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Form 990-PF

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2012

Open to Public Inspection

Fo	r ca	ıle	ndar year 2012 or tax year beginning	, ar	nd ending				-
Na	me d	of f	oundation			Α	A E	Employer identification nu	mber
PA	LOI	ΑN	N FAMILY FOUNDATION INC					27-4539	210
N	mbe	r a	nd street (or PO box number if mail is not delivered to street address	ess)	Room/suite	В	3 1	Telephone number (see instr	uctions)
26	5 LC	NC	IGMEADOW ROAD					(203) 259-	9648
Çi	y or	tov	vn, state, and ZIP code			С	C If	exemption application is pe	nding, check here 🕨 🗓
FΑ	IRF	ΙE	LD	CT	06824				_
G	Ch	ec	ck all that apply Initial return Initia	al return of a former pu	ublic charity	ь	0 1	. Foreign organizations, che	ck here
			Final return Ame	ended return			,	. Foreign organizations mee	ting the 85% test
			Address change Nam	ne change			-	check here and attach con	_
Н	Ch	ec	ck type of organization X Section 501(c)(3) exer	mpt private foundation		۱.			
Г				Other taxable private f				private foundation status winder section 507(b)(1)(A), c	
Ŧ			market value of all assets at end J Accounting r	·		┨╻			_
•			ar (from Part II, col (c),		X Accidal	「		the foundation is in a 60-mo inder section 507(b)(1)(B), c	
		-	16) ▶ \$ 30,679 (Part I, column (us)				<u> </u>
Pa	rt I		Analysis of Revenue and Expenses (The total of	(a) Revenue and					(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	ent	ıt	(c) Adjusted net income	for charitable purposes
			the amounts in column (a) (see instructions))	books	meenie			liloonie	(cash basis only)
	1		Contributions, gifts, grants, etc , received (attach schedule)	150,000					
9	2	:	Check ▶ if the foundation is not required to attach Sch B						
0	3	;	Interest on savings and temporary cash investments						
	4	ļ	Dividends and interest from securities						
	5	а	Gross rents						
<u>o</u>			Net rental income or (loss)						
Ğ	6	_	Net gain or (loss) from sale of assets not on line 10					-	
Revenue	ا ا	b	Gross sales price for all assets on line 6a						· · · ·
ď			Capital gain net income (from Part IV, line 2)		·				
	8		Net short-term capital gain					 	
	9		Income modifications						
	''		I Gross sales less returns and allowances Less Cost of goods sold						
	1		Gross profit or (loss) (attach schedule)						
	11		Other income (attach schedule)						
	12	2	Total. Add lines 1 through 11	150,000	.,				
S	13	}	Compensation of officers, directors, trustees, etc	5,000					
enses	14	ļ	Other employee salaries and wages						
	15	;	Pension plans, employee benefits						
X	16	a	Legal fees (attach schedule)						
Ģ			Accounting fees (attach schedule)	2,500		P	<u> 1¢</u>	CENTER	
₽			Other professional fees (attach schedule)			_	16	CEIVED	
tra	17		Interest .			A	<u> </u>	၂၀	
nis.	18		Taxes (attach schedule) (see instructions)	1,503	[8]	A	PF	8 0 8 2013 S	
Έ	19		Depreciation (attach schedule) and depletion					i i i i i i i i i i i i i i i i i i i	
Ad	20		Occupancy		- C	H	3	BALLY	
Ď	21 22		Travel, conferences, and meetings Printing and publications		-	/ (**	<i>9</i> (
ā	23		Other expenses (attach schedule)						
ng	24		Total operating and administrative expenses.					 	
ati			Add lines 13 through 23	9,003					
Operating and Administrative Exp	25	;	Contributions, gifts, grants paid	153,651		-			153,651
ō	26		Total expenses and disbursements. Add lines 24 and 25	162,654	-				153,651
_	27		Subtract line 26 from line 12	.02,001					.22,30
			Excess of revenue over expenses and disbursements	-12,654					
			Net investment income (if negative, enter -0-)						
	1	С	Adjusted net income (if negative, enter -0-)		· · ·				

Form **890-PF** (2012)

Ne	31	Total liabilities and net assets/fund balances (see			
	1	instructions)	43,316	30,679	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
	end-o	of-year figure reported on prior year's return)		1_1	43,054
2	Enter	amount from Part I, line 27a		2	-12,654
3	Other	r increases not included in line 2 (itemize)		3	
4	Add I	ines 1, 2, and 3		4	30,400
5	Decre	eases not included in line 2 (itemize) ▶		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	lumn (b), line 30	6	30.400

X

43,054

43.054

30,400

30.400

25

26

27

28

29

30

31

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

Capital stock, trust principal, or current funds

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Total net assets or fund balances (see instructions)

Retained earnings, accumulated income, endowment, or other funds

Form 990-PF (2012) PALOIAN	FAMILY FOUNDATION INC				27-4539210 Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	estment Inco	me	·	
(a) List and describe the 2-story bnck warehous	e kind(s) of property sold (e g , real est se, or common stock, 200 shs MLC Co	ate, o)	(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, yi	
1a	· · · · · · · · · · · · · · · · · · ·				
b					
	and the second second				
d					
е		T			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	or other basis pense of sale	1	(h) Gain or (loss)) plus (f) minus (g)
a					
b					
C					·····
d					
e	(h) and anna	d b., th a favordat	12/21/60		
Complete only for assets snow	ving gain in column (h) and owne	1		1 ''	ins (Col. (h) gain minus but not less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col (i) ol (j), if any		esses (from col (h))
_a					
<u>b</u>					
С					
d				 	
<u>e</u>	C 15 main	elee enter in Di	art line 7	 	
2 Capital gain net income or (not canital loce) (-	also enter in Pa , enter -0- in Pa	,	2	
3 Net short-term capital gain				-	
	line 8, column (c) (see instruct			1 1	
in Part I, line 8	o, column (o) (oco mondo		}	3	
	der Section 4940(e) for R	educed Tax	on Net Investm	ent Income	
(For optional use by domestic p					
•			o(a) tan on not m		,
If section 4940(d)(2) applies, le	ave this part blank				
Was the foundation liable for th	e section 4942 tax on the dist	ributable amou	nt of any year in th	ne base period	? Yes X No
If "Yes," the foundation does no	ot qualify under section 4940(e	e) Do not comp	lete this part		
	ount in each column for each y			naking any eni	tries
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning ii	Adjusted qualifying distribution	ons Net valu	e of noncharitable-use a	issets (6	Distribution ratio col (b) divided by col (c))
2011		33,035	5	0,275	2 646146
2010					0 000000
2009					0 000000
2008					0 000000
2007					0 000000
2 Total of line 1, column (d)				2	<u>2 646146</u>
3 Average distribution ratio for					
the number of years the fou	undation has been in existence	e if less than 5	years	3	2 646146
4 Enter the net value of nonc	haritable-use assets for 2012	from Part X, Iin	ie 5	4	42,556
					440.000
5 Multiply line 4 by line 3				5	112,609
6 Enter 1% of net investment	t income (1% of Part I, line 27	h)		6	
6 Litter 178 of thet investment	Theome (170 of 1 art 1, line 27)	3)		 	
7 Add lines 5 and 6				7	112,609
, 100 miles o and o					,
8 Enter qualifying distribution	s from Part XII, line 4			8	153,651
If line 8 is equal to or greate	er than line 7, check the box ii	n Part VI, line 1	b, and complete th	nat part using a	
the Part VI instructions					

all	Excise lax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—	-see	nstruct	ions)		
1 a	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)				-	- 1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b	1				
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	-			
3 4	Add lines 1 and 2	3			-	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	5				
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments	5				i
а	2012 estimated tax payments and 2011 overpayment credited to 2012					
b	Exempt foreign organizations—tax withheld at source 6b					,
С	Tax paid with application for extension of time to file (Form 8868) 6c					1
d	Backup withholding erroneously withheld 6d					۱ اـــــا
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ►	11				
ar	t VII-A Statements Regarding Activities		<u>.</u>			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		_X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					1
	published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u> .,
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
_	(1) On the foundation > \$ (2) On foundation managers > \$			l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			ļ		
2	on foundation managers \$			2		- X
2	If "Yes," attach a detailed description of the activities			<u> </u>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		_X_
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					Ì
	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	Х	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	d Par	t XV	7	Х	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CT			1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			۱.		
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			1	-	
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"			9		х
10	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			٣		 ^-
10				10	х	
	their names and addresses			1 10	^_	<u> </u>

	If "Yes," list the years 20		ŀ	
b	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)	l _		
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20			
3a	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			
b	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)	3b	N/A	

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

					<u>for Which For</u>			100,,,,,,	400,				
5a	Durir	g the yea	ar did the foundation pay.or incur any	amo	unt to								
	(1)	Carry or	n propaganda, or otherwise attempt to	o influ	ence legislation (s	section 4945(e))?		☐ Ye:	5 X	No			!
	(2)		e the outcome of any specific public		,	, ,,							
	\-/		ctly or indirectly, any voter registration			,00, 0, to 0am		Ye	s X	No			į
									=	יייי ז			!
	(3)	Provide	a grant to an individual for travel, stu	dy, or	other similar purp	ooses?		Ye:	; <u> X</u>	No			
	(4)	Provide	a grant to an organization other than	a cha	arıtable, etc , orga	nization described			_				i
		ın sectio	on 509(a)(1), (2), or (3), or section 49	40(d)	(2)? (see instruction	ons)		Ye	5 X	No	}		:
	(5)	Provide	for any purpose other than religious,	charı	table, scientific, lit	erary, or		_		_	l		
			onal purposes, or for the prevention of					☐ Ye:	X	No			
b	If any	, answer	is "Yes" to 5a(1)-(5), did any of the t	ranea	ictions fail to quali	fy under the exception	ne descr		نبنا ٠	J			'
-			ection 53 4945 or in a current notice		·-	•		ibca iii			5b	N/A	
							115)'			1	35	IVA	
_	_		relying on a current notice regarding							J		li	
С			is "Yes" to question 5a(4), does the fo			tion from the			<u> </u>	1			1
			t maintained expenditure responsibilit	•	•			Ye	s <u> X</u>	No			1
	If "Ye	es," attac	h the statement required by Regulat	ions s	section 53 4945–5	5(d)							1
6a	Did t	he founda	ation, during the year, receive any fui	nds, d	lirectly or indirectly	y, to pay				,			1
	prem	liums on	a personal benefit contract?					Ye:	s X	No			
þ	Did t	he founda	ation, during the year, pay premiums,	direc	tly or indirectly, or	n a personal benefit c	ontract?	1			6b		_X_
	If "Ye	s" to 6b,	file Form 8870										1
7a	At ar	ıv tıme dı	uring the tax year, was the foundation	apa	rty to a prohibited	tax shelter transaction	n?	Ye	s X	No			}
		-	ne foundation receive any proceeds o					?		-	7b	N/A	
	art V		Information About Officers						v Pai	id Fm	nlov	ees.	
	v		and Contractors	, –	octoro, muoto	oo, roundation		go.o,g	,		.6.47	,	
1	List		ers, directors, trustees, foundate	tion t	managers and t	hair aa-manaatia:	(see i	nstructions)					
						neir compensatior							
			ero, arrottoro, trasteco, roarraa		Title, and average	(c) Compensation) Contributions t		(0)	Evnen	CO 20001	ınt
			(a) Name and address	(b)	Title, and average hours per week	(c) Compensation (If not paid, enter	(d emp) Contributions to bloyee benefit pla	ins			se accou	
		((a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation	(d emp) Contributions t	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA	REN	(PALOIAI	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d emp) Contributions to bloyee benefit pla	ins				
KA 265	REN LON	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068	(b)	Title, and average hours per week evoted to position ESIDENT 10 00	(c) Compensation (If not paid, enter -0-) 5,000	(d emp and di	l) Contributions t ployee benefit pla eferred compens	o ins ation				
KA 265	REN	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	(b)	Title, and average hours per week evoted to position ESIDENT 10 00	(c) Compensation (If not paid, enter -0-) 5,000	(d emp and di	l) Contributions t ployee benefit pla eferred compens	o ins ation				
KA 265	REN	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	(b)	Title, and average hours per week evoted to position ESIDENT 10 00	(c) Compensation (If not paid, enter -0-) 5,000	(d emp and di	l) Contributions to loyee benefit placeferred compens	ation				
KA 265	REN	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	(b)	Title, and average hours per week evoted to position ESIDENT 10 00 other than thos	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(d emp and di	D) Contributions to playee benefit player benefit playered compens to the compens of the compens	s). If r	none,	other all	lowance	·
KAI 265	Con	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	l) Contributions to loyee benefit placeferred compens	s). If r	none,	Expen		s
KAI 265	Con	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position ESIDENT 10 00 other than thos	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contributions (d) Contribution	s). If r	none,	Expen	se accou	s
265 2	Con	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s
265 2	Con ente	PALOIAI IGMEAD	(a) Name and address N DOW ROAD FAIRFIELD, CT 068 ion of five highest-paid employe	PRE	Title, and average hours per week evoted to position SIDENT 10 00 other than thos (b) Title, and avera hours per week	(c) Compensation (If not paid, enter -0-) 5,000 e included on line	(dempand di	c instruction (d) Contribution employee ben	s). If r	none,	Expen	se accou	s

Form 990-PF (2012)

PALOIAN FAMILY FOUNDATION INC

Total number of other employees paid over \$50,000

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27-4539210

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Part VIII	Information About Officers, Directors, Trustees	s, Foundation Managers, Highly Pa	id Employees,
	and Contractors (continued)		
3 Five highest	-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
	ime and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	-,		
	10 E		
·			
Total number of	others receiving over \$50,000 for professional services	>	
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant		Expenses
1 NONE	nearly and other portonication derived, controlled controlled, recording,		
· Mone			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (se	e instructions)	
	gest program-related investments made by the foundation during the tax ye		Amount
1 NONE			
2			
All other program rel	lated investments. See instructions		
3	igico investricina. See instructions		
·			
Total. Add lines	1 through 3		

Form **990-PF** (2012)

_Par	Minimum Investment Return (All domestic foundations must complete this part. For	eign foundatio	ns,
	see instructions) .		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances .	1b	43,204
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	43,204
е	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	
3	Subtract line 2 from line 1d	3	43,204
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	648
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	42,55 <u>6</u>
6	Minimum investment return. Enter 5% of line 5 .	6	2,128
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this par	t)	
1	Minimum investment return from Part X, line 6	1	2,128
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)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,128
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,128
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	2,128
Part	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	153,651
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	153,651
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	153,651
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	
	qualifies for the section 4940(e) reduction of tax in those years		

Par	XIII Undistributed Income (see instruction	s)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7				2,128
2	Undistributed income, if any, as of the end of 2012			-	
	Enter amount for 2011 only				
	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2012				
a	From 2007				
þ	From 2008	_			
С	From 2009	_			
d	From 2010	_		ļ	
е	From 2011		ı		1
f	Total of lines 3a through e				<u>.</u>
4	Qualifying distributions for 2012 from Part				
	XII, line 4 > \$153,651			_	
а	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				2,128
е	Remaining amount distributed out of corpus	151,523			
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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	151,523			
	Prior years' undistributed income Subtract	101,020		 	·
_	line 4b from line 2b				
	Enter the amount of prior years' undistributed			-	
Ĭ	Income for which a notice of deficiency has			1	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
6	Subtract line 6c from line 6b Taxable			-	
	amount—see instructions				
_					
е	• • • • • • • • • • • • • • • • • • • •				
	4a from line 2a Taxable amount—see]	
f	Instructions				
1	Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must				
7	be distributed in 2013			 	
′	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by	454 500		1	
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)	151,523		 	
8	Excess distributions carryover from 2007				
_	not applied on line 5 or line 7 (see instructions)			-	
9	Excess distributions carryover to 2013.			[
4.0	Subtract lines 7 and 8 from line 6a			ļ———	
10	Analysis of line 9			{	
а	Excess from 2008	4			
t	Excess from 2009	4			
C	Excess from 2010	4			
C	Excess from 2011				
е	Excess from 2012	<u> </u>			

For	n 990-PF (2012) PALOIAN FAMILY FOUNDAT	ION INC			27-453	9210 Page 10
Pa	t XIV Private Operating Foundations (see instructions	and Part VII-A,	question 9)		N/A
1 a	If the foundation has received a ruling or determina			_		
_	foundation, and the ruling is effective for 2012, enter		_	▶ [
	Check box to indicate whether the foundation is a	private operating fo	undation described i	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	year listed					
	85% of line 2a					
·	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					_
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					_
â	"Assets" alternative test—enter (1) Value of all assets					
	(2) Value of assets qualifying					
t	under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	: "Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			1		
Pa	rt XV Supplementary Information (Co assets at any time during the year)			undation had \$5	,000 or more in	
1	Information Regarding Foundation Manage					
á	List any managers of the foundation who have cor before the close of any tax year (but only if they ha	tributed more than	2% of the total cont	ributions received by	the foundation	
Ľ۸	REN PALOIAN JOHN PAL		c man \$5,555) (55	0 000		
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which	or more of the sto			ortion of the	
2	Information Regarding Contribution, Grant					
	Check here X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d					
- 6	The name, address, and telephone number or e-m	all of the person to	whom applications	should be addressed		
l	The form in which applications should be submitte	d and information a	and materials they sh	nould include		
- (Any submission deadlines					
	Any restrictions or limitations on awards, such as l	by geographical are	eas, charitable fields	, kinds of institutions,	or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
USC MARSHALL SCHOOL OF BUSINESS			GENERAL FUNDS	100,000
CITIGROUP CENTER		AL INSTITUTIO		
LOS ANGELES, CA 90089		PUBLIC	OENEDAL ELINIDO	04.405
NORMA F PFRIEM BREAST CANCER CENTER		CHARITY	GENERAL FUNDS	21,125
111 BEACH ROAD FAIRFIELD, CT 06824		CHART		
WAKEMAN BOYS 7 GIRLS CLUB		PUBLIC	GENERAL FUNDS	5,000
385 CENTER STREET		CHARITY	OENEW ET ONDO	0,000
SOUTHPORT, CT 06890				
JUVENILE DIABETES RESEARCH FOUNDATION		PUBLIC	GENERAL FUNDS	500
26 BROADWAY, 14TH FLOOR		CHARITY		
NEW YORK, NY 10004		1		
CONNECTICUT CHALLENGE		PUBLIC	GENERAL FUNDS	4,100
493 REDDING ROAD		CHARITY		
FAIRFIELD, CT 06824				
FAIRFIELD POLICE BENEVOLENT ASSOCIATION		PUBLIC	GENERAL FUNDS	1,000
100 REEF ROAD		CHARITY		
FAIRFIELD, CT 06824		PUBLIC	GENERAL FUNDS	1,000
FRIENDS OF PEDIATRICS 3530 BISCAYNE BLVD		CHARITY	GENERAL FUNDS	1,000
MIAMI, FL 33137				
ZETA TAU ALPHA FOUNDATION		PUBLIC	GENERAL FUNDS	500
3450 FOUNDERS ROAD		CHARITY		
INDIANAPOLIS, IN 46268				
OYEBOG TENNIS ACADEMY		EDUCATION	GENERAL FUNDS	1,200
3 HERON LAKES LANE		AL		
WESTPORT, CT 06880		INSTITUTIO		
BRIDGEPORT HOSPITAL FOUNDATION		PUBLIC	GENERAL FUNDS	12,000
267 GRANT STREET		CHARITY		
BRIDGEPORT, CT 06610		EDUCATION	CENEDAL FUNDS	1,000
MAGGY HAYES SCHOOL		AL	GENERAL FUNDS	1,000
6100 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91606		INSTITUTIO		
Total See Attached Statement	<u> </u>		▶ 3a	153,651
b Approved for future payment	I			
, , , , , , , , , , , , , , , , , , , ,]	J		
		ļ		
]	
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		1	J	
	ľ			
		}		
		<u> </u>	N 01-	
Total			▶ 3b	- 000 PE (040)

Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_			 		
a b	-		 		
	-				
	-				
	•				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
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				_	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
c					
d					
e					
Subtotal Add columns (b), (d), and (e)					L
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)				13	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Ad					
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
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13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Additional Explain below how each activity for which income	ne is reported in colu	mn (e) of Part X	VI-A contributed im	nportantly to	

Part XVII PALOIAN FAMILY FOUNDATION INC 27-4539210 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			xempt Organiz	ations	•							
1									Yes	No		
2										١,		
a	Transfers from the reporting foundation to a noncharitable exempt organization of								4 - (4)		į į	
	(1) Cash						1a(1)					
h	(2) Other assets							1a(2)	-	<u> </u>		
U	b Other transactions							l : - . :-		-		
	(1) Sales of assets to a noncharitable exempt organization							1b(1)		├		
	(2) Purchases of assets from a noncharitable					ation				1b(2)		
	(3) Rental of facilities, equipment, or other assets						1b(3)		<u> </u>			
	(4) Reimbursement arrangements						1b(4)					
			or loan guarantee							1b(5)		<u> </u>
					ip or fundraising soli					1b(6)		
С	Sharın	ng of	facilities, equipme	ent, mailing list	ts, other assets, or p	aid employees	3			1c		
d	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received											
(a)	Line no	<u> </u>	(b) Amount involved	(c) Name	of noncharitable exempt of	organization	(d) De	scription of transfers,	transactions, and sh	aring arra	ngeme	ents
		1_			**====		ļ					
		ļ					<u> </u>					
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		<u> </u>		<u></u> _	·		<u> </u>					
	2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [Yes No b If "Yes," complete the following schedule											
	(a) Name of organization (b) Type of organization (c) Description of rel						Description of relation	onship				
											_	
					<u> </u>			<u> </u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying sched							tatements, a	nd to the best of my know	ledge and belief, it is tru	е,		
	gn ere	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the with the							S discuss this return eparer shown below (see			
	'	Sign	ature of officer or truste	ee	Date	Title	•			۱۰ دی		
		Ť	Print/Pype preparer's n		Preparer's signature	1 100	1	Date		PTIN		
Pa	id	l			Sul				Check X if			
Pr	epare	er !	GERARD GRIFFI	N, JR	JGERARD GR	IFFIN, JR		3/28/2013	self-employed	P0056	7448	
Use On							Firm's EIN ▶	ım's EIN				
_		٠, ا	Firm's address ► 1735 POST ROAD, FAIRFIELD, CT 06824						Phone no 203-259-9648			

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

Employer identification number

Name of the organization		Employer identification number
PALOIAN FAMILY FOUND	27-4539210	
Organization type (check		
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	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	a private foundation
	501(c)(3) taxable private foundation	
General Rule X For an organization	c)(7), (8), or (10) organization can check boxes for both the 0 on filing Form 990, 990-EZ, or 990-PF that received, during to one contributor Complete Parts I and II	
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 and 170(b)(1)(A)(vi) and received from any one contributor, 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii)	, during the year, a contribution of the greater
the year, total con	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ tha tributions of more than \$1,000 for use <i>exclusively</i> for religiouses, or the prevention of cruelty to children or animals. Com	us, charitable, scientific, literary, or
the year, contribut total to more than year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that ions for use exclusively for religious, charitable, etc., purpos \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete an anization because it received nonexclusively religious, charitable.	ies, but these contributions did not ons that were received during the by of the parts unless the General Rule
		A Land Control of the

Name of organization Employer identification number PALOIAN FAMILY FOUNDATION INC 27-4539210

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN & KAREN PALOIAN 265 LONGMEADOW ROAD FAIRFIELD CT 06824 Foreign State or Province Foreign Country	\$ 150,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	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
	Foreign State or Province Foreign Country	\$	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
	Foreign State or Province Foreign Country	\$	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
	Foreign State or Province Foreign Country	\$	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
	Foreign State or Province Foreign Country	\$	Person Payroll Complete Part II if there is a noncash contribution)

Continuation of Part XV, L	<u>ine 3a (990-PF) -</u>	Gran	ts and Cont	tributions Paid	d During the	e Year
Recipient(s) paid during the year .						
Name						
MARCH OF DIMES						
Street 140 SHERMAN STREET						
City		State	Zip Code	Foreign Coun	itry	
FAIRFIELD		СТ	06824		,	
Relationship	Foundation Status					
Purpose of grant/contribution	PUBLIC CHARITY				Amazint	
GENERAL FUNDS					Amount	250
Name						
FAIRIFELD LUDLOWE BASEBALL						
Street	 					
785 UNQUOWA ROAD						
City FAIRFIELD		State	Zip Code 06824	Foreign Coun	itry	
Relationship	Foundation Status	CI	100024			
	EDUCATIONAL INS	TITUTIO	ON			
Purpose of grant/contribution					Amount	
SPONSORSHIP			<u> </u>			1,000
Name						
BEST DAY FOUNDATION						
Street 567 AUTO CENTER DRIVE						
City		State	Zip Code	Foreign Coun	itry	
WATSONVILLE	· · · · · · · · · · · · · · · · · · ·	CA	96076			
Relationship	Foundation Status					
Purpose of grant/contribution	PUBLIC CHARITY				Amount	
GENERAL FUNDS	_					100
Name						
OPERATION HOPE OF FAIRFIELD						
Street			 			
636 OLD POST ROAD		State	Zip Code	Foreign Cour		
City FAIRFIELD		CT	06824	Foreign Cour	itiy	
Relationship	Foundation Status	1				
	PUBLIC CHARITY				14	
Purpose of grant/contribution GENERAL FUNDS					Amount	220
Name FIRSTGIVING						
Street						
34 FARNSWORTH STREET	 			- r		
City		State	Zip Code	Foreign Cour	ntry	
BOSTON Relationship	Foundation Status	MA	02210			
Treationship	PUBLIC CHARITY					
Purpose of grant/contribution					Amount	
GENERAL FUNDS			 			1,000
Name						
911 MEMORIAL & MUSEUM						
Street						
WORLD TRADE CENTER City		State	Zip Code	Foreign Cour	ntry	
NEW YORK		NY	10001		·	
Relationship	Foundation Status					
Purpose of grant/contribution	PUBLIC CHARITY				Amount	
GENERAL FUNDS						100

Foundation Status

Amount

Relationship

Purpose of grant/contribution