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Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

OMB No 1545-0052
2012
2012
Open to public Inspection

For	calen	dar year 2012 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	number
J	OS:	EPH H. KANTER FAMILY FO	UNDATION			
C	/0	THE HEALTH LEGACY PART	NERSHIP		31-1595996	
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_P	0	BOX 223220			954-921-14	06
City	or to	own, state, and ZIP code			C If exemption application is p	ending, check here
H	OL:	LYWOOD, FL 33022				
G (Check	all that apply. Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2 Foreign organizations ma	ating the 85% test
		Address change	Name change		2 Foreign organizations me check here and attach co	mputation Pull
H (Check	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	tus was terminated
	<u>Se</u>		Other taxable private founda	tion	under section 507(b)(1)	(A), check here
1 Fa	air ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a (
(fi	rom F		ther (specify)		under section 507(b)(1)	(B), check here LX
_	-\$	<u> </u>	mn (d) must be on cash b	oasis)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	33,000.			
	2	Check if the foundation is not required to attach Sch. B.				
	4	cash investments Dividends and interest from securities	141,640.	141,640.	141.640.	STATEMENT 2
	Ι'	Gross rents	141/0101	212/0100		
	[Net rental income or (loss)				
	62	Net gain or (loss) from sale of assets not on line 10	18,025.			STATEMENT 1
ğ	"h	Gross sales price for all 2 701 670				
Revenue	7	assets on line 6a 2, 191,010. Capital gain net income (from Part IV, line 2)		93,694.		
æ	8	Net short-term capital gain			0.	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	1	Less Cost of goods sold				
	[Gross profit or (loss)				
	11	Other income	68,145.	62,208.	68,145.	STATEMENT 3
	12	Total. Add lines 1 through 11	260,810.	297,542.	209,785.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
	-15=	Pension plans, Amployee thenefits				
ses	16a	Pension plans elithologyet thenefits				
ĕ	1 6	1 mag A	5,000.	0.	0.	5,000.
Ä	16	Other professional fees 113				
ě	170	Milerest				
rati	18	TARES COEN UT STIMT 5	3,234.	3,234.	0.	0.
nist	19	Depreciation and neplotion	23,135.	0.		
and Administrative Expens	201	Occupancy	6,429.	0.	0.	6,429.
Ad	21	Travel, conferences, and meetings				
and	22	Printing and publications				
bu	23	Other expenses STMT 6	460,444.	0.	0.	460,444.
Operating	24	Total operating and administrative				
iad.		expenses. Add lines 13 through 23	498,242.	3,234.	18,368.	471,873.
O	25	Contributions, gifts, grants paid	27,850.			27,850.
	26	Total expenses and disbursements.				
_		Add lines 24 and 25	526,092.	3,234.	18,368.	499,723.
	27	Subtract line 26 from line 12			}	
	a	Excess of revenue over expenses and disbursements	-265,282.	004 000		
	1	Net investment income (if negative, enter -0-)		294,308.	101 117	
2235		Adjusted net income (if negative, enter -0-)			191,417.	rorm 990-PE (2012)

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223301 LHA For Paperwork Reduction Act Notice, see instructions.

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C/O THE HEALTH LEGACY PARTNERSHIP Form 990-PF (2012)

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Da	_	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Begitining of year	End o	f year
Pa	rτ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		2.	2.
	2	Savings and temporary cash investments	87,253.	21,125.	21,125.
İ	3	Accounts receivable			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
∙ ا ۲	l0a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
-	11	Investments - land, buildings, and equipment basis			
İ		Less accumulated depreciation			
- '	12	Investments - mortgage loans	1.1.50.000	2 222 422	2 7 7 2 4 2 2
- '	13	Investments - other STMT 9	4,168,222.	3,808,103.	3,778,482.
- '	14	Land, buildings, and equipment: basis ► 72,390.		40.055	40.055
		Less accumulated depreciation STMT 8 23,135.	0.	49,255.	49,255.
	15	Other assets (describe STATEMENT 10)	7,378.	101,277.	101,277.
			4 060 053	2 070 762	2 050 141
\neg		Total assets (to be completed by all filers)	4,262,853.	3,9/9,/62.	3,950,141.
- 1		Accounts payable and accrued expenses			
- 1	18	Grants payable			
.91	19	Deferred revenue			
<u>≣</u> [3	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable	176,009.	176,009.	
_ ;	22	Other liabilities (describe ► <u>LOAN PAYABLE</u>)	170,003.	1/0,009.	
١,		Total liabilities (add lines 17 through 22)	176,009.	176,009.	
+	3	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	1/0,003.	170,009.	
		and complete lines 24 through 26 and lines 30 and 31.			
8		Unrestricted	4,086,844.	3,803,753.	
ğ		Temporarily restricted	4,000,044.	3,003,733.	
333	25 26	Permanently restricted			
힏 (20	Foundations that do not follow SFAS 117, check here			
[교		and complete lines 27 through 31.			
ö ,	27	Capital stock, trust principal, or current funds			
انت	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass :	29	Retained earnings, accumulated income, endowment, or other funds			
t e	30	Total net assets or fund balances	4,086,844.	3,803,753.	
~			, , , , , , , , , , , , , , , , , , , ,		
	31	Total liabilities and net assets/fund balances	4,262,853.	3,979,762.	
Pa					
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
			30	1	4,086,844.
		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	-265,282.
		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	3,821,562.
		eases not included in line 2 (itemize)	SEE STA	ATEMENT 7 5	17,809.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	3,803,753.
- '	Jul	accord or raine caracters at one of your time i mines and of 1 are in or			Form 990-PE (2012)

223511 12-05-12

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(a) List and descrit	nd Losses for Tax on Ir be the kind(s) of property sold (e.g	,, real estate,	t Income	(b)	How acqu	''	c) Date acquired	
	ehouse; or common stock, 200 sh	s. MLC Co)		ď	- Donatio	on	(mo., day, yr.)	(mo., day, yr.)
1a PUBLICLY TRADED					<u>P</u>			
	SECURITIES				P			
c CAPITAL GAINS D	IVIDENDS			-				
<u>d</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	1		I	(h) Gain or (lo (e) plus (f) min	
a 1,997,227.			2,045,73	39.				-48,512.
ь 791,794.			652,23	37.				139,557.
c 2,649.								<u>2,649.</u>
<u>d</u>								
e		<u> </u>	10/01/00					
Complete only for assets showing							Gains (Col. (h) g k), but not less i	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ֈ), ıf any			00.7 (Losses (from co	ol. (h))
2								-48,512.
b b								139,557.
C								2,649.
d								
e								
2 Capital gain net income or (net cap	If gain, also enter of the loss)	r ın Part I, line)- ın Part I, line	7 7	}	2			93,694.
3 Net short-term capital gain or (loss	`							
If gain, also enter in Part I, line 8, could like the second of the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second like the second lin	olumn (c).			}	3			-48,512.
│Part V │ Qualification Un	der Section 4940(e) for	Reduced	i Tax on Net	t inv	estme	ent inco	me	
Was the foundation liable for the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the se	y under section 4940(e). Do not co ich column for each year; see the i	omplete this pa	rt.	entries			T	Yes X No
(a) Base period years Calendar year (or tax year beginning	(b) Jin) Adjusted qualifying dis	stributions	Net value of no	(c) onchai	ritable-us	se assets	(col. (b)	stribution ratio divided by col. (c))
2011		0,103.		4	,047	,976.		.059314
2010	24	9,671.				,182.		.064478
2009	49	7,084.		3	,457	,120.		.143786
2008		0,750.		3		,226.		.101668
2007	8	8,092.		3	,446	<u>,971.</u>		.025556
2 Total of line 1, column (d)		an lung O bu C	a. h tha aa.h	4			2	.394802
3 Average distribution ratio for the 5- the foundation has been in existence	· ·	on line 2 by 5,	or by the number	r oi ye	ars		3	.078960
4 Enter the net value of noncharitable	e-use assets for 2012 from Part X,	line 5					4	3,924,851.
5 Multiply line 4 by line 3			5	309,906.				
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6	2,943.
7 Add lines 5 and 6							7	312,849.
8 Enter qualifying distributions from	Part XII, line 4						8	499,723.
If line 8 is equal to or greater than I	ine 7, check the box in Part VI, line	tb, and comp	lete that part usin	ng a 19	% tax rat	e.		
See the Part VI instructions.								Form 990-PF (2012)
L4004 16703" 16								

	JUSEPH H. KANTER PARIET POUNDA					_	
	1990-PF (2012) C/O THE HEALTH LEGACY PARTNERS: INT VI Excise Tax Based on Investment Income (Section 4940		4940(a) or 4		95996		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and enterprise and ent			940 - 3	ee 1113ti	uctio	113)
14	Date of ruling or determination letter: (attach copy of letter if nece						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1	%	1		2 9	43.
U	of Part I, line 27b	LAL 3 direction 1	~	!		<u> </u>	<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, c	ol. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth		,, -	2			0.
	Add lines 1 and 2	•		3		2,9	43.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)		4			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			5		2,9	43.
6	Credits/Payments:						
а	2012 estimated tax payments and 2011 overpayment credited to 2012	6a					
b	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		! !			
	Total credits and payments. Add lines 6a through 6d			7			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	hed		8			52.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9		2,9	95.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid) <u>.</u>	10			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax		Refunded	11	 		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation.	ation or did it north	nunta ar interiona			Voc	No
18	any political campaign?	ation of the it parti	sipate of intervene	101	1a	103	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instruction	s for definition\?		1b	· · · · · ·	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and			ed or	"		
	distributed by the foundation in connection with the activities.	. copiec er arij ii	atorialo publiciri				
c	Did the foundation file Form 1120-POL for this year?				10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:					
	(1) On the foundation. > \$ 0. (2) On foundation managers.		0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition						
	managers. ▶ \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IR:	S?			2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument, articles	of incorporation, o	r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	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?			N/A		ļ	<u> </u>
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.					1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:			- 1		
	By language in the governing instrument, or		aflat wath the etce	. la			
	By state legislation that effectively amends the governing instrument so that no mandatory area to the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the sourc	directions that co	mict with the state	: Iaw		X	
7	remain in the governing instrument?				7	X	
′	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				·	A	\vdash
Q٠	Enter the states to which the foundation reports or with which it is registered (see instruction	(2)					
od	DC				-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney General (or	designate)		_		1
J	of each state as required by General Instruction G? If "No," attach explanation				8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	tion 4942(i)(3) or	4942(ı)(5) for cale	ndar	1	† <u></u>	T
•	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," co				9	x	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			TMT 1		X	

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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C/O THE HEALTH LEGACY PARTNERSHIP 31-1595996 Form 990-PF (2012) Page 5 Part 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 X section 512(b)(13)? If "Yes." attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 If "Yes," attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► KANTERHEALTH.ORG Telephone no > 954 - 921 - 140614 The books are in care of ▶ JOSEPH H. KANTER ZIP+4 ▶33022 Located at ▶PO BOX 223220, HOLLYWOOD, FL 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year **▶** | 15 | Yes No 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, 16 Х securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country > Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🕱 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) 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 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? Х 1c 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)): a 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 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 N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2012) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

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0

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

09101108 759052 8087

Total. Add lines 1 through 3

0.

Form 990-PF (2012)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

C/O THE HEALTH LEGACY PARTNERSHIP 31-1595996 Form 990-PF (2012) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>3,912,424.</u> a Average monthly fair market value of securities 1a 72,196. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 3,984,620. d Total (add lines 1a, b, and c) 1đ e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3,984,620. 3 Subtract line 2 from line 1d 3 59,769. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 3,924,851. Minimum investment return Enter 5% of line 5 196,243 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here > X and do not complete this part.) Minimum investment return from Part X, line 6 Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 499,723. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 499,723.

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

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6

<u>2,943.</u>

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

C/0	THE	HEALTH	LEGACY	PARTNERSHIP	

Form 990-PF (2012) C/O THE Part XIV Private Operating F	HEALTH LEG			31-15	95996 Page 10
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2012, enter the date of t	he ruling	▶ 07/	07/98	
b Check box to indicate whether the foun		ig foundation described ii		4942(j)(3) or 49)42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0044	Prior 3 years	411,0000	/. \ -
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for	404 445	405 645	454 404	150 056	654 000
each year listed	191,417.	135,615.	154,404.	172,856.	654,292.
b 85% of line 2a	162,704.	115,273.	131,243.	146,928.	556,148.
c Qualifying distributions from Part XII,	499,723.	240,103.	249,671.	506,517.	1,496,014.
line 4 for each year listed d Amounts included in line 2c not	433,143.	240,103.	249,011.	500,517.	1,430,014.
used directly for active conduct of				;	
exempt activities	0.	0.	0.	0.	ο.
e Qualifying distributions made directly	<u> </u>		0.		<u> </u>
for active conduct of exempt activities.					
Subtract line 2d from line 2c	499,723.	240,103.	249,671.	506.517.	1,496,014
3 Complete 3a, b, or c for the			,	,	
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets		4,140,996.	4,038,792.	3,810,767.	11,990,555.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	130,829.	134,933.	129,073.	115,237.	510,072.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income				1 105 000	0.
Part XV Supplementary Info	ormation (Comple	te this part only i	if the foundation	had \$5,000 or mo	ore in assets
		uctions.)			
1 Information Regarding Foundation	_	than 00/ of the total contr		favodation bafara the ele-	no of any toy
a List any managers of the foundation where year (but only if they have contributed in the		ributions received by the	ioundation before the clos	se of any lax	
JOSEPH H. KANTER	400/		/		
b List any managers of the foundation when other entity) of which the foundation has			or an equally large portio	n of the ownership of a p	artnersnip or
NONE					·
2 Information Regarding Contribut					
Check here if the foundation in the foundation makes gifts, grants, etc.	•	•	•	•	
a The name, address, and telephone num		n to whom applications s	should be addressed:		
JOSEPH H. KANTER, 95 PO BOX 223220, HOLLY	WOOD, FL 33				
b The form in which applications should NO PRESET FORM	be submitted and informat	tion and materials they sh	nould include:		
c Any submission deadlines: N/A					
d Any restrictions or limitations on award N/A	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	ther factors:	

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Form 990-PF (2012) C/O THE HEALTH LEGA

Part XV Supplementary Information (continued) C/O THE HEALTH LEGACY PARTNERSHIP

3 Grants and Contributions Paid During the Y		Pavment		
Recipient	If recipient is an individual,			
	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	3011113411011	
a Paid during the year				
	L.O.V.D.	DUDI TO GUADITAV	200 2 7 7 7 7	
AMERICAN MEDICAL INFORMATICS	NONE	PUBLIC CHARITY	CHARITY	
ASSOCIATION			1	
4720 MONTGOMERY LANE, SUITE 500 BETHESDA, MD 20814				15,000.
DETRESDA, MD 20014				13,000.
THE COMMUNITY FOUNDATION FOR THE	NONE	PUBLIC CHARITY	CHARITY	
NATIONAL CAPITAL REGION				
1201 15TH STREET NW 420				
WASHINGTON, DC 20005				10,000.
ANDDER I. WARCHAW MD INCOTOURE POR	NONE	PUBLIC CHARITY	CHARITY	
ANDREW L. WARSHAW, MD, INSTITUTE FOR PANCREATIC CANCER RESEARCH	HOME	CODDIC CHARITI	CIGNIII	
55 FRUIT STREET				
BOSTON MA 02114				1,000.
BODTON, IM UZIIY				
VISTA DEL MAR CHILD AND FAMILY	NONE	PUBLIC CHARITY	CHARITY	
SERVICES				
3200 MOTOR AVENUE				
LOS ANGELES CA 90034				1,000.
CUTANEOUS LYMPHOMA FOUNDATION	NONE	PUBLIC CHARITY	CHARITY	
PO BOX 374				
BIRMINGHAM MI 48012				500.
	NTINUATION SHEE	T(S)	► 3a	27,850,
b Approved for future payment				
NONE				
110112				
Total			▶ 3b	0,

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C/0	THE	HEALTH	LEGACY	PARTNERSH

nter gross amounts unless otherwise indicated.	Unrelated l	business income		d by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	7 1110 2111	code	rinodit	- Tanotton mount
a	-				
b	-				
<u> </u>	1)				
d	1				•
e	-				
g Fees and contracts from government agencies	-				
g Fees and contracts from government agencies Membership dues and assessments			 		
Interest on savings and temporary cash			 -		
investments					
Dividends and interest from securities			14	141,640.	
Net rental income or (loss) from real estate:	-			211,0101	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income	-		14	62,208.	
Gain or (loss) from sales of assets other				22,2001	
than inventory			18	18,025.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a REFUND OF LEGAL FEES			01	5,937.	
b					
С	1 1				
d	1 1				
d	-				
e		0.		227,810.	· · · · · · · · · · · · · · · · · · ·
eSubtotal. Add columns (b), (d), and (e)		0.		227,810.	227,81
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	-	0.			227,81
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)			cempt	13	227,81
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities ine No Explain below how each activity for which inc	to the Accon	nplishment of Excolumn (e) of Part XVI-A		13 Purposes	
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Form 990-PF (2012)

C/O THE HEALTH LEGACY PARTNERSHIP

Part XVII	Information Re Exempt Organ		s To and Transactions	and Relations	nips With Nonchai	ritable	•	
	ganization directly or indi	ectly engage in any of the	following with any other organizatection 527, relating to political orga		on 501(c) of	}	Yes	No
	from the reporting found			inzations.		ŀ		
(1) Cash	, •	Allon to a monorial lable ox	ompt organization of.			1a(1)		x
(2) Other						1a(2)		Х
b Other tran								
	of assets to a noncharital	ble exempt organization				1b(1)		X
(2) Purch		1b(2)		X				
(3) Renta	al of facilities, equipment,	or other assets				1b(3)		X_
(4) Reim	bursement arrangements					1b(4)	ļ	X
(5) Loan:	s or loan guarantees					1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundraising s	solicitations			1b(6)		X X X
	f facilities, equipment, ma					1c_	<u> </u>	<u>X</u>
or service		oundation. If the foundation	ring schedule. Column (b) should a on received less than fair market va eceived				sets,	
(a) Line no	(b) Amount involved		haritable exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
(4)2	(b) / modili myonda	· '	N/A	(4, 222				
						-		
		-						
			·					
ın section	ndation directly or indirect 501(c) of the Code (other complete the following sch	r than section 501(c)(3)) o	d to, one or more tax-exempt organ or in section 527?	l nizations described		Yes	X	□ No
	(a) Name of org		(b) Type of organization	(c) Description of relations	hip		
	N/A							
Sign Here		nplete Declaration of preparer	n, including accompanying schedules an (other than taxpayer) is based on all infor		has any knowledge retu sho	y the IRS irn with the win below	e prepar (see ins	er
	Print/Type preparer >na		parer's signature	Date.	Check If PTIN			
Paid		March 6)	1/8/13	self- employed			
Preparer Use Only	FirmIs name ► BLO	OM, GETTIS	& HABIB, PA		Firm's EIN ► 65-02	2869	87	
	Firm's address ► 26	01 S BAYSHO	RE DR NO 1450					
		AMI, FL 331			Phone no 305-1	858- rm 990		

Schedule B

(Form 990, 990-FZ 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 JOSEPH H. KANTER FAMILY FOUNDATION 31-1595996 C/O THE HEALTH LEGACY PARTNERSHIP Organization type (check one) Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

JOSEPH H. KANTER FAMILY FOUNDATION C/O THE HEALTH LEGACY PARTNERSHIP

Employer identification number

31-1595996

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FONEMED 3 LINCOLN DRIVE, SUITE A VENTURA, CA 93001	\$10,000.	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
2	UNITED WESTLABS, INC. 801 N. PARKCENTER DR, #202 SANTA ANA, CA 92705	\$23,000.	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 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)	(b) Name address and ZIP + 4	(c)	(d)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Person Payroll

(Complete Part II if there is a noncash contribution)

Name of organization

JOSEPH H. KANTER FAMILY FOUNDATION

Employer identification number

C/O THE HEALTH LEGACY PARTNERSHIP

31-1595996

Part II	Noncash Property (see instructions) Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
222452 12-21		\$	90 990-F7 or 990-PF1 (2012)

Name of organization

Employer identification number

JOSEPH H. KANTER FAMILY FOUNDATION

C/O TH	<u>IE HEALTH LEGACY PARTNI</u>	ERSHIP	31-1595996				
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, and Use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization tic., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
	Transfer ee 3 Transe, addit ess, e		The latteristic for the distriction of the latteries				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a		Relationship of transferor to transferee				

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY CHARITY MIAMI JEWISH HEALTH SYSTEMS NONE 5200 NE 2ND AVENUE 100. MIAMI FL 33137 NONE PUBLIC CHARITY CHARITY THE BRENT SHAPIRO FOUNDATION FOR ALCOHOL AND DRUG AWARENESS 10250 CONSTELLATION BOULEVARD, 18TH 250. FLOOR LOS ANGELES CA 90067 350. Total from continuation sheets

FORM 990	-PF G	AIN OR	(LOSS)	FROM	SALE	OF	ASSETS		STA	TEME	ĪТ	1
DESCRIPT	(A) ION OF PROPERTY	_					MANNER ACQUIREI		ATE JIRED	DATI	E SC)LD
PUBLICLY	TRADED SECURIT	IES				P	URCHASEI)				
	(B) GROSS SALES PRICE	(C COST OTHER 1	OR	EXI	(D) ENSE SALE	OF	, DEPI		GAIN	(F) I OR I	Loss	5
_	1,997,227.		45,739	•		0	· ·	0.			3,51	
DESCRIPT	(A) ION OF PROPERTY	_				_	MANNER ACQUIREI		ATE JIRED	DATI	E SC)LD
PUBLICLY	TRADED SECURIT	IES				P	URCHASEI)				
	(B) GROSS SALES PRICE	(C) COST OTHER 1	OR	EXI	(D) PENSE SALE	OF	DEPI		GAIN	(F) I OR I	Loss	3
_	791,794.	7:	27,906	•	-	0	· ·	0.		63	3,88	8.
CAPITAL	GAINS DIVIDENDS	FROM PA	ART IV							2	2,64	19.
TOTAL TO	FORM 990-PF, P	ART I, 1	LINE 6	A						18	3,02	5.
FORM 990	-PF DI	VIDENDS	AND II	NTERES	ST FR	MC	SECURITI	ES	STA	TEME)T	2
SOURCE			G	ROSS A	MOUN'	r	CAPITAI DIVII		G CC	LUMN AMOUI		ı
WELLS FA	RGO 2844 (DIVID RGO 2844 (INTER RGO 7687 (DIVID RGO 7687 (INTER	EST) END)		14	2,02	8.		0 . 0 . 0 .	•		2,22 3 2,02	88.
TOTAL TO	FM 990-PF, PAR	T I, LN	4	14	14,28	9.		0 .	•	144	1,28	9.

FORM 990-PF	OTHER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NON DIVIDEND DISTRIBUTIONS REFUND OF LEGAL FEES	_	62,208. 5,937.	62,208.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	68,145.	62,208.	68,145.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	5,000	• 0	. 0	. 5,000.
TO FORM 990-PF, PG 1, LN 16B	5,000	. 0	. 0	5,000.
FORM 990-PF	ТА	XES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FEDERAL INCOME TAXES FOREIGN TAXES	2,406 828			
TO FORM 990-PF, PG 1, LN 18	3,234	3,234	. 0	0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSES & FEES OFFICE EXPENSE DUES & SUBSCRIPTIONS CONTRACTED SERVICES BANK CHARGES & FEES	366 6,244 2,438 75,030 20,679	. 0 . 0	. 0 . 0	6,244.2,438.75,030.

-	-				
JOSEPH H. KANTER FAMILY F	FOUNDATION C/O	T C		31-1595	996
WEB SERVICE	3,840	. 0.	0	3,8	40.
TELEPHONE	3,145	. 0.	0	3,1	45.
POSTAGE	1,695	. 0.	0	1,69	95.
PRINTING	755	. 0.	0	7.	55.
MEALS	3,347	. 0.	C	3,3	47.
LHS CONFERENCE	101,359	. 0.	C	101,3	59.
ADVERTISING	2,039	. 0.	0	2,0	39.
COMPUTER SERVICE AND					
SUPPLIES	537	. 0.	0	5.	37.
GRANT APPLICATION	17,800			17,8	00.
TRAVEL	12,241		0	12,2	
INSURANCE	9,420			9,4	
STAFFING COSTS	199,509			199,5	
			_		
TO FORM 990-PF, PG 1, LN 23	460,444	. 0.	U	460,4	44.
DESCRIPTION			_	AMOUNT	
BASIS ADJUSTMENT FOR UNREAL	LIZED GAIN ON	INVESTMENTS		17,8	09.
TOTAL TO FORM 990-PF, PART	III, LINE 5		=	17,8	09.
FORM 990-PF DEPRECIATION	OF ASSETS NOT	r HELD FOR INV	ESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARK	ET
COMPUTER EQUIPMENT	824.	494.	330.	3	30.
COMPUTER EQUIPMENT	913.	548.	365.		65.
COMPUTER EQUIPMENT	3,477.	2,087.	1,390.		
COMPUTER EQUIPMENT	286.	172.	114.		
COMESTER POSTEMPNI	400	11/	T T 4 8	1.	1 //
COMPTIMED FOLLTOWERD					14. 56
COMPUTER EQUIPMENT WEBSITE DEVELOPMENT COSTS	3,890. 63,000.	2,334. 17,500.	1,556. 45,500.	1,5	56.

72,390.

23,135.

49,255.

49,255.

TO 990-PF, PART II, LN 14

FORM 990-PF (THER INVESTMENTS		STATEMENT 9				
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE				
BROKERAGE ACCOUNTS	COST	3,808,103.	3,778,482.				
TOTAL TO FORM 990-PF, PART II, I	LINE 13	3,808,103.	3,778,482.				
FORM 990-PF	OTHER ASSETS		STATEMENT 10				
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE				
SECURITY DEPOSITS DUE FROM FEDERAL HEALTH BOARD IPTV PRODUCTION IN PROCESS BOOK PUBLICATION IN PROCESS	2,378. 5,000. 0.	2,378. 5,000. 70,255. 23,644.	2,378. 5,000. 70,255. 23,644.				
TO FORM 990-PF, PART II, LINE 15	7,378.	101,277.	101,277.				
	JBSTANTIAL CONTRI	BUTORS	STATEMENT 11				
NAME OF CONTRIBUTOR	ADDRESS						
JOSEPH H. KANTER	PO BOX 223220 HOLLYWOOD, FI						
FONEMED	3 LINCOLN DRIVE, SUITE A VENTURA, CA 93001						

801 N. PARKCENTER DR, #202

SANTA ANA, CA 92705

UNITED WEST LABS

SUMMARY OF DIRECT CHARITABLE ACTIVITIES FORM 990-PF STATEMENT 12

ACTIVITY ONE

THE JOSEPH H. KANTER FAMILY FOUNDATION (KFF) CONVENED A TWO-DAY LEARNING HEALTH SYSTEM (LHS) SUMMIT WHERE OVER 80 PROMINENT INDIVIDUALS REPRESENTING ORGANIZATIONS AND STAKEHOLDERS ACROSS THE HEALTH CARE AND HEALTH IT COMMUNITIES GATHERED AT THE NATIONAL PRESS CLUB IN WASHINGTON, D.C. PARTICIPANTS WORKED TOGETHER TO BEGIN LAYING KEY FOUNDATIONAL ELEMENTS THAT PROMISE TO HARMONIZE AND COALESCE CUTTING-EDGE WORK PRESENTLY UNDERWAY INTO A NATIONAL-SCALE LHS.

COST OF PLANNING CONFERENCE 4,785; SUPPLIES AND POSTAGE 1,724; CATERING AND CONFERENCE VENUE RENTAL 46,953; ASSOCIATED TRAVEL AND LODGING 47,897.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

101,359.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES FORM 990-PF STATEMENT 13

ACTIVITY TWO

PUBLICATION OF BOOK "YOUR LIFE, YOUR HEALTH - SHARE YOUR HEALTH DATA ELECTRONICALLY - IT MAY SAVE YOUR LIFE" AS AN ADVOCACY TOWARD THE MISSION STATEMENT TO CREATE A ⊘LEARNING HEALTH SYSTEMO (LHS) WILL ENABLE DATA TO BE RAPIDLY MOBILIZED, CONTINUOUSLY ANALYZEDOAND THE RESULTS SUBSEQUENTLY SHAREDOTO IMPROVE HEALTH CARE QUALITY, EMPOWER PUBLIC HEALTH AND BIOMEDICAL RESEARCH, AND ENABLE CLINICIANS AND PATIENTS TO COLLABORATIVELY MAKE BETTER-INFORMED HEALTH DECISIONS BY HAVING SCIENTIFIC DATA OF WHAT WORKS BEST IN EVERY DISEASE. THE BOOK BUILDS UPON AND IS A NATURAL PROGRESSION FROM THE WORK WE HAVE DONE TOGETHER OVER THE YEARS TO GENERATE SUPPORT FOR THE CONCEPT AND VISION OF A LEARNING HEALTH SYSTEM.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

23,644.

Asset							Description	of property	- "	
Number		Date place in serv	d	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	CON			EOUI	PMENT	•	<u> </u>		L	
		1 ₁ 18	12	200DB	5.00	19B	824.	412.		494.
2		APUT	ER	EQUI 200DB	PMENT	19B	913.	457.		548.
3					PMENT		<u> </u>	407.		340.
) 5 ₁ 18	12	200DB	5.00	19B	3,477.	1,739.		2,087.
4					PMENT 5.00	19B	286.	143.		172.
5					PMENI		200.	1 40 •]		1/4.
		L 0 _l 19	12	200DB	5.00	19B		1,945.		2,334.
6		3SIT)3 02			OPMEN 3.00	11 C	OSTS 63,000.		-1	17,500.
				990-P			EPR			17,500.
			L				72,390.	4,696.	0.	23,135.
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			 L							
2 1626 1 05-01-12						#	- Current year section 179	(D) - Asset dispos	sed	

Depreciation and Amortization 990-PF (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.
► Attach to your tax return.

Sequence No 179

	shown on return			busine	ss or ac	tivity to w	men triis torm relate	13	identifying number
	EPH H. KANTER FAMI			FOR	nvr Q	α Λ_τ	PF PAGE	1	31-1595996
C/O Par									
		erty onder Section 17	9 Note. II you	i ilave aliy ils	teu pi	operty,	complete rait	1	500,000.
-	aximum amount (see instructions)							2	300,000.
	otal cost of section 179 property plan	•						3	2,000,000.
-	nreshold cost of section 179 propert	•		. 0				4	2,000,000.
	eduction in limitation. Subtract line 3							5	
	illar limitation for tax year Subtract line 4 from lin		0- If married filin				(c) Elected		
<u>6</u>	(a) Description of p	эгорепу		(b) Cost (busin	ess use	only)	(C) Electer	u cost	
									
									
	sted property Enter the amount from				_	7		Т.	
	otal elected cost of section 179 prop		ın column (c)), lines 6 and	7			8	
-	entative deduction Enter the smalle							9	
	arryover of disallowed deduction fro	•				_		10	
	usiness income limitation. Enter the					ne 5		11	
	ection 179 expense deduction Add				ne 11	r		12	
	arryover of disallowed deduction to					13			
	Do not use Part II or Part III below for					 .			
Par								- 1	
14 S	pecial depreciation allowance for qu	alified property (oth	er than listed	l property) pla	aced ı	n servic	e during		
th	e tax year							14	4,696.
15 P	roperty subject to section 168(f)(1) e	lection						15_	
	ther depreciation (including ACRS)							16	17,500.
Par	t III MACRS Depreciation (Do n	ot include listed pro)				
			Sec	ction A				1	
17 M	ACRS deductions for assets placed	l in service in tax ye	ars beginning	before 2012	2			_ 17	
18 If	ou are electing to group any assets placed in se								
	Section B - Asset	ts Placed in Service		· · · · · · · · · · · · · · · · · · ·	Jsing	the Ge	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use nstructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				<u> </u>				
b_	5-year property			<u>4,694.</u>	5	YRS.	. HY	200DB	939.
_с	7-year property				ļ <u>.</u>				
d	10-year property								
е	15-year property				<u> </u>			ļ	
f	20-year property							ļ	
<u>g</u>	25-year property				2	5 yrs		S/L	
h	Residential rental property	/			27	′ 5 yrs	MM	S/L	
h	nesidential rental property	/			27	' 5 yrs	MM	S/L	
	Nonresidential real property	/			3	9 yrs	MM	S/L	
i 		/					MM	S/L	
	Section C - Assets	Placed in Service	During 2012	Tax Year Us	sing t	ne Alte	rnative Depre	ciation Sys	stem
<u>20a</u>	Class life							S/L	
b	12-year				1	2 yrs		S/L	
c	40-year	/			4	0 yrs	MM	S/L	
Par	t IV Summary (See instructions))		·					·
21 Li	sted property Enter amount from lir	ne 28						21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, line	es 19 and 20	ın column (g), and	lıne 21			
E	nter here and on the appropriate line	s of your return Pa	ırtnerships ar	nd S corporat	tions -	see ins	str	22	23,135.
23 Fo	or assets shown above and placed in	n service during the	current year	, enter the					
	ortion of the basis attributable to sec	ction 263A costs				23			
218251 12-28-1	2 LHA For Paperwork Reduction	on Act Notice, see	separate ins	tructions.					Form 4562 (2012)

	•	JOS	EPH H.	KANT	ER F	IIMA	Y FO	UND	ATION	Ī					
For	rm 4562 (2012)		THE HE									31-	1595	996	Page 2
_	art V Listed Proper									perty us	ed for er				
<u> </u>	amusement)	•													
	Note: For any t through (c) of S							r aeau	cting lease	e expens	se, comp	vete oni	y 24a, 2	₹D, COIUN	nns (a)
_			on and Other					nstruc	tions for li	mits for	passeng	er auton	nobiles)		
248	a Do you have evidence to s	<u> </u>					es 🗆	_	24b If "Y					Yes	No
		(b)	(c)	_1	(d)		(e)		(f)	1	(g)		h)		(ı)
	(a) Type of property	Date	Business/		Cost or		sis for depr		Recovery	1	thod/	1 - 1	ciation		cted
	(list vehicles first)	placed in service	investment use percenta		ther basis	3 (6)	siness/inve use only		period	Conv	ention/	ded	uction	1	on 179 Ost
25	Special depreciation allo		u alified listed	propert	v nlaced	ın servi	ce durini	the to	ay vear an	d				<u></u>	
25	used more than 50% in			proport,	, placed		00 44	<i>,</i>	an your an		25			ļ	
26	Property used more that			ess use		,					1 20				
20	,			%											
		.		%								<u> </u>			
			-	%								 		-	
27	Property used 50% or le	ess in a qual		- 1					L						
<u> </u>	Troporty about dove or k	100 111 4 4041	i	%						S/L -				<u></u>	
_			1	%						S/L·				1	
				%						S/L·		1		1	
20	Add amounts in column	(h) lines 25		<u></u>	e and o	n line 21	nage 1			10/-	28	 		1	
	Add amounts in column						, page 1				_ 20	L	29		
<u>29</u>	Add amounts in column	(y, iiii 20. c					on Use	of Vet	nicles						
Col	mplete this section for ve	hicles used								or relate	d persor	1.			
	ou provided vehicles to y												ng this s	ection fo	or
tho	se vehicles							_					_		
_					(a)	1 7	(b)	T	(c)	· ,	d)	1	e)	(f	· · · ·
20	Total business/investment	miles driven d	luring the	1 '	hicle	1	hicle	۱ _۷	/ehicle	1 .	ncle	1 .	ncle	Veh	
30	year (do not include com		dring the		HIGIC	1	111010	<u> </u>	Cilicio	1 10	11010	VC,	11010	V C.I.I.	010
21	Total commuting miles	- ,	the year							1					
	Total other personal (no	_	•			 				†		ļ			
32	driven	ncommuni	,, mies							l				1	
22	Total miles driven during	the year				 		 							
33	Add lines 30 through 32	•		1		İ								l	
	•		al uso	Vac	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	——
34	Was the vehicle availab	e for person	iai use	Yes	No	Tes	No	res	No No	res	No	res	No	res	No
٥.	during off-duty hours?	mmamlu bu a	mara	 	+	+					 				
35	Was the vehicle used p		more	İ									i		
00	than 5% owner or relate		nal	 	_	+		 				<u> </u>			
30	Is another vehicle availa	nie ioi beisc	ла					1							
	use?	Section C	- Questions	ior Emp	Jouere V	Mho Dro	uido Val	ioloo:	for Hoo b	L. Thoir I	Employe				
۸	swer these questions to			•	•					•			ro not m	oro than	50/
	ners or related persons	מו סומווווווס ווי	you meet an e	xceptio	11 10 0011	ipieting	Section	D 101 V	erricies us	ed by ei	прюуее	s will ai	e not n	Ole than	370
_	Do you maintain a writte	n policy stat	tomont that no	obibite :	all norco	nalueo	of vehicle	e inc	ludina cor	nmutina	by you	<u> </u>		Yes	No
31	•	in policy stat	tement that pi	UI IIDILS (ali perso	nai use	OI VEITICE	55, II IC	idding coi	miumg	, by you			165	110
	employees?	n nahay atai	tomont that a	obibito i	noroonal	luna af	coloidos	04000	t commut	ına bu					\vdash
38	Do you maintain a writte		· ·	-							/Our				
	employees? See the ins			•		incers, c	irectors	OI 170	or more	owners					
	Do you treat all use of v	-				ınfor—-	tion from		omolo	a aba…					+
40	Do you provide more the		-			morma	tion iron	your e	employees	s about					1
	the use of the vehicles,							2						\vdash	+
41	Do you meet the require		•							. !					
	Note: If your answer to	37, 38, 39, <u>4</u>	u, or 41 is "Ye	s, ao n	от сотр	iete Sec	uon B fo	r the c	overed ve	nicles					
[P	art VI Amortization			(b)	T	(0)		1	(4)		/a\			(f)	
	(a) Description of	costs	Date	(b) amortization		(c) Amortiza	рlө		(d) Code		(e) Amortiza		Ąr	(f) nortization	
_	Amortization of costs th	at beaut = =1		begins		amoun	ī .		section		period or per	centage	fo	r this year	
40	AUDIOUSHION OF COOSE IN	at Detime do	nana vonir 2011.	r intx V≏:	ai .										

43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 44

218252 12-28-12

Form **4562** (2012)

Form 8868 (Rev 1-2013)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check the	s box		▶ X	
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868		
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ıal (no c	opies nee	ded).	
		Enter filer's	ıdentifyir	ng number, s	see instructions	
Type or Name of exempt organization or other filer, see instru	ctions		Employe	r identificatio	n number (EIN) or	
print JOSEPH H. KANTER FAMILY FOUR	ITACK	ON				
File by the C/O THE HEALTH LEGACY PARTNI	ERSHI	P		31-1595996		
due date for fling your Number, street, and room or suite no If a P O. box, s	ee instruc	tions	Social se	curity number	er (SSN)	
return See PO BOX 223220						
instructions City, town or post office, state, and ZIP code For a form HOLLYWOOD, FL 33022	oreign add	iress, see instructions				
HODDIWOOD, FD 33022						
E. H. D. L. L. H. H. H. H. H. H. H. H. H. H. H. H. H.		A			04	
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			<u> </u>	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (Individual)	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	an autor	matic 3-month extension on a prev	iously file	d Form 886	8.	
JOSEPH H. KANTI						
 The books are in the care of ► PO BOX 223220 	- HOL	LYWOOD, FL 33022				
Telephone No ► <u>954-921-1406</u>		FAX No. ▶				
 If the organization does not have an office or place of business 	s in the Ui	nited States, check this box			▶ □	
 If this is for a Group Return, enter the organization's four digit 	•			-		
box Fig. 1 If it is for part of the group, check this box			f all memb	ers the exter	nsion is for	
	NOVEM	BER 15, 2013.				
5 For calendar year 2012 , or other tax year beginning		, and endin			·	
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	Fınal r	eturn		
Change in accounting period						
7 State in detail why you need the extension	no na	THE A COMPLEME AND	3 COLLD	3.000 D.D.	TITIDAT	
ADDITIONAL TIME IS NECESSARY	ro Fi	LE A COMPLETE AND	ACCUR	ATE RE	TURN	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	enter the tentative tay lone any				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 0 009, e	inter the tentative tax, less any	8a	\$	0.	
	enter any	refundable credits and estimated	Oa	Ψ	<u> </u>	
tax payments made Include any prior year overpayment all	•					
previously with Form 8868	owed as	a credit and any amount paid	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include your pa	vment wit	th this form, if required, by using	OD	*	<u></u>	
EFTPS (Electronic Federal Tax Payment System). See instru	•	and the second of the second	8c	\$	0.	
		st be completed for Part II		ΙΨ		
Under penalties of perjury, I declare that I have examined this form, includ	ing accomp	•	_	f my knowledg	je and belief,	
it is true, correct, and complete, and that I am authorized to prepare this fo		,			•	
Signature ► Title ► I	PRESI	DENT	Date	>		
				Form 8	868 (Rev 1-2013)	

3,516,601.82 + 291,500.87 + -------Book Part II Line 13 3,808,102.69 *

JOSEPH H. KANTER FAMILY FOUNDATION

DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER: 6355-2844

Portfolio detail

Cash and Sweep Balances

Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N A. and (if amounts exceed \$250,000) at one or more other Wells Fargo affiliated banks. These assets are not covered by SIPC, but are instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules. For additional information on the Bank Deposit Sweep for your account, please contact Your Financial Advisor

ESCRIPTION	% OF ACCOUNT	ANNUAL PERCENTAGE YIELD EARNED*	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME	
Cash	0 04	00 0	1,449 40	0.00	
ANK DEPOSIT SWEEP	0 53	0 03	18,409 32	5.52	
nterest Period 12/01/12 - 12/31/12					
Total Cash and Sweep Balances	0.57		\$19,858.72 4201	\$5.52	

* APYE measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield earned is expressed as an annualized rate, based on a 365 day year.

Stocks, options & ETFs

Stocks and ETFs

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	% OF ACCOUNT QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
ALERIAN MLP ET AMLP									}
On Reinvestment Acquired 05/10/11 L		15,000	15 69	235,367.77		239,249 85	3,882 08		
Acquired 02/14/12 S Reinvestments S		13,250 1,566.96800	16 84 16 21	223,130.00 223,130.00 25,412.89		211,337 50 24,993.28	-11,792 50 -419 61		
Total	13.57	13.57 29,816.96800		\$483,910.66	15.9500	\$475,580.63 -\$8,330.03	-\$8,330.03	\$29,697.70	6.24
				\$490 492 89					



DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER: 6355-2844

Stocks, options & ETFs

Stocks and ETFs continued

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
BCE INC BCE On Reinvestment Acquired 02/09/12 S Reinvestments S		2,500 84 57400	39 99 42 01	99,987 75 3,553.54		107,349 98 3,631.62	7,362.23		
Total	3.17	2,584.57400		\$103,541.29	42.9400	\$110,981.60	\$7,440.31	\$5,892.05	5.31
CONOCOPHILLIPS		930 00	72.43	67,359.90					
COP		11 985	77.10	924.00					
Acquired 12/23/11 L		12.059	51 56	621.71		53,930 69	2.216 24		
Reinvestments L nc		11.049	56.99	629.67		1,394 31	18 98		
Reinvestments S		11.107	57.35	96 989		1,284 83	18 20		
Total	1.62	976.20000		70,172.24	57.9900	\$56,609.83	\$2,253.42	\$2,577.16	4.55
ISHARES IBOXX \$ YIELDET CORPORATE BOND FUND HYG									
On Reinvestment Acquired 02/14/12 S		2,750	90.56	249,051,00		256,712 47	7,661 47		
Keinvestments S		159.31400		14,526.25		14,8/1 99	345 /4		
Total	7.75	2,909.31400		\$263,577.25	93.3500	\$271,584.46	\$8,007.21	\$17,921.37	6.60
MCDONALDS CORP									
On Reinvestment		700	100.15	40,060.00		35 284 00	7 408 00		
Acquired 02/09/12 S Reinvestments S		31.57000	99 98 91.95	59,991 60 2,903.08		52,284 00 52,925 99 2,784 79	-7,065 61 -7,065 61 -118 29		
Total	2.60	1,031.57000		102,954.68	88.2100	\$90,994.78	-\$11,681.90	\$3,177.23	3.49
PEPSICO INCORPORATED									
On Reinvestment Acquired 12/27/11 L		1,006.381	66.38	66,803.57		68.019 41	1.871.21		
Acquired 12/27/11 L Reinvestments S		27.37300	68.59	1,877 56		847.23 1,873.14	23 31 -4.42		
Total	2.02	1,033.75400		66,681.13	68.4300	\$70,739.78	\$1,890.10	\$2,222.57	3.14

JOSEPH H. KANTER FAMILY FOUNDATION

DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER 6355-2844

Stocks, options & ETFs

Stocks and ETFs continued

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
PHILIP MORRIS INTERNATIONAL INC									
On Keinvestment Acquired 02/09/12 S Acquired 02/09/12 S Reinvestments S		1,050 200 33 51700	80 75 80 73 89 93	84,787 50 16,146.00 3,014.43		87,821 99 16,728 01 2,803 36	3,034 49 582 01 -211 07		
Total	3.06	1,283.51700	i	\$103,947.93	83.6400	\$107,353.36	\$3,405.43	\$4,363.95	4.07
PHILLIPS 66 PSX On Reinvestment Acquired 12/23/11 L		5 99250	35 53	212.95w		318 20	105.25		
Acquired 12/23/11 L Reinvestments S		700 6 72600	35 32 33 05 47 35	23,135 78 318 54	į	37,169.99 357 16	14,034 21 38 62		
Total	1.08	712.71850		\$23,667.27 \$23,666.01	53.1000	\$37,845.35	\$14,178.08	\$712.71	1.88
SPDR BARCLAYS ET HIGH YIELD BOND ETF JNK									
On Reinvestment Acquired 02/14/12 S Reinvestments S		6,400 383 82300	39 48 39.68	252,716 80 15,233 48		260,543 94 15,625 49	7,827 14		
Total	7.88	6,783.82300		\$267,950.28	40.7100	\$276,169.43	\$8,219.15	\$18,641.94	6.75
SPDR GOLD TRUST ET GLD									
Acquired 08/10/11 L nc		375	172 84	64,818 30 64 902 75		60,757.65	-4,060 65		
Acquired 08/10/11 L nc		200	172 83 173 06	34,567 74 34,612.80		32,404.08	-2,163.66		
Total	2.66	575		\$99,386.04 \$99,515.55	162.0204	\$93,161.73	-\$6,224.31	N/A	N/A
UNILEVER PLC SPONS ADR UL								,	
On Reinvestment Acquired 02/09/12 S Reinvestments S		2,075 93 26600	32 60 34.42	67,659 52 3,210 54		80,343 98 3,611 27	12,684.46 400 73		



DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER. 6355-2844

Stocks, options & ETFs

Stocks and ETFs continued

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
Total	2.40	2.40 2,168.26600		\$70,870.06	38.7200	\$83,955.25	\$83,955.25 \$13,085.19	\$2,658.29	3.17
VODAFONE GROUP PLC SPONSORED ADR NEW	1								
VOD On Reinvestment									
Acquired 02/09/12 S		1,700	27 81	47,277 00		42.822 98	-4.454 02		
Acquired 02/09/12 S		700	27.82	19,474 00		17,633 01	-1,840 99		
Reinvestments S		80 77600	29.43	2,377.94		2,034 75	-343 19		
Total	1.78	2,480.77600		\$69,128.94	25.1900	\$62,490.74	-\$6,638.20	\$3,721.16	5.95
Total Stocks and ETFs	49.57					\$1,737,466.94	\$25,604.45	\$91,586.13	5.27
				\$ 1,732,498 25					
Total Stocks, options & ETFs	49.57					\$1,737,466.94 \$25,604.45	\$25,604.45	\$91,586.13	5.27

^{##} Cost information for one or more securities is not available. If you have cost information and would like to see it on future statements, contact Your Financial Advisor. W. The cost for this tax lot has been adjusted due to wash sale activity as defined by IRS regulation in Cost information for this tax lot is not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS.

Mutual Funds

If a portion of your fund position was converted, the 'Client Investment' value may include reinvestments from previously held positions

Open End Mutual Funds

Open End Mutual Fund shares are priced at net asset value. Estimated Annual Income and Yield refer to Dividends and Interest Income only, and typically do not reflect Total return

								ESIIMAIED	AIED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT L	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
DOUBLELINE FDS TR TOTAL RETURN BD FD CL I DBLTX									
On Reinvestment Acquired 05/24/12 S	4.95	4.95 15,302 49100	11 24	172,000.00	11 3300	173,377 22 1,377 22	1,377 22	11,002 49	6 34
OPPENHEIMER SENIOR FLOATING RATE FD CL Y OOSYX									
On Reinvestment Acquired 05/10/11 L nc		28,217.83800	8.40	237,029 80		233,643.42	-3,386.38		

DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER 6355-2844

Mutual Funds

Open End Mutual Funds continued

								ESTIMATED	VTED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
Acquired 02/07/12 S Acquired 03/28/12 S Acquired 05/14/12 S		39,194.13900 2,311.43600 18,203.88300	8 19 8 22 8 24	321,000 00 19,000 00 150,000 00		324,527.47 19,138.71 150,728.41	3,527 47 138.71 728 41		
Total	20.77	87,927.29600		\$727,029.80	8.2800	\$728,038.01	\$1,008.21	\$39,479.35	5.42
PUTNAM DIVERSIFIED Y INCOME TR SH BEN INT PDVYX									
On Reinvestment Acquired 05/10/11 L nc Acquired 02/07/12 S		63,054 31700 19,385 02700	8 24 7.48	519,567 55 145,000 00		486,148 15 149,459 19	-33,419 40 4,459.19		
Total	18.14	82,439.34400		\$664,567.55	7.7100	\$635,607.34	-\$28,960.21	\$38,581.61	6.07
TEMPLETON FUNDS INCOME TR GLB BD ADVSOR TGBAX					:				
On Reinvestment Acquired 05/10/11 L nc Reinvestments L nc Reinvestments S		15,459.44900 115 47900 202 47400	13 95 12.26 13.20	215,659.30 1,415.77 2,672.66		206,228.90 1,540.54 2,701.10	-9,430 40 124 77 28,44		
Total	6.01	15,777.40200		\$219,747.73	13.3400	\$210,470.54	-\$9,277.19	\$9,355.99	4.45
	Client Inve	Client Investment (Excluding Reir Gain/Loss on Client Investment ()	g Reinvestments) nent (Including Re	nvestments) Including Reinvestments)	ļ	\$215,659 30 -\$5,188.76	9 30 8.76		
Total Open End Mutual Funds	49.86			\$1,783,345.08		\$1,747,493.11 -\$35,851.97	-\$35,851.97	\$98,419.44	5.63
Total Mutual Funds	49.86			\$1,783,345.08		\$1,747,493.11 -\$35,851.97	-\$35,851.97	\$98,419.44	5.63

nc Cost information for this tax lot is not covered by iRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS

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DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER: 5792-7687

Additional information

Gross proceeds

THIS PERIOD 99,956 06 19

THIS YEAR 194,945 41

Portfolio detail

Cash and Sweep Balances

Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N.A. and (if amounts exceed \$250,000) at one or more other Wells Fargo affiliated banks. These assets are not covered by SIPC, but are instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules. For additional information on the Bank Deposit Sweep for your account, please contact Your Financial Advisor.

	% OF	ANNUAL PERCENTAGE	CURRENT	ESTIMATED	
DESCRIPTION	ACCOUNT	YIELD EARNED*	MARKET VALUE	ANNUAL INCOME	
BANK DEPOSIT SWEEP	1 67	0.03	4,990 98	1.49	
Interest Period 12/01/12 - 12/31/12			,		
Total Cash and Sweep Balances	1.67		\$4,990.98	\$1.49	

* APYE measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield earned is expressed as an annualized rate, based on a 365 day year

Stocks, options & ETFs

Stocks and ETFs

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
ISHARES BARCLAYS 10-20 YEAR TREASURY BOND FUND TLH									
Acquired 11/12/12 S Acquired 12/03/12 S		132 393	137.88 137.38	18,200 50 53,990 34		17,801 52 52,999 98	-398 98 -990 36		
Total	23.72	525		\$72,190.84	134.8600	\$70,801.50 -\$1,389.34	-\$1,389.34	\$1,570.80	2.22
ISHARES RUSSELL MIDCAP VALUE IWS									
Acquired 10/02/12 S Acquired 12/03/12 S		499 961	48.88 49.17	24,392 51 47,252 37		25,069 76 48,280 64	677.25 1,028.27		
Total	24.57	1,460		\$71,644.88	50.2400	\$73,350.40	\$1,705.52	\$1,534.46	2.09



DECEMBER 1 - DECEMBER 31, 2012 ACCOUNT NUMBER: 5792-7687

Stocks, options & ETFs

Stocks and ETFs continued

								ESTIMATED	ATED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
ISHARES TR RUSSEL MIDCAP GRTH INDX FD IWP							\		
Acquired 10/02/12 S Acquired 12/03/12 S		397 763	62.40 61.85	24,774.07 47,191 55	,	24,931 60 47,916 40	157.53 724 85		
Total	24.40	1,160		\$71,965.62	62.8000	\$72,848.00	\$882.38	\$958.16	1.32
ISHARES TR -RUSSELL 2000 GROWTH INDEX FD IWO									
Acquired 10/02/12 S Acquired 12/03/12 S		265 507	96 22 93 21	25,499 14 47,257 47		25,257 15 48,322.17	-241 99 1,064.70		
Total	24.65	772		\$72,756.61	95.3100	\$73,579.32	\$822.71	\$1,076.94	1.46
PIMCO ETF TRUST ET ENHANCED SHORT MATURITY STRATEGY FUND MINT				-					
Acquired 12/03/12 S	0.99	29	101.48	2,942 92	101 4800	2,942.92	0 00	31 46	1 06
Total Stocks and ETFs	98.33			\$291,500.87		\$293,522.14	\$2,021.27	\$5,171.82	1.76
Total Stocks, options & ETFs	98.33			\$291,500.87		\$293,522.14	\$2,021.27	\$5,171.82	1.76