Ion 501/o\ of | 7 | Yes | No |
| | | | | | | | 1011 30 1(0) 01 | | 103 | 140 |
| | | | | | 7, relating to political organ | ilizations? | | | | |
| | | from the reporting found | ation to a nonchanta | ible exempt or | ganization of | | | 10/11 | | Х |
| | (1) Cash | 4- | | | | | | 1a(1) | | X |
| | (2) Other | | | | | | | 1a(2) | | ^ |
| | Other tran | | | | | | | | | v |
| | • • | of assets to a noncharita | • • | | | | | 1b(1) | | X |
| | | ases of assets from a no | | organization | | | | 1b(2) | | |
| | | l of facilities, equipment, | | | | | | 1b(3) | | X |
| | | oursement arrangements | ; | | | | | 1b(4) | | X |
| | | or loan guarantees | | | | | | 1b(5) | | X |
| | | rmance of services or me | | - | | | | 1b(6) | | X |
| | - | facilities, equipment, ma | - | | | | | 10 | | X |
| | | • | • | - | • • | | narket value of the goods, o | | ets, | |
| | | • • • | | | ed less than fair market val | ue in any transactior | or sharing arrangement, s | how in | | |
| | |) the value of the goods, | | | | 1 40 | | | | |
| <u>(a)</u> ∟ | ne no | (b) Amount involved | (c) Name o | | exempt organization | (0) Description | of transfers, transactions, and | shanng an | angeme | nts |
| | | | <u> </u> | N/A | | | | | | |
| | | | | | | | | | | |
| | | | | | - - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2a | Is the four | idation directly or indirec | tly affiliated with, or | related to, one | or more tax-exempt organ | izations described | | | | |
| | in section | 501(c) of the Code (othe | er than section 501(c |)(3)) or in sect | ion 527? | | | Yes | X | No |
| b | | emplete the following sch | • | | | | | | | |
| | | (a) Name of org | | | (b) Type of organization | | (c) Description of relations | nip | | |
| | | N/A | | | | | | | | |
| | | · · · · · · · | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 1 | | | | |
| | | | | | | 1 | | | | |
| | Under | penalties of penury, I declare | that I have examined th | is return, includir | ig accompanying schedules and | statements, and to the | best of my knowledge | the IRS o | lecues (| thus |
| Sig | and be | elief, it is true correct, and co | | <i>7</i> 1 | n taxpayer) is based on all infor | mation of which prepare | r nas any knowledge retu | m with the | e prepar | er |
| He | | V Alama | 1.710l | Man | 1/5/13 | PRESI | | Yes | (SEE IIIS | |
| | Sign | ature of officer or trust | y care | <u> </u> | Date | Title | | | | |
| | | Print/Type preparer's | | Preparer's s | | Date | Check X If PTIN | | - | |
| | | | - | | | | self- employed | | | |
| Pa | id | DON OLSEN | | 1 0 | n Belsen | 11/2/12 | , I | 367 | 469 | |
| | eparer | Firm's name ► DB | OLSEN & C | OMPANY | n remain | 11/3/13 | Firm's EIN ► 20-5 | | | |
| | e Only | THE STIAME PUD | OTIDITIE & C | | | | THIN S LIN P 20 . J. | | . . | |
| -3 | | Firm's address > 50 | O YGNACTO | YALLE | Y RD, SUITE | 328 | | | | |
| | | | LNUT CREE | | · · · · · · · · · · · · · · · · · · · | 520 | Phone no (925 | 1-93 | 3_R | 900 |
| | | l WP | THOI CKEE | INT OH | J 1000 | | | rm 990 | | |
| | | | | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PE)

Department of the Treasury

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

Schedule of Contributors

OMB No 1545-0047

2012

Internal Revenue Service

Name of the organization

Employer identification number

27-1526180 EDELMANN FAMILY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

Name of organization

Employer identification number

EDELMANN FAMILY FOUNDATION

27-1526180

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | STEPHEN & JACQUELINE EDELMANN 896 TYNER WAY INCLINE VILLAGE, NV 89451 | \$\$ | Person X Payroli |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | * | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Name of organization

Employer identification number

EDELMANN FAMILY FOUNDATION

27-1526180

| art II | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

Employer identification number

| EDELMA | ANN FAMILY FOUNDATION | | 27-1526180 |
|---------------------------|---|--|--|
| Part III | Exclusively religious, charitable, etc., indiverse Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition | he following line entry. For organizations c., contributions of \$1,000 or less for th | 7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter ne year (Enter this information once) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferos's name address a | (e) Transfer of gift | Relationship of transferor to transferee |
| | Transferee's name, address, a | nd 21r + 4 | netationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |

| Recipient Name and address (home or business) MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605 FOODBANK OF NORTHERN NEVADA 550 ITALY DR MCCARRAN , NV 89434 | poship to manager status of contributor recipient recipient ro Fund Fund Fund Fund Fund Fund Fund Fund | |
|---|--|--------------------------------|
| MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605 FOODBANK OF NORTHERN NEVADA 550 ITALY DR | recipient TO FUND F PREMATURE PROVIDE F FAMILIES TO PROVII CHILDREN | E BIRTH AND RESOURCES TO 2,500 |
| 275 MAMARONECK AVE WHITE PLAINS, NY 10605 FOODBANK OF NORTHERN NEVADA 550 ITALY DR | PREMATURE PROVIDE E FAMILIES TO PROVII CHILDREN | E BIRTH AND RESOURCES TO 2,500 |
| 1275 MAMARONECK AVE WHITE PLAINS, NY 10605 FOODBANK OF NORTHERN NEVADA 550 ITALY DR | PREMATURE PROVIDE E FAMILIES TO PROVII CHILDREN | E BIRTH AND RESOURCES TO 2,500 |
| FOODBANK OF NORTHERN NEVADA 550 ITALY DR | PROVIDE F FAMILIES TO PROVII CHILDREN | RESOURCES TO 2,500 |
| FOODBANK OF NORTHERN NEVADA 550 ITALY DR | FAMILIES TO PROVII CHILDREN | . 2,500 |
| 550 ITALY DR | TO PROVII CHILDREN | |
| 550 ITALY DR | | DE FOOD FOR |
| | | , FAMILIES, |
| , | | · |
| l l | NORTHERN | NEVADA AND |
| | CALIFORNI | IA SIERRA. 5,000 |
| | | |
| | TO SUPPO | RT RESEARCH ON |
| PROSTATE CANCER FOUNDATION | PROSTATE | |
| 1250 FOURTH ST | FROSTRIE | 5,000 |
| SANTA MONICA, CA 90401 | | 3,000 |
| UNITED STATES HOLOCAUST MEMORIAL | GENERAL A | MUSEUM |
| MUSEUM | OPERATION | NS AND |
| 100 RAOUL WALLENBURG PL, SW | awareness | s. |
| WASHINGTON, DC 20024 | | 5,000 |
| | | |
| SMILE TRAIN | ASSISTANO | CE FOR |
| P.O. BOX 96246 | | BORN WITH A |
| WASHINGTON, DC 20090 | CLEFT PAI | l l |
| FUTURE LINK INC | PROVIDE | AT-RISK YOUNG |
| P.O. BOX 355 | ADULTS W | ITH SKILLS, |
| GLEN ECHO, MD 20812 | rools, A | ND RESOURCES |
| · | TO BUILD | SUCCESSFUL |
| | AND SUSTA | AINABLE 2,500 |
| | | |
| BEST FRIENDS ANIMAL SOCIETY | FOR THE I | HEALTH AND |
| 5001 ANGEL CANYON ROAD | WELFARE (| OF THE DOG |
| KANAB, UT 84701 | POPULATIO | ON. 5,000 |
| INTREPID FALLEN HEROES FUND | TO SUPPO | RT THE CENTER |
| WEST 46TH ST & 12TH AVE | i | INTREPID, AT |
| NEW YORK, NY 10036 | THE BROOM | |
| | İ | CENTER IN SAN |
| | ANTONIO, | |
| ASPCA | TO THE C | 1 |
| 520 8TH AVE, 7TH FL | | NG OF DOGS |
| NEW YORK, NY 10018 | RESCUED : | |
| | ANTI-CRU | |
| | TWATELLO | 2,500 |
| | | |
| | | |
| Total from continuation sheets | | 32,500 |

| FORM 990-PF DIVIDEND | OS AND | INTER | EST FROM | SECUE | RITIES | STATE | MENT | 1 |
|--|------------------------------------|---|--|----------------------|-------------------------------|------------------|-------------------------------|-----------------|
| SOURCE | (| GROSS | AMOUNT | | ITAL GAINS IVIDENDS | | JMN (A IOUNT |) |
| MERRILL LYNCH | <u></u> | . <u> </u> | 10,042. | | 368. | | 9,6 | 74. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 = | | 10,042. | | 368. | | 9,6 | 74. |
| FORM 990-PF | ACC | OUNTI | NG FEES | | | STATE | EMENT | 2 |
| DESCRIPTION | (A EXPENS PER BO | SES | (B) NET INVEST- MENT INCOME | | (C) ADJUSTED NET INCOME | | (D) CHARITABLE PURPOSES | |
| ACCOUNTING | | 950. | | 0. | | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 16B | | 950. | | 0. | | 0. | | 0. |
| | | | | | | | | |
| FORM 990-PF 0 | OTHER P | ROFES | SIONAL FE | EES | | STATE | EMENT | 3 |
| | OTHER PI (A EXPENS PER BO |) SES | SIONAL FE (B) NET INVE MENT INC | EST- | (C) ADJUSTEI NET INCON | О СН | (D) HARITA | BLE |
| | (A EXPEN PER B |) SES | (B) NET INVI MENT INC | EST- | ADJUSTEI | О СН | (D) | |
| DESCRIPTION INVESTMENT FEES | (A EXPEN PER BO |) SES OOKS | (B) NET INVENT INC | EST- COME | ADJUSTEI | O CH | (D) | BLE ES |
| DESCRIPTION | (A EXPEN PER BO 2 |) SES OOKS ,128. | (B) NET INVENT INC | EST- COME | ADJUSTEI | O CH | (D) HARITA PURPOS | BLE ES |
| DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, LN 16C | (A EXPEN PER BO 2 |) SES OOKS ,128. ,128. R INV | (B) NET INVENT INCENT I | EST- COME 128. | ADJUSTEI | O CHAE FOR STATE | (D) HARITA PURPOS | BLES 0. |
| DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, LN 16C FORM 990-PF | (A EXPEN PER BO 2 |) SES OOKS ,128. ,128. R INV VA M | (B) NET INVE MENT INC 2, 2, ESTMENTS LUATION | EST- COME 128. | ADJUSTEI NET INCOM | O CHAE FOR STATE | (D) HARITAL PURPOS | BLE O. O. |