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DLN: 93491133000003

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	cale	endar year 2012, or tax year beginning 01-	·01-2012 , and	d end	ding 12-31-	2012			
		undation			A Employer id	entification numbe	er		
۱h	e Fullgr	raf Foundation			30-6013098				
Num	ber and	d street (or P O box number if mail is not delivered to street addres	ss) Room/suite		B Telephone nu	mber (see instructior	ns)		
		n Source 501 Silverside Rd	, , , , , , , , , , , , , , , , , , , ,		(800) 839-1754	Į.			
		n, state, and ZIP code DE 198091377			C If exemption	application is pendin	g, check here 🕨 🦵		
G C	heck a	all that apply		rıty	2. Foreign o	ganizations, check herganizations meeting earnd attach compute	the 85% test,		
		ype of organization $\overline{\protect{arphi}}$ Section 501(c)(3) exempt priv	ate foundation						
S	ection	n 4947(a)(1) nonexempt charitable trust Cother tax			E If projects for	undation status was t	armunatad		
of	year (1	ket value of all assets at end from Part II, col. (c), \$\frac{1}{5}\$ 8,143,318 J Accounting method Other (specify) (Part I, column (d) mus)	_	rual	under sectio F If the founda	n 507(b)(1)(A), chec ation is in a 60-montl n 507(b)(1)(B), chec	k here F		
Pa	rt I	Analysis of Revenue and Expenses (The			under sectio	11 307(b)(1)(b), chec	(d) Disbursements		
		total of amounts in columns (b), (c), and (d) may not `necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) l	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	2,821,786						
	2	Check ► ┌ If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments	79		79				
	4	Dividends and interest from securities	164,333		164,333				
	5a	Gross rents							
	Ь	Net rental income or (loss)							
<u>⊕</u>	6a	Net gain or (loss) from sale of assets not on line 10	11,764						
Φ	b	Gross sales price for all assets on line 6a 12,251							
Reveilue	7	Capital gain net income (from Part IV, line 2)			11,764				
	8	Net short-term capital gain							
	9 10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
		Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	2,997,962		176,176				
	13	Compensation of officers, directors, trustees, etc							
.n	14	Other employee salaries and wages							
Expenses	15	Pension plans, employee benefits							
둏	16a	Legal fees (attach schedule)	l —						
Ä	b	Accounting fees (attach schedule)					2,872		
₹	C	Other professional fees (attach schedule)	575				575		
and Administrative	17	Interest	(AST)						
E S	18	Taxes (attach schedule) (see instructions)	300						
<u>=</u>	19	Depreciation (attach schedule) and depletion							
4	20	Occupancy							
ğ	21	Travel, conferences, and meetings							
	22	Other expenses (attach schedule)					19,475		
atın	24	Total operating and administrative expenses.	23,173				23,.73		
Operating		Add lines 13 through 23	23,222		0		22,922		
Õ	25	Contributions, gifts, grants paid	· ·				49,500		
	26	Total expenses and disbursements. Add lines 24 and 25	72,722		0		72,422		
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	2,925,240	L.					
	ь	Net investment income (If negative, enter -0 -)			176,176				
	С	Adjusted net income (If negative, enter -0-)							

Pa	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Boo		T	(c) Fair Market Value
	1	Cash—non-interest-bearing	. ,				
	2	Savings and temporary cash investments	60,642		43,0	73	43,073
	3	Accounts receivable					
		Less allowance for doubtful accounts					
	4	Pledges receivable 🟲					
	•	Less allowance for doubtful accounts ►					
	5	Grants receivable				\dashv	
	6	Receivables due from officers, directors, trustees, and other				-	
	•	disqualified persons (attach schedule) (see page 15 of the					
		, , , , ,					
	_	Other pates and leans recoverble (attach cabedula)				+	
	7	Other notes and loans receivable (attach schedule)					
o.		Less allowance for doubtful accounts 🕨					
sets	8	Inventories for sale or use					
Яδ	9	Prepaid expenses and deferred charges					
-	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	3,483,265	%	7,488,6	36	8,100,245
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis 🕨					
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	1,062,562				
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe 🟲)					
	16	Total assets (to be completed by all filers—see the					
		instructions Also, see page 1, item I)	4,606,469		7,531,7	709	8,143,318
	17	Accounts payable and accrued expenses				\dashv	
	18	Grants payable					
ņ	19	Deferred revenue					
Itles	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
Liabi	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)				0	
		Foundations that follow SFAS 117, check here 🕨 🦵					
.n		and complete lines 24 through 26 and lines 30 and 31.					
or Fund Balances	24	Unrestricted					
lan	25	Temporarily restricted					
Ва	26	Permanently restricted					
된		Foundations that do not follow SFAS 117, check here 🕨 🔽					
Fu		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
Assets	29	Retained earnings, accumulated income, endowment, or other funds	4,606,469		7,531,7	709	
	30	Total net assets or fund balances (see page 17 of the					
Net		ınstructions)	4,606,469		7,531,7	709	
	31	Total liabilities and net assets/fund balances (see page 17 of					
		the instructions)	4,606,469		7,531,7	709	
Pa	rt II	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 a	gree			
		with end-of-year figure reported on prior year's return)		=	1		4,606,469
2		Enter amount from Part I, line 27a			2		2,925,240
3		Other increases not included in line 2 (itemize) 🟲			3		
4		Add lines 1, 2, and 3			4		7,531,709
5		Decreases not included in line 2 (itemize) ▶			5		
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b), l	ine 30 .	6		7,531,709

	ibe the kind(s) of property sold (e g , re rehouse, or common stock, 200 shs N	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a Publicly-traded S	ecurities					
b						
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowe (or allowable)	1	t or other basıs opense of sale		or (loss)) mınus (g)	
a	12,251		48	7	11,76	
b						
С						
d						
е						
Complete only for asse	ts showing gain in column (h) and owne				(h) gain minus	
(i) F M V as of 12/31/	69 (j) Adjusted basis as of 12/31/69		ess of col (1)		less than -0-) or om col (h))	
a					11,76	
b						
С						
d						
е						
2 Capital gain net ir	ncome or (net capital loss)	If gain, also enter If (loss), enter -0-		2	11,76	
3 Net short-term ca	pital gain or (loss) as defined in sectio	ons 1222(5) and (6	,			
	in Part I, line 8, column (c) (see instru					
in Part I, line 8				,		
Part V Qualificatio	n Under Section 4940(e) for F	\	, N. J. T	<u> </u>		
f "Yes," the foundation does	es, leave this part blank r the section 4942 tax on the distribut s not qualify under section 4940(e) Do mount in each column for each year, s	o not complete this	part		┌ Yes ┌ No	
(a)	Thousand the carry carry s	T	Istractions before			
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha		(d) Distribution ratio		
2011			ntable ase assets	(col (b) divided	n ratio	
2010	129,215		2,275,979		n ratio by col (c)) 000 056773	
	1,500		2,275,979 1,939,451		n ratio by col (c)) 000 056773 000 000773	
2009	1,500 106,000		2,275,979 1,939,451 1,783,079		n ratio by col (c)) 000 056773 000 000773	
2009 2008	1,500 106,000 151,960		2,275,979 1,939,451 1,783,079 1,771,655		n ratio by col (c)) 000 056773 000 000773 000 059448	
2009	1,500 106,000		2,275,979 1,939,451 1,783,079		n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773	
2009 2008 2007	1,500 106,000 151,960		2,275,979 1,939,451 1,783,079 1,771,655		n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810	
2009 2008 2007 2 Total of line 1, co 3 Average distribut	1,500 106,000 151,960 84,000	vide the total on lin	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074	(col (b) divided	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810	
2009 2008 2007 2 Total of line 1, co 3 A verage distribut the number of year	1,500 106,000 151,960 84,000	vide the total on lin e if less than 5 yea	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074 	(col (b) divided	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810 000 24457	
2009 2008 2007 2 Total of line 1, co 3 Average distribut the number of year 4 Enter the net value	1,500 106,000 151,960 84,000 lumn (d)	vide the total on lin e if less than 5 yea	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074 	(col (b) divided	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810 000 24457 000 04891 5,783,95	
2009 2008 2007 2 Total of line 1, co 3 Average distribut the number of year 4 Enter the net value 5 Multiply line 4 by	1,500 106,000 151,960 84,000 lumn (d)	vide the total on lin e if less than 5 yea 2 from Part X, line 5	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074	2 3 4	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810 000 24457 000 04891 5,783,95	
2009 2008 2007 2 Total of line 1, co 3 Average distribut the number of year 4 Enter the net value 5 Multiply line 4 by 6 Enter 1% of net in	1,500 106,000 151,960 84,000 lumn (d)	vide the total on lin e if less than 5 yea 2 from Part X, line 5	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074	2 3 4 5	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810 000 24457 000 04891 5,783,95 282,92 1,76	
2009 2008 2007 2 Total of line 1, co 3 Average distribut the number of year 4 Enter the net value 5 Multiply line 4 by 6 Enter 1% of net in 7 Add lines 5 and 6	1,500 106,000 151,960 84,000 lumn (d)	vide the total on line if less than 5 yea 2 from Part X, line 5	2,275,979 1,939,451 1,783,079 1,771,655 2,009,074 e 2 by 5, or by rs	2 3 4 5 6	n ratio by col (c)) 000 056773 000 000773 000 059448 000 085773 000 041810 000 24457 000 04891 5,783,95	

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the installand	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			3,524
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			3,524
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			3,524
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 517			
Ь	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			517
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			3,007
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			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	<u> </u>	Yes	No
_	It participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of	۱		N
	the instructions for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?	1c		No
C C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10		No
d	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
-	If "Yes," attach a detailed description of the activities.	H		
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	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			
	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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶			
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	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ▶co Foundation Source Telephone no ▶(800) 839-	1754	
	Located at ▶501 Silverside Road Suite 123 Wilmington DE ZIP+4 ▶1980913			
4.5				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	• •		- 1
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over			
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
real	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			110
Lu	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2012?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
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)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
C	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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			
	ıf the foundation had excess business holdings in 2012.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	1	No

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Par	t VII-B Statements Rega		_		ich Form 4720	May	Be Required (cont	inue	d)	<u> </u>
5a	During the year did the foundation							_		
	(1) Carry on propaganda, or othe	rwise	attempt to influence	e leg	ıslatıon (section 49	45(e))) [?]	✓ No		
	(2) Influence the outcome of any	spec	ific public election (see	section 4955), or to	carr	у			
	on, directly or indirectly, any	votei	registration drive?.							
	(3) Provide a grant to an individu	ual for	travel, study, or oth	nersi	ımılar purposes?		☐ Yes 「	√ No		
	(4) Provide a grant to an organiz	atıon	other than a charıta	ble, e	etc , organization de	scrib	ed			
	ın section 509(a)(1), (2), or	(3), o	r section 4940(d)(2)? (s	ee instructions)		🗆 Yes 🖟	√ No		
	(5) Provide for any purpose othe	r thar	religious, charitable	e, sc	ientific, literary, or					
	educational purposes, or for	the pr	evention of cruelty t	o ch	ıldren or anımals?.		Yes 🖟	√ No		
ь	If any answer is "Yes" to 5a(1)-	(5), dı	d any of the transac	tions	fail to qualify under	r the e	exceptions described in			
	Regulations section 53 4945 or	ın a c	urrent notice regard	ıng d	lisaster assistance	(see i	nstructions)?		. 5b	
	Organizations relying on a currei									
c	If the answer is "Yes" to question						,			
·	tax because it maintained expen	-	' = =		•		□ ves □	- _{No}		
	If "Yes," attach the statement requ							110		
c-										
6a	Did the foundation, during the ye	•						-		
	a personal benefit contract?						· ·		ا ا	
Ь	Did the foundation, during the ye	ar, pa	y premiums, directly	/ or i	ndirectly, on a perso	onalb	enefit contract?	•	6b	No
	If "Yes" to 6b, file Form 8870.							_		
	At any time during the tax year,									
ь	If yes, did the foundation receive								7b	
Par	it VIII Information About and Contractors	it Of	ficers, Directors	s, Tr	ustees, Founda	ation	Managers, Highly	Paid	l Emp	loyees,
1	List all officers, directors, trustee	es, fou	ındation managers a	nd t	heir compensation (see ir	nstructions).			
(a) Name and address			Title, and average		c) Compensation		(d) Contributions to	(6)	Evnens	e account
	(a) Name and address		hours per week		c) Compensation If not paid, enter	en	nployee benefit plans	l ` 6+	•	e account, owances
Charle		de	hours per week evoted to position		c) Compensation If not paid, enter -0-)	en and		l ` 6+	•	•
	es S Fullgraf	de Trus	hours per week evoted to position stee		c) Compensation If not paid, enter	en and	nployee benefit plans	l ` 6+	•	•
Foun Wilm	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809	de Trus 001	hours per week evoted to position stee 00		c) Compensation If not paid, enter -0-)	en and	nployee benefit plans	l ` 6+	•	•
Foun Wilm Jan F	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann	Trus 001 Pres	hours per week evoted to position stee 00 6 / Trustee		c) Compensation If not paid, enter -0-)	en and	nployee benefit plans	l ` 6+	•	•
Foun Wilm Jan F Foun Wilm	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809	Trus 001 Pres	hours per week evoted to position stee 00 6 / Trustee 00	(1	c) Compensation If not paid, enter -0-) 0	en and	nployee benefit plans deferred compensation	ot	her allo	owances
Foun Wilm Jan F Foun Wilm	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd	Trus 001 Pres	hours per week evoted to position stee 00 6 / Trustee 00	(1	c) Compensation If not paid, enter -0-) 0	en and	nployee benefit plans deferred compensation	ot	her allo	owances
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 6 / Trustee 00	those	c) Compensation If not paid, enter -0-) 0	en and	instructions). If none, e	nter"	NONE."	owances
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0	en and	instructions). If none, e (d) Contributions to employee benefit	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 ployees (other than a	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e	nter "	NONE."	owances
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 sloyees (other than a hours per week	t hose	c) Compensation If not paid, enter -0-) 0 c included on line 1-	en and	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter "	NONE."	owances ,
Foun Wilm Jan F Foun Wilm 2 (a)	es S Fullgraf dation Source 501 Silverside Rd ington, DE 19809 Golann dation Source 501 Silverside Rd ington, DE 19809 Compensation of five highest-pai	Trus 001 Pres 001	hours per week evoted to position stee 00 s / Trustee 00 cloyees (other than the control of the	(I	c) Compensation If not paid, enter -0-) 0 e included on line 1— (c) Compensation	-see i	instructions). If none, e (d) Contributions to employee benefit plans and deferred compensation	nter "	NONE."	owances ,

Part VIII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	_	
Total number of others receiving over \$50,000 for professional service	es	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers is		Expenses
1		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investment	te (cas instructions)	
Part IX-B Summary of Program-Related Investment Describe the two largest program-related investments made by the foundation dur		A mount
1	ing the tax year on lines I and 2	Amount
1		
2		
All other program-related investments See page 24 of the instruct	ions	
3		
		1
		1
	T	l
Total. Add lines 1 through 3		

	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reigr	Page t foundations,
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	5,824,529
ь	A verage of monthly cash balances	1b	47,503
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	5,872,032
e	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	5,872,032
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions) 📆	4	88,080
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,783,952
6	Minimum investment return. Enter 5% of line 5	6	289,198
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operacertain foreign organizations check here F and do not complete this part.)	atıng	foundations and
1	Mınımum ınvestment return from Part X, line 6	1	289,198
2a	Tax on investment income for 2012 from Part VI, line 5 2a 3,524		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	3,524
3	Distributable amount before adjustments Subtract line 2c from line 1	3	285,674
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	285,674
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	285,674
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 🕏	1a	72,422
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	A mounts 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	72,422
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		

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

6

Ľ	ondistributed income (see instri	uctions)			
		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line 7	00.000			285,674
	Undistributed income, if any, as of the end of 2012				,
	Enter amount for 2011 only				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2012				
	From 2007				
	From 2008				
	From 2009 19,592				
	From 2010				
е	From 2011 16,342				
f	Total of lines 3a through e	110,987			
4	Qualifying distributions for 2012 from Part				
	XII, line 4 🕨 \$ 72,422				
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)				72.42
	Applied to 2012 distributable amount				72,422
	Remaining amount distributed out of corpus	110.007			110.00
5	Excess distributions carryover applied to 2012	110,987			110,98
	(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				
Ŭ	indicated below:				
а	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				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2012 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2013				102,26
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
R	Excess distributions carryover from 2007 not				
3	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009				
С	Excess from 2010				
d	Excess from 2011				
е	Excess from 2012				1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor			
			<u> </u> 	49,500
b Approved for future payment				

Form 990-I		nima Antivitia				Page 1 2
	Analysis of Income-Products amounts unless otherwise indicated		usiness income	Excluded by section	512 513 or 514	(e)
	n service revenue	(a) Business code	(b)	(c) Exclusion code	(d) A mount	Related or exemp function income (See
b c d e f g Fees 2 Membe	and contracts from government agencies rship dues and assessments on savings and temporary cash investments			14	79	instructions)
4 Divider5 Net rena Debt-b Not d6 Net rent	on savings and compount cash investments and sand interest from securities			14	164,333	
8 Gain or (9 Net inc 10 Gross; 11 Otherr b c d	(loss) from sales of assets other than inventory ome or (loss) from special events profit or (loss) from sales of inventory revenue a			18	11,764	
	al Add columns (b), (d), and (e).				176,176	
13 Total.	Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify			1	L3	176,176
Line No.	Explain below how each activities to the accomplishment of the foundation instructions)	ıch ıncome ıs re	ported in column	(e) of Part XVI-A c	ontributed importa	

Part XVII	Information Reg					sactio	ns and Relat	ionships With			y
1 Did the orga	nization directly or indirectly e	engage in ar	y of the f	ollowing v	with any other org	janization	described in section	1		Yes	No
501(c) of the	e Code (other than section 50	01(c)(3) org	anızatıons) or in sec	ction 527, relating	to politica	al organizations?				
a Transfers	from the reporting found	lation to a	nonchai	rıtable e	exempt organiz	ation of					
(1) Cash.									1a(1)		No
(2) Other	assets								1a(2)		No
b Other tran	sactions										
(1) Sales	of assets to a nonchari	table exer	npt orga	nızatıon					1b(1)		No
(2) Purch	ases of assets from a n	oncharital	ole exem	npt orga	nızatıon				. 1b(2)		No
(3) Renta	l of facilities, equipmen	t, or other	assets.						1b(3)		No
(4) Reimb	oursement arrangement	s							1b(4)		No
(5) Loans	or loan guarantees								1b(5)		No
(6) Perfori	mance of services or me	embership	or fundr	aising s	olicitations.				1b(6)		No
c Sharing of	facilities, equipment, m	ailing lists	s, other a	assets,	or paid employ	/ees			1c		No
of the goo	wer to any of the above in ds, other assets, or servisection or sharing arrains. (b) Amount involved	vices givei ngement, s	n by the show in o	reportir column	ng foundation	If the foo of the go	undation receive ods, other asset	ed less than fair mark	et value ed	!	nts
(a) line No	(b) / thousand mivorved	(c) Hame of	попенан	table exe	mpt organization	1 (4)	Description of trans	reis, dansactions, and six	anng ana	rigerrier	105
described	ndation directly or indire in section 501(c) of the omplete the following sc	Code (otl		•	•				. 厂 Y	es F	No
	(a) Name of organization			(b) Type of organiz	ation		(c) Description of relati	ionship		
Sign the base	er penalties of perjury, I pest of my knowledge an d on all information of w ***** Gignature of officer or tru	ıd belief, it vhich prepa	ıs true,	correct	, and complete	Declar		r (other than taxpaye		s this ret	urn ow
		1					Date	p·	TIN		
Paid	Print/Type preparer's name Jeffrey D Haskell			rer's Signature		2013-05-13	Check if self- employed ▶				
Preparer	Fırm's name ►	F	oundati	on Sour	ce	Firm's EIN ►					
Use Only		2	ne Holl	ow Lane	Suite 212						
	Firm's address ▶	L	Lake Success, NY 11042 Phone no (800)83						39-175	4	

Schedule B	Schedule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF.		2012
Name of the organization	on	Employer id	entification number
Organization type (ch	eck one)	30-601309	8
organization type (on	eck one)		
Filers of:			
Form 990 or 990-EZ			
	lation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	۱	
	501(c)(3) taxable private foundation		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or r ny one contributor Complete Parts I and II	nore (in money or	
Special Rules			
under sections 5	$1(c)(3)$ organization filing Form 990 or 990-EZ that met the $33^1 \Bar{8}\%$ support test of 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	e year, a contributi	
during the year,	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from an total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, or educational purposes, or the prevention of cruelty to children or animals. Co	ole,	and
during the year, not total to more the year for an e applies to this or	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from an contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions that were rexclusively religious, charitable, etc., purpose. Do not complete any of the parts ganization because it received nonexclusively religious, charitable, etc., contributions	ese contributions described during unless the Gener	al Rule
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does not file set it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line I I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of	of its	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491133000003

Name of organization The Fullgraf Foundation

Employer identification number

30-6013098

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	30	3013090
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles M Fullgraf Charitable Lead Jan F Golann120 E 81st St 8H New York, NY 10028	\$ <u>2,821,786</u>	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)
(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** The Fullgraf Foundation 30-6013098 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 PROCTER GAMBLE CO PG, 26900 sh 1,815,616 2012-11-08 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 PROCTER GAMBLE CO PG, 15000 sh 1,000,875 2012-08-16 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

	organization Foundation			Employer identification number
ne rungrai	roundation			30-6013098
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ar. Complete colur the total of <i>exclus</i> ar (Enter this info	nns (a) through (e) and the sively religious, charitable,	l(c)(7), (8), or (10) organizations the following line entry etc.
(a) No. from Part I	(b) Purpose of gift		Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a		Transfer of gift Relations	ship 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		Transfer of gift Relations	hip 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		Transfer of gift Relations	hip 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		Transfer of gift Relations	ship of transferor to transferee

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN FDN FOR COURTAULD INST OF ART 55 E END AVE APT 3D NEW YORK,NY 10028	N/A	509a1	The John House Scholarship Fund	1,000
AMERICAN RED CROSS IN GREATER NY 520 W 49TH ST NEW YORK, NY 10019	N/A	509a1	General Unrestricted	1,000
BERRY COLLEGE INC PO BOX 490129 MOUNT BERRY,GA 30149	N/A	509a1	Animal Sciences School	1,000
BOSTON TERRIER RESCUE OF NC 5403 FOREST OAKS DR GREENSBORO,NC 27406	N/A	509a1	General Unrestricted	1,500
BOYS & GIRLS CLUB OF TRENTON 212 CENTRE ST TRENTON,NJ 08611	N/A	509a1	General Unrestricted	500
CENTURION MINISTRIES 221 WITHERSPOON ST PRINCETON,NJ 08542	N/A	509a1	General Unrestricted	500
CINCINNATI NATURE CENTER ASSOCIATION 4949 TEALTOWN RD MILFORD,OH 45150	N/A	509a1	General Unrestricted	5,000
CORE KNOWLEDGE FOUNDATION 801 E HIGH ST CHARLOTTESVILLE,VA 22902	N/A	509a1	General Unrestricted	500
EPISCOPAL RELIEF AND DEVELOPMENT 815 2ND AVE NEW YORK,NY 10017	N/A	509a1	General Unrestricted	500
EPISCOPAL RELIEF AND DEVELOPMENT 815 2ND AVE NEW YORK,NY 10017	N/A	509a1	Hurricane Sandy Relief	5,000
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER ST STE 101 DANVERS,MA 01923	N/A	509a1	General Unrestricted	1,000
GLOBAL AIDS INTERFAITH ALLIANCE PO BOX 29110 SAN FRANCISCO,CA 94129	N/A	509a1	General Unrestricted	500
GREYHOUND PETS OF AMERICA 12104 BROADWOOD DR FARRAGUT,TN 37934	N/A	509a2	General Unrestricted	5,000
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 72202	N/A	509a1	General Unrestricted	1,000
HELEN KELLER INTERNATIONAL INC 352 PARK AVE S NO 1200 NEW YORK,NY 10010	N/A	509a1	General Unrestricted	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
HOMEFRONT INC 1880 PRINCETON AVE LAWRENCEVILLE,NJ 08648	N/A	509a1	General Unrestricted	500
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON,DC 20037	N/A	509a1	General Unrestricted	500
INTERVARSITY CHRISTIAN FELLOWSHIP- USA 6400 SCHROEDER RD MADISON, WI 53711	N/A	509a2	General Unrestricted	500
MISSOURI BOTANICAL GARDEN BOARD OF TRUSTEES 2345 TOWER GROVE AVE SAINT LOUIS,MO 63110	N/A	509a1	Renovation of the 1859 Museum Building	925
NEAR EAST FOUNDATION 11 E 61ST ST 15TH FL NEW YORK,NY 10065	N/A	509a1	General Unrestricted	500
NORTHEAST ORGANIC FARMING ASSOCIATION OF NEW YORK INC 249 HIGHLAND AVE ROCHESTER,NY 14620	N/A	509a2	General Unrestricted	1,000
RIVERWOOD THERAPEUTIC RIDING CENTER INC 6825 ROLLING VIEW DR TOBACCOVILLE, NC 27050	N/A	509a2	General Unrestricted	1,000
SEAPORT MUSEUM NEW YORK 12 FULTON ST NEW YORK,NY 10038	N/A	509a1	Hurricane Sandy Damage Cleanup	5,000
SHANGRI LA THERAPEUTIC ACADEMY OF RIDING INC 11800 HWY 11E LENOIR CITY,TN 37772	N/A	509a1	General Unrestricted	5,000
SHANGRI LA THERAPEUTIC ACADEMY OF RIDING INC 11800 HWY 11E LENOIR CITY,TN 37772	N/A	509a1	Two Rider Sponsorships	1,200
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDES PL MEMPHIS,TN 38105	N/A	509a1	General Unrestricted	1,000
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR SAINT LOUIS,MO 63110	N/A	509a1	Annual Fund	925
THE CRISIS MINISTRY OF MERCER COUNTY INC 61 NASSAU ST PRINCETON,NJ 08542	N/A	509a1	General Unrestricted	500
WASHINGTON UNIVERSITY CAMPUS BOX 1228 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	509a1	School of Arts and Sciences	1,000
WASHINGTON UNIVERSITY CAMPUS BOX 1228 ONE BROOKINGS DR ST LOUIS,MO 63130	N/A	509a1	Aquiring Arthur F I Poley Volume of St Pauls Cathedral London	950
Total				49,500

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TY 2012 Accounting Fees Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
General Accounting and Bookkeeping	872			872
Preparation of Annual Return Tax Consultations	2,000			2,000

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DLN: 93491133000003

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2012 Gain/Loss from Sale of Other Assets Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Publicly-traded Securities					12,251	487			11,764	

TY 2012 General Explanation Attachment

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

TY 2012 Investments Corporate Stock Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Name of Stock	End of Year Book Value	End of Year Fair Market Value
101660 shares of PROCTER GAMBLE CO	6,286,076	6,901,698
12732 shares of RETAIL PROPERTIES OF AMERICA A	242,853	152,402
46204 shares of SCHWAB S P 500 INDEX FUND SELECT SHARES	946,487	1,025,275
242 shares of THE JM SMUCKER COMPANY	13,220	20,870

TY 2012 Other Expenses Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	13,442			13,442
Administrative Set-Up Fee	4,750			4,750
Office Supplies	1,083			1,083
State or Local Filing Fees	200			200

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TY 2012 Other Professional Fees Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
General Administration Services	575			575

TY 2012 Taxes Schedule

Name: The Fullgraf Foundation

EIN: 30-6013098

Software ID: 12000057

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Estimated Tax for 2012	300			