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# ., 990-PF

-Department of the-Treasury Internal Revenue Service

### **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

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

Fo	r cal	endar year 2012 or tax year beginning	12/6/2012	, and	ending	1:	2/31/2012	
Na	me o	foundation				Α	Employer identification nu	mber
The	e Mo	Clarty Family Foundation					46-1552	986
		and street (or P O box number if mail is not delivered to street add	ress)		Room/suite	В	Telephone number (see insti	
		ation Source 501 Silverside Rd			123		(800) 839-	1754
_		own, state, and ZIP code			1 _ ,_9	C t	exemption application is pe	
Wil	mın	gton	DE	19	9809-1377		exemplion application is po	Maing, areas here P
			al return of a form			D 1	Foreign organizations, che	ck here
Ŭ	0		ended return	o. pub	no onanty			_
			ne change			2	Foreign organizations mee check here and attach con	
	Ch	eck type of organization X Section 501(c)(3) exe	<del></del>	ation				_
			Other taxable priva		ındatıon		private foundation status w	
느		· · · · · · · · · · · · · · · · · · ·	<u> </u>				inder section 507(b)(1)(A), c	_
- 1		r market value of all assets at end J Accounting lear (from Part II, col. (c),		ash	Accrual		f the foundation is in a 60-mo inder section 507(b)(1)(B), c	
		ear (from Part II, col. (c),		haeie	)			
Pa	rt l				/			(d) Disbursements
1 4		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		(b) Net investme	ent	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions) )	books		income		income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)	260,0	200				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2	Check Check from if the foundation is not required to attach Sch B	200,0	<del></del>	<del></del>		<del></del>	
	3	Interest on savings and temporary cash investments		1				
	4	Dividends and interest from securities						
	5	a Gross rents						
•		b Net rental income or (loss)						
ž	6	a Net gain or (loss) from sale of assets not on line 10						
Ver		<b>b</b> Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)						
_	8	Net short-term capital gain						
	9	Income modifications						
	10	a Gross sales less returns and allowances	<del></del>	_			ļ <u>.</u>	
		b Less Cost of goods sold						
	۱.,	c Gross profit or (loss) (attach schedule)		_	<u> </u>			
	11	Other income (attach schedule)					_	·
	12	Total. Add lines 1 through 11	260,0	001			0	
Expenses	13	Compensation of officers, directors, trustees, etc		-			·	
Sus	14 15	Other employee salaries and wages						
g		Pension plans, employee benefits  a Legal fees (attach schedule)		+	<u></u>		,	
ũ	''	b Accounting fees (attach schedule)			i A	<del>7.</del> 0	tives i	- ·
ĕ		c Other professional fees (attach schedule)			<del>- 1</del> 1		77.	_
ä	17	Interest			181,		2000	
Administrative	18	Taxes (attach schedule) (see instructions)			1001	Ü	: 20 5 <u>S</u>	
ڃ.	19	Depreciation (attach schedule) and depletion				<u>.</u> -	=	
듇	20	Occupancy			~ ~	7	ota .	
٧	21	Travel, conferences, and meetings						
and	22							
, 0	23	Other expenses (attach schedule)						
ţ	24							
Operating		Add lines 13 through 23		0		(	0	0
ă	25		-	_				
	26	<del>`</del>		0		(	0	0
	27							
	Ĭ	a Excess of revenue over expenses and disbursements	260,0	001	1.0			
		b Net investment income (if negative, enter -0-)					1	-
	[	c Adjusted net income (ıf negatıve, enter -0-)					0	[

Form 990-PF (2012)

25

For Paperwork Reduction Act Notice, see instructions.

'ar	Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	C
2	Enter amount from Part I, line 27a	2	260,001
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	260,001
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	260.001

form 990-PF (2012) The McCla						
Part IV Capital Gains an	d Losses for Tax on Inv	vestment Inco				
(a) List and describe the	e kınd(s) of property sold (e g , real es	state.	(b) How acquired	(c) Date acquir	ed (d) Dat	e sold
	se, or common stock, 200 shs-MLC-		P—Purchase D—Donation	(mo., day, yr.		<u>ay, yr)</u> _
a			D Boriacon			
<u>a</u>	<del> </del>			_		
					<del>-  </del>	
<u> </u>		<del></del>	-			
<u>d</u>					<del></del>	
e		<del></del>	<u> </u>			
(e) Gross sales price	(f) Depreciation allowed	1 ,-,	or other basis		n) Gain or (loss)	
	(or allowable)	pius exp	ense of sale	(e)	plus (f) minus (g)	
a						
<b>b</b>		<del></del>				
c						
<u></u>						
e						
Complete only for assets show	ring gain in column (h) and own	ed by the foundation	on on 12/31/69	(I) Gain	s (Col (h) gain minu	s
	(j) Adjusted basis	(k) Exce	ss of col (i)	col (k), t	out not less than -0-)	or
(i) F M V as of 12/31/69	as of 12/31/69		i (j), if any	Los	ses (from col (h))	
1						
)			<del></del>	···		
<u> </u>						
d						
9		+				
	( If gain	, also enter in Pa	rt I line 7			
2 Capital gain net income or (	net canital loss) { -	s), enter -0- in Pa	· · · · · · · · · · · · · · · · · · ·	2		
3 Net short-term capital gain of	•	* '				
	ine 8, column (c) (see instruc					
=	ine o, column (c) (see instruc	Clions) II (1055), t	#III.EI -U- (	i i		
			ſ			
in Part I, line 8	dan Oaatian 4040(a) fan I		J	3		
Part V Qualification Und For optional use by domestic p	rivate foundations subject to	Reduced Tax	on Net Investm	ent Income	e)	
Part V Qualification Und (For optional use by domestic p If section 4940(d)(2) applies, lea Was the foundation liable for the	rivate foundations subject to ave this part blank e section 4942 tax on the dis	Reduced Tax of the section 4940 stributable amour	on Net Investm O(a) tax on net inve	ent Income estment income		☐ No
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	n 990-PF (2012)	The McClarty Family Foundation			46-15	32300		age ·
∵Pa	rt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948–	-see	instruc	tions		
1_a	Exempt operat	ting foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on lin	e 1 )					
		or determination letter (attach copy of letter if necessary—see instruction		1				1
t		ndations that meet the section 4940(e) requirements in Part V, check	` }	1				1
		and enter 1% of Part I, line 27b				-		
C	All other dome:	estic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	J		ļ			<u> </u>
	of Part I, line 1:	12, col (b)						
2	Tax under sect	ction 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	•	2			0	-
3	Add lines 1 and			3			0	4
4		ome) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4				⊢
5		n investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	1		0	-
6	Credits/Payme		1					
		ed tax payments and 2011 overpayment credited to 2012 6a		ł				
		n organizations—tax withheld at source 6b	-	ł				
	•	application for extension of time to file (Form 8868)  6c  6d		ł				
7	•			7	·		0	1
8		and payments Add lines 6a through 6d  nalty for underpayment of estimated tax Check here		8				+
9		e total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	•	9			0	t
10		t. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			<u>ŏ</u>	+
11	• •	·	nded >	11	1		0	+-
Рa		tements Regarding Activities			l	Τ	<u> </u>	1
	•					†	Yes	N
1 2	-	s year, did the foundation attempt to influence any national, state, or local legislation or did it				10	163	-
		intervene in any political campaign? nore than \$100 during the year (either directly or indirectly) for political purposes (see				1a	$\vdash$	<del>  X</del>
	•	or the definition)?				1b		l x
		is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materia	le			<del>       </del>		+^
		distributed by the foundation in connection with the activities	13					
	•	ation file Form 1120-POL for this year?				1c		X
		bunt (if any) of tax on political expenditures (section 4955) imposed during the year				<u> </u>		<del>                                     </del>
		pundation ► \$ (2) On foundation managers ► \$						
•	• •	abursement (if any) paid by the foundation during the year for political expenditure tax impose	:d				İ	
		managers > \$						
2		lation engaged in any activities that have not previously been reported to the IRS?				2		X
		h a detailed description of the activities						П
3	Has the founda	lation made any changes, not previously reported to the IRS, in its governing instrument, arti-	cles					
	of incorporation	on, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	\$			3		Х
4 a	Did the founda	ation have unrelated business gross income of \$1,000 or more during the year?				4a		X
ŀ	If "Yes," has it	t filed a tax return on Form 990-T for this year?				4b	N/A	
5	Was there a lic	quidation, termination, dissolution, or substantial contraction during the year?				5		X
	· ·	th the statement required by General Instruction T						1
6	•	rements of section 508(e) (relating to sections 4941 through 4945) satisfied either				1		1
		ge in the governing instrument, or						1
		gislation that effectively amends the governing instrument so that no mandatory directions					<del> </del>	
_		ith the state law remain in the governing instrument?				6	X	╀
7		ation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, or	ol (c), an	nd Par	tXV	7	_X_	╀—
8 8		es to which the foundation reports or with which it is registered (see instructions)						
	DE	is Was to has 7 has the foundation from the discount of Francisco						
		is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					<del></del>	-
	,	esignate) of each state as required by General Instruction G? If "No," attach explanation				8b	X	┼
9		tion claiming status as a private operating foundation within the meaning of section 4942(j)(3)						╂─
	-	for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)?	ıı res,			9		\
	complete Part	ons become substantial contributors during the tax year? If "Yes," attach a schedule listing				=	$\vdash$	<del>  ×</del>
10								

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

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

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

4a

4a

Χ

Fom	m 990-PF (2012) The McClarty Family Found	ation				4	6-155298	6 P	age 6
Pa	art VII-B Statements Regarding Acti	vities	for Which For	rm 4720 May Be	Requir	ed (continued)			
5a	During the year did the foundation pay or incur	ny amo	ount to						
	(1) Carry on propaganda, or otherwise attem	t to infl	uence legislation (	section 4945(e))?		YesX-	-No-		
	(2) Influence the outcome of any specific pub		•	955), or to carry				}	
	on, directly or indirectly, any voter registra	tion driv	re?	•		Yes X	No		
	(3) Provide a grant to an individual for travel,	study, c	r other similar pur	poses?		Yes X	No		
	(4) Provide a grant to an organization other the					L			
	in section 509(a)(1), (2), or (3), or section	4940(d)	(2)? (see instruction	ons)		Yes X	No		
	(5) Provide for any purpose other than religio								1 1
_	educational purposes, or for the prevention		-				No		
b	, , , , ,					bed in		N/A	<b> </b>
	Regulations section 53 4945 or in a current noti	_	_		ns)?		5b	I IN/A	<del>                                     </del>
_	Organizations relying on a current notice regard							1	
С	If the answer is "Yes" to question 5a(4), does the tax because it maintained expenditure responsi		•	dion nom the		Yes	No	1	
	If "Yes," attach the statement required by Regu	-	-	5(d)			"		
62	Did the foundation, during the year, receive any								
•	premiums on a personal benefit contract?			), p-)		Yes X	No		
b	Did the foundation, during the year, pay premiu	ns, dıre	ctly or indirectly, o	n a personal benefit	contract?		6t		X
	If "Yes" to 6b, file Form 8870			•					
7a	At any time during the tax year, was the founda	ion a p	arty to a prohibited	l tax shelter transacti	on?	Yes X	No		
b	If "Yes," did the foundation receive any proceed						7t		
Р	art VIII Information About Office	rs, Di	rectors, Trust	ees, Foundation	Manag	ers, Highly Pai	d Emplo	yees,	
	and Contractors								
_1	List all officers, directors, trustees, foun								
	List all officers, directors, trustees, foun  (a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans		ense acco	
	(a) Name and address	(b	Title, and average	(c) Compensation	(d) emple	Contributions to		ense acco allowance	
		(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
	(a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
	(a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
	(a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
	(a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
	(a) Name and address	(b	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) emple	Contributions to oyee benefit plans			
SE	(a) Name and address EE ATTACHMENT	- (b	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d) emple and def	Contributions to oyee benefit plans ferred compensation	other		
SE	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emple	- (b	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d) emple and def	Contributions to oyee benefit plans ferred compensation	other		
SE	(a) Name and address EE ATTACHMENT	- (b	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d) emple and def	Contributions to oyee benefit plans ferred compensation	other		
SE	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."	(b	) Title, and average hours per week evoted to position  (other than thos	(c) Compensation (If not paid, enter -0-)	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit	one,	allowance	punt,
SE	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emple	(b	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line age (c) Compensation	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line age (c) Compensation	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line (c) Compensation (d) Compensation	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line age (c) Compensat	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line age (c) Compensation  00  00	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line (c) Compensation (d) Compensation	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,
	(a) Name and address  E ATTACHMENT  Compensation of five highest-paid emplenter "NONE."  (a) Name and address of each employee paid more than \$	(b	Other than thos  (b) Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)  se included on line age (c) Compensation  00  00	(d) emple and def	Contributions to oyee benefit plans ferred compensation  instructions). If n  (d) Contributions to employee benefit plans and deferred	one,	allowance	punt,

Form **990-PF** (2012)

Form 990-PF (2012	The McClarty Family Foundation		46-1552986 Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees	, Foundation Managers, Highly Pa	id Employees,
	and Contractors (continued)		
3 Five highe	st-paid independent contractors for professional services (s	see instructions)If-none, enter-"NONE."	
(a)	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			ļ
			1
			<del> </del>
Total number of	of others receiving over \$50,000 for professional services	<b>&gt;</b>	
			<del></del>
Part IX-A	Summary of Direct Charitable Activities		
List the foundation	n's four largest direct chantable activities during the tax year. Include relevant	statistical information such as	Expenses
the number of org	anizations and other beneficiaries served, conferences convened, research p	apers produced, etc	Expenses
1			
		***************************************	
2			
3			
			1
4			
5 (1) 5	O		
Part IX-B	Summary of Program-Related Investments (see argest program-related investments made by the foundation during the tax ye		Amount
1	argest program-related investments made by the loundation during the tax ye	al Offices Failu 2	Amount
1			
	•		
All other program-	related investments. See instructions		
3	Total and Control of the Control of		

Total. Add lines 1 through 3

Form **990-PF** (2012)

Par	Minimum Investment Return (All domestic foundations must complete this part. For	eign foundatio	ns,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	130,000
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	130,000
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	130,000
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	1,950
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	128,050
6	Minimum investment return. Enter 5% of line 5 MIR Prorated - Short Year	6	456
Par	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   and do not complete this part	i) (i	
1	Minimum investment return from Part X, line 6	1	456
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	456
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	456
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	456
	VIII O all'étre D'authorite de l'actionne (	•	
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	
	gualifies for the section 4940(e) reduction of tay in those years		

Γa	ľŲ.	XIII Unaistributea inco	ine (see instruction	15 <i>)</i>			
				(a)	(b)	(c) 2011	(d) 2012
1		Distributable amount for 2012 fr	om Part XI,	Corpus	Years prior to 2011	2011	
		line 7				· <del></del>	456
2		Undistributed income, if any, as	of the end of 2012				
		Enter amount for 2011 only				0	
	b	Total for prior years 20,					
3		Excess distributions carryover,	if any, to 2012				
		From 2007		4			
	b	From 2008		4			
	С	From 2009		4			
	ď	From 2010		4			
	e	From 2011					
	f	Total of lines 3a through e		0			
4		Qualifying distributions for 2012	from Part				
		XII, line 4 • \$	<u> </u>				
	а	Applied to 2011, but not more the	nan line 2a				
	b	Applied to undistributed income	of prior years				
		(Election required—see instruct	ions)				
	C	Treated as distributions out of c	orpus (Election				
		required—see instructions)					•
	d	Applied to 2012 distributable an	nount	•			· · · · · · · · · · · · · · · · · · ·
	е	Remaining amount distributed of	out of corpus				
5		Excess distributions carryover a	applied to 2012				
		(If an amount appears in column	nn (d), the				
		same amount must be shown in	n column (a) )	1			
6		Enter the net total of each co	lumn as				
		indicated below:					
	а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	0			
	b	Prior years' undistributed incom	e Subtract				
		line 4b from line 2b			0		
	С	Enter the amount of prior years	undistributed				
		income for which a notice of de-	ficiency has				
		been issued, or on which the se	ection 4942(a)				
		tax has been previously assess	ed		<u> </u>		
	d	Subtract line 6c from line 6b Ta	axable				
		amount—see instructions					
	е	Undistributed income for 2011	Subtract line				
		4a from line 2a Taxable amour	nt—see				
		instructions				0	
	f	Undistributed income for 2012	Subtract				
		lines 4d and 5 from line 1 This	amount must				
		be distributed in 2013					456
7		Amounts treated as distribution	s out of				
		corpus to satisfy requirements i	mposed by				
		section 170(b)(1)(F) or 4942(g)	(3) (see instructions)				
8		Excess distributions carryover f					
		not applied on line 5 or line 7 (s	see instructions)				
9		Excess distributions carryov	ver to 2013.				
		Subtract lines 7 and 8 from line					
10		Analysis of line 9					
	а	Excess from 2008	L				
	b	Excess from 2009					
	С	Excess from 2010			1		
	d	Excess from 2011					
	e	Excess from 2012		<u> </u>			

Form	990-PF (2012) The McClarty Family Foundar	tion			46-1552	
Par	t XIV Private Operating Foundations (	see instruction	s and Part VII-A	, question 9)		N/A
1 a	If the foundation has received a ruling or determina					
	foundation, and the ruling is effective for 2012, enter		ū	▶		
	Check box to indicate whether the foundation is a p	nvate operating fo	undation described	in section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(a) Tatal
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
3	Subtract line 2d from line 2c		<del>                                     </del>	<del>-</del>		0
,	Complete 3a, b, or c for the alternative test relied upon		1	1	1	
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying					_
l-	under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3		<del> </del>			0
D	of minimum investment return shown in		1		i i	
	Part X, line 6 for each year listed					0
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section		ł	1	l	
	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)		<u></u>			0
	(3) Largest amount of support				1	•
	from an exempt organization	<del></del>			<del> </del>	0
	(4) Gross investment income		1 1 25 (1) 2 5 2	1.41 1.40		0
Pa	rt XV Supplementary Information (Co			undation had \$5	,uuu or more in	
_	assets at any time during the ye		ictions.)	_ ··-		
1	Information Regarding Foundation Manage List any managers of the foundation who have con		2% of the total cont	tributions received by	the foundation	
а	before the close of any tax year (but only if they ha				the loundation	
Ha	rold McClarty					
	List any managers of the foundation who own 10%	or more of the sto	ck of a corporation (	or an equally large po	ortion of the	
	ownership of a partnership or other entity) of which					
NC	NE					
2	Information Regarding Contribution, Grant,	Gift, Loan, Sch	olarship, etc., Pro	ograms:		
	Check here ► X if the foundation only makes	contributions to pr	eselected charitable	e organizations and de	oes not accept	
	unsolicited requests for funds If the foundation ma	ikes gifts, grants, e	tc (see instructions	) to individuals or orga	anizations under	
	other conditions, complete items 2a, b, c, and d			<del> </del>		
а	The name, address, and telephone number or e-m	iail of the person to	wnom applications	snould be addressed		
	The form in which applications should be submitted	d and information a	and materials they s	hould include		· · · · · · · · · · · · · · · · · · ·
	• •		•			
_	Any submission deadlines					
	y casimoon accuming					
	Any restrictions or limitations on awards, such as t	ny deodranhical ar	eas charitable fields	kinds of institutions	or other	
,	factors	y geograpinoai ait	Jac, orial Rabic Holes	, and or modulions,	O. Strict	
				· · · · · · · · · · · · · · · · · · ·		

Form 990-PF (2012)

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment

_ <u>3_</u> _	Grants and Contributions Paid During ti		TOT FULLITE	raymem	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year	or substantial contributor		<b>▶</b> 3a	
b	Approved for future payment			1	
	Total			▶ 3b	(

Form 990-P	<sup>'F (2012)</sup> The McClar	ty Family Foul	ndation				46-1552986	Pag	je 1
Part XV				nsactions a	nd Re	ationships W	ith Noncharitable		
	Exempt Organiz	ations——							
	he organization directly ction 501(c) of the Code							Yes	No
	nizations?			·					
	sfers from the reporting	foundation to	a noncharitable exem	pt organization	on of.		1a(1)		X
(1) ( (2) (	Other assets						1a(1)	1	^
	r transactions								
	Sales of assets to a non						1b(1)	<b>-</b>	X
٠,	Purchases of assets from			ion			1b(2) 1b(3)	+	X
	Rental of facilities, equip Reimbursement arrange		assets				1b(4)		<del>  x</del>
	_oans or loan guarantee						1b(5)		X
	Performance of services		•				1b(6)	ļ	X
	ing of facilities, equipme		•				1c_		X
value	e answer to any of the all e of the goods, other as e in any transaction or s	sets, or service	es given by the report	ing foundation	n If the	foundation recei	ved less than fair mark	et ed	
(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt or	ganization	(d) De	scription of transfers	, transactions, and sharing an	angeme	ents
		<u> </u>	<del></del>						
						-			
					ļ .			-	
				<del></del>		·			
						<del></del>			
	<u> </u>	-			ļ				
					<del> </del>	<del> </del>			
					<del> </del>				
		1 11 111	A - 1 - 41 1 - 1 - 1 - 1						
desc	e foundation directly or i cribed in section 501(c) o es," complete the follow	of the Code (of					Yes [>	No	
	(a) Name of organization	<u> </u>	(b) Type of	organization		(c)	Description of relationship		
		· · · · · · · · · · · · · · · · · · ·							
		· · ·							
	Under penalties of perjury, I declare	•		-			vledge and belief, it is true,		
Sign	correct, and complete Declaration	orpheparor (other than	taxpayer) is based on all inform	abon of which prepar	rer has any k	nowledge	May the IRS discuss t		
Here	<i>\f</i>		110/9/13	D Q	150	dent	with the preparer showing instructions)?		w (see
'	Signature of officer or truste	e \	Date	Title	<u> </u>	44113	- monucuona);		٠,٠٠
	Pont/Type preparer's r	name	Preparer's signature	<del></del>		Date	PTIN		
Paid	Jeffrey D Haskell	\	Jeffrey D. Has	kell		10/9/2013	Check if self-employed P013	45770	ı
Prepar	C1	oundation Sou	<del></del>			10,0,2010	Firm's EIN ► 51-0398		

Firm's address ▶ One Hollow Lane, Suite 212, Lake Success, NY 11042

(800) 839-1754

Phone no

#### Schedule B

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

Department of the Treasury

### **Schedule of Contributors**

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

OMB No 1545-0047

2012

Employer identification number Name of the organization The McClarty Family Foundation 46-1552986 Organization type (check one) Filers of: Section: 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 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 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)

Name of organization Employer identification number
The McClarty Family Foundation 46-1552986

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	McClarty, Harold and Deborah  13138 S Bethel Avenue  Kingsburg CA 93631  Foreign State or Province  Foreign Country	\$260,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II if there is a noncash contribution )				

\*Name of organization
The McClarty Family Foundation

Employer identification number 46-1552986

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

Name of or	=			Employer identification number							
	rty Family Foundation	—individual-acet	ributiono to costic-	46-1552986	_						
Part III	Exclusively religious, charitable, etc total more than \$1,000 for the year.				-						
	For organizations completing Part III, e										
					^						
	contributions of \$1,000 or less for the year (Enter this information once See instructions)   \$\bigsec*\$ \$\] Use duplicate copies of Part III if additional space is needed										
(a) No.	Ose duplicate copies of Fart III II additi	Unar space is need	<u>leu</u>		-						
from	(b) Purpose of gift	(0	:) Use of gift	(d) Description of how gift is held							
Part I					_						
	(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
					_						
				*							
	For Prov Country										
(a) No. from	(h) Purpose of gift		c) Use of gift	(d) Description of how gift is hold							
Part I	(b) Purpose of gift	, "	.) Ose or girt	(d) Description of how gift is held							
		_									
	(a) Tanas 5 5										
	(e) Transfer of gift										
	Transferee's name, address, a	ind ZIP + 4	Relation	Relationship of transferor to transferee							
	For Prov Country										
(a) No.	_	·····	<del></del>		_						
from Part I	(b) Purpose of gift	(0	c) Use of gift	(d) Description of how gift is held							
<u> </u>					_						
	(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
		•									
	For Droy Country										
(a) No.	For Prov Country		<u> </u>		_						
from	(b) Purpose of gift	(6	c) Use of gift	(d) Description of how gift is held							
Part I					_						
	"	(e)	Transfer of gift	•	_						
		(-)	<b>3</b>								
	Transferee's name, address,	and ZIP + 4	Relation	Relationship of transferor to transferee							
			1		_						
	L For Broy Country		1								

The McClarty Family Foundation

46-1552988

### Part VII-A, Line 10 (990-PF) - Substantial Contributors

_	<del></del>	01 1 10/0					
- 1		Check "X"					
ı	Name	if Business	Street	Crty	State	Zıp Code	Foreign Country
ı	1 Harold McClarty		13138 S Bethel Avenue	Kıngsburg	CA	93631	
Г	2 Deborah McClarty		13138 S Bethel Avenue	Kingsburg	CA	93631	

The McClarty Family Foundation

46-1552986

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	it till, blic i (bbt i i ) Compensation of Officero, i resident i canadater managero											
										0	0	0
ſ		Check "X"			Ι				Avg Hrs			Expense
-[	Name	ıf Business	Street	Crty	State	Zıp Code	Foreign Country	Trtle	Per Week	Compensation	Benefits	Account
ſ	Harold McClarty		Foundation Source 501 Silverside Rd	Wilmington	DE	19809		Pres / Dir /	1 60	0	0	0
ı	·			-				Sec				
	1					ŀ						