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SCANNED MAY 2 1 2013

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

OMB No 1545-0052

Open to Public Inspection

	_	endar year 2012 or tax year beginning of foundation			, 2012,	and ending	T &	Employer identif	, ZU
							^	• •	
_		JNDER FAMILY FOUNDATION, INC.	d to otmo	t addmaa)		Room/suite	╁	45-401565	er (see instructions)
	Numbe	er and street (or P O box number if mail is not delivered	i to stree	(address)		Room/suite		•	•
		22 00000 0000 00000 110						(81	.3) 227-8133
_		33 GUNN HWY SUITE 118					+		
	City or	town, state, and ZIP code						If averaging applica	
								If exemption application pending, check here	ation is
_		SSA, FL 33556		T			4		
G	Che	ck all that apply. Initial return	<u> </u>	Initial return o	-	oublic charity	D	1 Foreign organiza	•
		Final return		Amended ret				2 Foreign organiza 85% test, check l	
_		Address change		Name change			-		▶⊔
H		ck type of organization X Section 501($\overline{}$				E	If private foundatio	n status was terminated
1	_	ection 4947(a)(1) nonexempt chantable trust		ther taxable pri			4	under section 507(t	o)(1)(A), check here .
ŀ		1 -		method: X Ca	ash Acc	rual	F		in a 60-month termination
						- -	.	under section 507(b)(1)(B), check here .
			columi	n (d) must be on	casn basis.)		1		(d) Disbursements
ŀ	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		Revenue and	(b) Net inve	estment	(c) A	Adjusted net	for charitable
		may not necessarily equal the amounts in	e	kpenses per books	incom	ome		ıncome	purposes
\neg		column (a) (see instructions))		89,816.					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) . If the foundation is not required to		09,010.					
ļ	2	Check ► L attach Sch B							
Ì	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
		Gross rents	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-			
		Net rental income or (loss)							-
Revenue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all							
ver		assets on line 6a							
æ	7	Capital gain net income (from Part IV, line 2) .							
	8	Net short-term capital gain							
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·		·			-		
	_	and allowances · · · ·							
		Less Cost of goods sold Gross profit or (loss) (attach schedule)		· · · -		<u> </u>			
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		89,816.					
_				0					
	14	Compensation of officers, directors trostees, etc.							··· ···
ses	15	Pension plans, employee benefits	ပ္တ						
ē		Legal fees (attabashedule) 1 5 2013	8						
X		Accounting fees (attach schedule)	(1)						
Š				89,816.					89,816
Administrative Expense	17	Other professional fees (attach schedule) .*. Interest		•					<u> </u>
istr	18	Taxes (attach schedule) (see instructions)	- 1				-		
i	19	Depreciation (attach schedule) and depletion.							<u> </u>
뒫	20	Occupancy							
7 0		Travel, conferences, and meetings							
Operating and	22	Printing and publications		_					
ing	23	Other expenses (attach schedule)							
rati	24	Total operating and administrative expenses.							
be	- '	Add lines 13 through 23		89,816.					89,816
0	25	Contributions, gifts, grants paid					•		
	26	Total expenses and disbursements. Add lines 24 and 25		89,816.					89,816
_	27	Subtract line 26 from line 12	<u> </u>						
	1	Excess of revenue over expenses and disbursements		o					
		Net investment income (if negative, enter -0-)				0		-	
		Adjusted net income (if negative enter -0-)							

JSA For Paperwork Reduction Act Notice, see instructions. 2088DO 1145

*ATCH 1

Form 990-PF (2012)

_		Attached schedules and amounts in the	Beginning of year	End	of year		
P	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
П	1	Cash - non-interest-bearing					
.		Savings and temporary cash investments					
		Accounts receivable					
\perp		Less allowance for doubtful accounts ▶					
		Pledges receivable	· ·				
		Less allowance for doubtful accounts					
		Grants receivable					
1		Receivables due from officers, directors, trustees, and other	1				
		disqualified persons (attach schedule) (see instructions)					
		Other notes and loans receivable (attach schedule)					
6		Less allowance for doubtful accounts ▶	1	<u>-</u>			
ssets		Inventories for sale or use					
Ass		Prepaid expenses and deferred charges					
		Investments - U S and state government obligations (attach schedule).					
		Investments - corporate stock (attach schedule)			<u> </u>		
	11 C	Investments - corporate bonds (attach schedule)					
		and equipment basis			1		
		(attach schedule)					
	12	Investments - mortgage loans					
ļ	14	Investments - other (attach schedule) Land, buildings, and			··		
- 1		equipment basis Less accumulated depreciation					
		equipment basis Less accumulated depreciation (attach schedule)			 		
		Other assets (describe					
		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)					
-					`		
}		Accounts payable and accrued expenses			1		
ω.		Grants payable			-		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons		-	1		
iq		Mortgages and other notes payable (attach schedule)			1		
Lia		Other liabilities (describe)		• • •			
		Citici nabilitios (dosoribo P					
	23	Total liabilities (add lines 17 through 22)	0		O.		
_		Foundations that follow SFAS 117, check here			7		
s		and complete lines 24 through 26 and lines 30 and 31					
Q)	24	Unrestricted					
ılan		Temporarily restricted			7		
or Fund Balanc		Permanently restricted	1				
pur	- 0	Foundations that do not follow SFAS 117,					
Œ		check here and complete lines 27 through 31. ▶ X					
	27	Capital stock, trust principal, or current funds					
set		Paid-in or capital surplus, or land, bldg , and equipment fund					
Ass	29	Retained earnings, accumulated income, endowment, or other funds					
Net Assets		Total net assets or fund balances (see instructions)	0		d		
Z		Total liabilities and net assets/fund balances (see					
		ınstructions)			d		
E		Analysis of Changes in Net Assets or Fund					
		I net assets or fund balances at beginning of year - Par		(must agree with			
	end-	of-year figure reported on prior year's return)		<u>1</u>			
2				1 -			
	3 Other increases not included in line 2 (itemize) ▶						
4	Add	lines 1, 2, and 3					
5	Decr			۱ -			
6	Tota	I net assets or fund balances at end of year (line 4 minus	s line 5) - Part II, column (t	o), line 30 6			

Page	3	

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	d describe the kind(s) of property sold rick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
а			1		
b			ļ		
С			-		
d					_
е					l
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
C					
d					
е					
Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from co	than -0-) or
a					
b					
С			ļ		
d					
e					
2 Capital gain net income or	(net capital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
	n or (loss) as defined in sections 1				
-		structions) If (loss), enter -0- in			
		educed Tax on Net Investment	3 1		
f "Yes," the foundation does	not qualify under section 4940(e)	ibutable amount of any year in the l) Do not complete this part ar; see the instructions before makin			Yes No
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution (col (b) divided b	
2011					
2010					
2009		-			
2008					
2007					
Average distribution ratio	for the 5-year base period - divid	de the total on line 2 by 5, or by the ss than 5 years			-
·		rom Part X, line 5			
Multiply line 4 by line 3					
Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
Add lines 5 and 6			7		
B Enter qualifying distribution of the B is equal to or go Part VI instructions.	ons from Part XII, line 4	in Part VI, line 1b, and complete	that part	using a 1% ta	ex rate. See th
ISA PE1430 1 000 2088DO 1145	v	/ 12-4.1F		For	rm 990-PF (201

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8b

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Χ

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addresses

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict

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

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

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? 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?

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

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2b

3b

4a

N/A

N/A

Χ

2 Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instruct	ions). If none, ente
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Form 990-PF (2012)

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

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Form 990-PF (2012) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. a Average monthly fair market value of securities 1a **b** Average of monthly cash balances Fair market value of all other assets (see instructions) 1c d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \(\bigsim\) 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) _____ 2b Add lines 2a and 2b 2c Distributable amount before adjustments Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 89,816. 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., 2 Amounts set aside for specific charitable projects that satisfy the 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 89,816. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6

Form **990-PF** (2012)

qualifies for the section 4940(e) reduction of tax in those years.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2012)

Form	990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instruc	ctions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
•	line 7				
2	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only				
	Total for pnor years 20 10 .20 09 .20 08				
3	Excess distributions carryover, if any, to 2012				
	i i i i i i i i i i i i i i i i i i i				
	From 2007		i		
0	From 2008				
	From 2009				
a	From 2010				
		73,326.			
	Total of lines 3a through e	73,320.			
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 89,816.				
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)				
	Applied to 2012 distributable amount	00.016			-
	Remaining amount distributed out of corpus	89,816.	-		•
5	Excess distributions carryover applied to 2012 . [
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				
	indicated below:	162 140			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	163,142.			
þ	Prior years' undistributed income Subtract				
_	line 4b from line 2b Enter the amount of prior years' undistributed				<u> </u>
٠	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				
•	4a from line 2a Taxable amount - see				
	instructions				
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) (see instructions)				<u> </u>
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	163,142.			
10	Analysis of line 9				
	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
<u>e</u>	Excess from 2012 89,816.				

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	990-PF (2012)		ntinuad\					Page 11
3	rt XV Supplementary Information (Grants and Contributions Paid Durin	no	the Year or Appr	oved for E	Fister	re Payment		
	Recipient	lig 	If recipient is an individual,				T	
	Name and address (home or business)	İ	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient		Purpose of grant or contribution		Amount
a	Paid during the year		or occurred contributor					
	NONE							
	NONE							
				İ				
		1			1			
					Ì			
		l						
		1						
		İ					İ	
							ļ	
		l						
	Total	<u> </u>		<u> </u>		▶ 3a		
—b	Approved for future payment	Ť		<u> </u>	Ť		1	
	NONE							
		1						
							1	
							1	
							1	
				<u>l</u>				
	Total					▶ 3t	. [

Page 12

Part XVI-	A Analysis of Income-Produ	icing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						(See instructions)
				 	 	
					· · · · · · · · · · · · · · · · · ·	
f						<u>-</u>
	and contracts from government agencies					
-	ship dues and assessments					
	n savings and temporary cash investments					
	s and interest from securities					
	al income or (loss) from real estate					
a Debt-	-financed property					
b Not d	debt-financed property					
	I income or (loss) from personal property .					
7 Other in	vestment income			<u> </u>		
•	loss) from sales of assets other than inventory		<u> </u>			
9 Net inco	me or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
	rofit or (loss) from sales of inventory			<u> </u>		
11 Other re	venue a			 		
				<u> </u>		
				 		
		ļ				
e	Add selvens (b) (d) and (e)					
	Add columns (b), (d), and (e)				40	
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify cald			• • • • • •		
Part XVI-			complishment of Ex	empt Purc	oses	· · · · · · · · · · · · · · · · · · ·
Line No.	Explain below how each activity	ty for whic	h income is reported i	n column (e) of Part XVI-A contrib	
▼	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	g funds for such purpose	es). (See instructions)
				-		
				··································		
						
						
			.			
						· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
		_				
		-				
		-				
		•			 	

orm 990)-PF (20°	12)	GEMUNDER	FAMILY FOUNDAT	ION, INC.	i	45-4015	653	Page 13
Part X	(VII	Information Re Exempt Organ	-	insfers To and Tra	insactions	and Relations	hips With Non	charita	ble
1 D	d the			engage in any of the f	following wit	h any other organ	uzation described		es No
ın	sectio	n 501(c) of the Co	•	section 501(c)(3) orga	_	•			ES NO
	ganıza ansfer		a foundation to	a noncharitable exem	nt organizatio	on of			
		· · · · · · · · · · · · · · · · · · ·	-					1a(1)	l x
								1a(2)	$\frac{1}{x}$
		ansactions:				• • • • • • • • •		10(2)	+
			ncharitable exer	mpt organization				16(1)	X
				ble exempt organization				1b(2)	X
				assets				1b(3)	X
(4) Rem	bursement arrange	ements					1b(4)	$\frac{1}{x}$
(5) Loar	s or loan quarantee	es					1b(5)	X
(6) Perfe	ormance of service	s or membersh	np or fundraising solicit	ations			1b(6)	X
				ts, other assets, or pak				1c	Х
	-		-	s," complete the follo				the fai	r market
				ces given by the repo					
Va	alue in	any transaction or	r sharing arrang	gement, show in colur	nn (d) the va	alue of the goods,	other assets, or s	ervices i	received
(a) Line	no	(b) Amount involved	(c) Name of r	oncharitable exempt organiz	ation (d	d) Description of transfe	rs, transactions, and sha	nng arrange	ements
		N/A			N	/A			
		· · · · · · · · · · · · · · · · · · ·							
						_			
	-			-	+				
									
								<u> </u>	
d	escribe	•) of the Code (o	filiated with, or related ther than section 501(•	•	Yes	X No
		(a) Name of organizatio	n	(b) Type of orga	nization	(c) Description of relation	ship	
	Under	penalties of penury 1 decl	are that I have exam	ned this return, including acco	mnanving scheduli	es and statements and to	the best of my knowled	ge and help	ef it is true
Sign	correct,	and complete Declaration of	of preparer (other than t	axpayer) is based on all informati	on of which prepar	rer has any knowledge	the best of my knowled	ge and bein	31, 11 13 1100
Here		VIla	_	\(\s / \gamma \)	//2	Member	May the R		
11616	Signa	itue of officer or trustee		Date	Title	1016016	with the p		own below res X No
		14		-			(355 11/31/10/10/10/	~,·	
	<u>' </u>	Print/Type preparer's	s name	Preparer's signature		Date	Check If	PTIN	
Paid		Tricla M Johnson		Juin m	Johns	French John		P00627	1205
Prepa	l		RNST & YOUN				Firm's EiN ► 34-6		
Use C	ווע	Firm's address ▶ 1900 SCRIPPS CENTER, 312 WALNUT ST							

Phone no. 513 612-1400 Form 990-PF (2012)

CINCINNATI, OH

45202

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
GEMUNDER FAMILY FOU	JNDATION, INC.	45 4015652
Organization type (check or	ne)	45-4015653
Filers of:	Section:	
r ners or.	Section.	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
General Rule	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000	
property) from an	y one contributor Complete Parts I and II	
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supporting (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 910 and II	he year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from otal contributions of more than \$1,000 for use exclusively for religious, charing rposes, or the prevention of cruelty to children or animals. Complete Parts I,	table, scientific, literary,
during the year, on not total to more year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions for use exclusively for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions that we evely religious, charitable, etc., purpose. Do not complete any of the parts unganization because it received nonexclusively religious, charitable, etc., conference.	hese contributions did ere received during the ess the General Rule ributions of \$5,000 or
Caution. An organization th	at is not covered by the General Rule and/or the Special Rules does not file	Schedule B (Form 990,

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)

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)

Name of organization GEMUNDER FAMILY FOUNDATION, INC.

Employer identification number 45-4015653

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

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
1_	JOEL F. GEMUNDER 35 CANVASBACK DR. AMELIA ISLAND, FL 32034	\$89,816.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization GEMUNDER FAMILY FOUNDATION, INC.

Employer identification number

45-4015653

art II	Noncash Property (see instructions).	. Use duplicate copies of Part II if additional space is needed.
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(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
		 \$	

Name of org	ganization GEMUNDER FAMILY FOUNDAT	TION, INC.		Employer identification number			
•				45-4015653			
Part III t	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the ye	individual contribu ar. Complete colur	tions to section 50 nns (a) through (e)	01(c)(7), (8), or (10) organizations) and the following line entry.			
C	For organizations completing Part III, ercontributions of \$1,000 or less for the	year. (Enter this inf	ormation once Se				
(a) No.	Use duplicate copies of Part III if addıtio	nai space is neede	u.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Rela		Relation	ationship 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, 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, and ZIP + 4 Relatio		nship 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, and ZIP + 4 Relationship of transferor to transferee						
			1				

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

GEMUNDER FAMILY FOUNDATION, INC.

DESCRIPTION

LEGAL & PROFESSIONAL FEES

REVENUE AND EXPENSES PER BOOKS

89,816.

89,816.

TOTALS

CHARITABLE PURPOSES

89,816.

89,816.

ATTACHMENT 1

TRUSTEES	
AND	
DIRECTORS	
, PART VIII - LIST OF OFFICERS,	
OF	
LIST	
VIII –	
PART	
990PF,	
FORM	

45-4015653

ATTACHMENT 2

	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	SOLE MEMBER 1.00	EXECUTIVE DIRECTOR 1.00
NAME AND ADDRESS	JOEL F. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556	DAVID A. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556

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GRAND TOTALS

GEMUNDER FAMILY FOUNDATION, INC.

45-4015653

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME AND ADDRESS

TYPE OF SERVICE

COMPENSATION

SHUTTS & BOWEN
4301 WEST BOY SCOUT BLVD, STE 300
TAMPA, FL 33607

EGAL SERVICES

89,816.

TOTAL COMPENSATION

89,816.

ATTACHMENT 4

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DAVID A. GEMUNDER 17633 GUNN HWY SUITE 118 ODESSA, FL 33556 813-227-8133

ATTACHMENT 5

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS THAT WILL PROMOTE, EDUCATE, AND FOSTER THE PERPETUATION OF THE JEWISH PEOPLE