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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to eater state reporting to

Name of foundation A Employer identification number A Employer identification nu		calendar year 2012 or tax year beginning DEC	27, 2012	, and ending	DEC 31, 2012	Open to public inspection
JOHN AND AMY PHELAN PAMILY FOUNDATION 46-1579312				,		
Recombination Property Control Property Prope		-			Z Employer racmanagado	i italiibe;
Control Cont	J	OHN AND AMY PHELAN FAMILY	FOUNDATION		46-1579312	2
4.5 STH AVENUE, 21.ST FLOOR 21.2 - 3.03 - 1.65.0	Num	nber and street (or PO box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
NEW YORK, NY 10022	6	45 5TH AVENUE, 21ST FLOOR				550
NEW YORK, NY 10022 Final return Initial return of a former public charity Final return Amended return Amended return Amended return Address change Section 59 ((s)(d) exempt private foundation Firal return Amended return Amended return	City	y or town, state, and ZIP code			C If exemption application is p	pending, check here
Final return Annended return Anne return Annended return Anne return Annended return Anne return Annended return Annende	_N	<u> </u>				
Address change	G C	Check all that apply: X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization	s, check here 🕨 🗔
H. Check type of organization:			Amended return		2 Faraum avecuurations m	and the OSSV tent
Section 4947(a)(1) nonexempt charatable trust					check here and attach co	enting the 85% test,
Table market value of all assess at end of year J. Accounting method: XI cash J. Accounting method: The foundation is in a 80-month termination under section 507(b)(1)(b), check here T. Annalysia of Newrance and Expenses T. Annalysia of Newrance T. Annalysia of Newrance and Expenses T. Annalysia of Newronce and Expenses T. Annalysia of Newronce	H C	_				
Trown Part II, Col. (c), Into 16 On 0, 000 (Part I, column (c)) Inter (specify) Inter (speci	<u></u>				under section 507(b)(1)(A), check here $ ightharpoonup$
Sample S			•	Accrual	1	
Paint Analysis of Revenue and Expenses (a) Revenue and server (-			hacie l	under section 507(b)(1)(B), check here $ ightharpoonup$
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b Net investment income (if negative, enter -0-)		· · · · · · · · · · · · · · · · · · ·	16,000.000.			
		l				2427/262/4753**
			her filler in Marie 1980er	<u> </u>		

		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 1	0.	15,500,000.	15,500,000
	14	Land, buildings, and equipment basis			
	``	Less accumulated depreciation	motiva or his in it is a similar	and a second	
	15	Other assets (describe >			
	")			
	16	Total assets (to be completed by all filers)	0.	16,000,000.	16,000,000
	17	Accounts payable and accrued expenses			
	18	Grants payable .			
ģ	19	Deferred revenue		·	
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)	· · · · · · · · · · · · · · · · · · ·	-	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
ä	25	Temporarily restricted			
Ba	26	Permanently restricted			
힏.	ļ	Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	16,000,000.	
Net '	30	Total net assets or fund balances	0.	16,000,000.	
~		The second of this second of			
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223511 12-05-12 16,000,000.

16,000,000.

16,000,000.

16,000,000

2

3

4

5

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

31 Total liabilities and net assets/fund balances

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

Part III Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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)

b Investments - corporate stock
c Investments - corporate bonds
11 investments - land, buildings, and equipment basis

		es for Tax on In		t Income	1751	Howear			
		s) of property sold (e.g. ommon stock, 200 shs			(°) Q	How acquired - Purchase) - Donation	(c) Date : (mo., d		(d) Date sold (mo., day, yr.)
1a									
b NO	NE				<u> </u>	· <u></u> · · · ·		<u>-</u>	
<u>c</u>					ļ			-	
d e					├		<u> </u>		
(e) Gross sales price		eciation allowed r allowable)		st or other basis expense of sale	<u></u>			aın or (loss) s (f) minus (
a									
<u>b</u>									
<u>C</u>						<u> </u>			
<u>d</u>						<u></u>			
Complete only for assets showing	l ng gain in colu	mn (h) and owned by t	l the foundation	1 on 12/31/69	_		(I) Gains (C	ol (h) nam	minus
(i) F.M.V. as of 12/31/69	- (j) A	djusted basis — of 12/31/69	(k) Ex	cess of col. (1)			ol. (k), but-r	not less-thar (from col. (1 -0-) or —
a									
<u>b</u>									
C									
d e				 .					
			Dart 1 ($\overline{}$	 			
2 Capital gain net income or (net ca	pıtal loss)	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$			}	2			
3 Net short-term capital-gain-or (los if gain, also enter in Part I, line 8,		ın sections 1222(5) an	id (6):)	- · -			
If (loss), enter -0- in Part I, line 8					Ì	3			
Part V Qualification U	nder Sec	tion 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	come		
(For optional use by domestic private	foundations	subject to the section 4	1940(a) tax or	net investment in	com	e.)			N/A
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sectif "Yes," the foundation does not qual					10d?				Yes No
1 Enter the appropriate amount in a					ntries	S.			
(a)		(b)			(c		T	Dietrib	(d) oution ratio
Base periód years Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dis	tributions	Net value of no	ncha	ritable-use asse	ts	(col. (b) div	ided by col. (c))
2011									
2010									
2009		 							
2007									
2001	! .			L				-	
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-year base po	eriod - divide the total c	on line 2 by 5,	or by the number	of ye	ears			
the foundation has been in exister	nce if less thai	n 5 years					3		
4 Enter the net value of noncharitab	le-use assets	for 2012 from Part X, I	line 5				4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment incom	ne (1% of Pari	1. line 27h)					6		
7 Add lines 5 and 6	(,					7		
	. D. 4377 1							-	
8 Enter qualifying distributions from			4h a	slata th-4 4 · -	1	0/ +=	8		· -
If line 8 is equal to or greater than See the Part VI instructions.	HINE /, CHECK	uie dox in Part VI, line	ıb, and comp	Diete that part usin	y a 1	% tax rate.			
See the Part VI Institutions.									000 DE (0010)

Form 990-PF (2012) JOHN AND AMY PHELAN FAMILY FO Part VI Excise Tax Based on Investment Income (Section 494)			579312			
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and				<u>9000.00</u>		
Date of ruling or determination letter: (attach copy of letter if ne				50%		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	militario de la companio de la comp	0.		
of Part I, line 27b			944.5 9.1			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col. (b).					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. (Others enter -0-)	2		0.		
3 Add lines 1 and 2		3		0.		
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4		0.		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0.		
6 Credits/Payments:		(34,)		5.4 (1.5 V)		
a 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	15. 13				
d Backup withholding erroneously withheld	6d		Nucces	des ere		
7—Total-credits and payments. Add-lines-6a-through-6d	A. 4004	7==		0		
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached = = = = = =	8	====			
9 Tax due of the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>	9		- 0.		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax	Refunded ▶	11		_		
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or interven	e in	17.4	Yes No		
any political campaign?			1a	X		
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for definition)?		1b	X		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	nd copies of any materials publish	ed or				
distributed by the foundation in connection with the activities.						
c Did the foundation file Form 1120-POL for this year?			10	X		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	=					
(1) On the foundation. ► \$ (2) On foundation manager	rs. ▶ \$0	<u>.</u>				
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation					
managers. ► \$ 0.			32.32			
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2	X		
If "Yes," attach a detailed description of the activities.	-		1, 2,00			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		Or	ii n			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3	X		
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	ar?	3T /	3 4a	X		
b if "Yes," has it filed a tax return on Form 990-T for this year?		N/.	<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.						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (eitner:					
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no mandato The government of the	ory directions that conflict with the star	e iaw				
remain in the governing instrument?			6	X		
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	A 1/2/2/19 2 3 3		
If "Yes," complete Part II, col. (c), and Part XV.	>					
8a Enter the states to which the foundation reports or with which it is registered (see instructing NY DE	ons)					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
Y *** ***						
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"		CIIUdi	9	X		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched		STMT	2 10	X		
To Did any persons become substantial contributors during the tax year; if "Yes," attach a sched	uule iisting their names and addresses 🕒 🧎	1 × 4××	4 10			

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101 101111 11 10011	1		1	
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
(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, oth allowances
NONE				
	7	}	1	
	7			
	 	 		
	<u></u>			
		<u></u>		
	7		}	1

223551 12-05-12 Form **990-PF** (2012)

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

For	m 990-PF (2012) JOHN AND AMY PHELAN FAMILY FOUNDATION	46-15/931	Z Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, see ınstructıo	ns.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	rii	
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b 50	00,000.
	Fair market value of all other assets	1c 15,50	00,000.
d	Total (add lines 1a, b, and c)		00,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and	\$.4	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 16,00	00,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		10,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 15,76	50,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD		10,796.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
=	Minimum investment return from Part X, line 6	1	10,796.
-	Tax on investment income for 2012 from Part VI, line 5		10,750.
b	Income tax for 2012. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		L0,796.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4		10,796.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		10,796.
_	art-XIII Qualifying Distributions (see instructions)	<u>-</u>	
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	0.
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:		
a	Suitability test (prior IRS approval required)	3a	
	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	5	0.
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	qualifies for the section	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line 7				10,796.
	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only			0.	
b	Total for prior years:		0.		
3	Excess distributions carryover, if any, to 2012:		: 8.1 N. P		
a	From 2007				
t	From 2008				
0	From 2009				
(IFrom 2010				
6	From 2011				
f	Total of lines-3a through e	0.			Marie Company
4	Qualifying distributions for 2012 from	**************************************		*	
	Part XII, line 4: ►\$ 0.				
8	Applied to 2011, but not more than line 2a			0.	
t	Applied to undistributed income of prior		_		
	years (Election required - see instructions)		0.		
C	Treated as distributions out of corpus	_			
	(Election required - see instructions)	0.		# v#**\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Applied to 2012 distributable amount	<u> </u>			0.
_	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount	0.			0.
	must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	0 -			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	U•	<u> </u>		
£	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
	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		0.		
d	Subtract line 6c from line 6b. Taxable	1			
	amount - see instructions		0.		
6	Undistributed income for 2011. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
f	Undistributed income for 2012. Subtract	Refier - what a			
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2013				10,796.
7	Amounts treated as distributions out of			DA Y MARKANDA Y	
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3)	0.			
8	Excess distributions carryover from 2007				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2013.	_			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9:				
	Excess from 2008				
	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012	CONTRACTOR SOMETHING	200		ogram, in grandante in francisco

223581 12-05-12

JOHN AND AMY PHELAN FAMILY FOUNDATION

46-1579312

Page 10

Grants and Contributions Paid During th	It secures to an industrial	rayment		- ·
Recipient Name and address (home or business)	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 substantial contributor	recipient		<u> </u>
NONE				
				
				
			_ ·	
			•	
Total			▶ 3a	
b Approved for future payment				
NONE				
				

11

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	741104111	TOTOLON MICONIO	
a						
						
4						
		· · · · · · · · · · · · · · · · · · ·				
·			 			
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
Net rental income or (loss) from real estate: Debt-financed property Not debt-financed property		m, i, o ² — — — — — — — — — — — — — — — — — — —	**************************************			
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory	<u> </u>	<u> </u>		- 		
1 Other revenue:						
a b						
C						
d						
12 Subtotal. Add columns (b), (d), and (e)	4.12 ovid	0.		0.	0.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	ana nama na haifa a 🕯		,2%, e «	13	0.	

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

223621 12-05-12

'L'ai'r'	ŽΛII≧	Exempt Organ	•	ansters to a	and Iransactions a	and Relations	nips with Non	cnaritable)
1 Dic	the or			ny of the following	ng with any other organization	on described in secti	on 501(c) of	1872	Yes No
					27, relating to political organ		o oo .(o, o.	157	32/ 52 13
		from the reporting found		•					
	Cash				3			1a(1)	Х
	Other	assets						1a(2)	X
b Oth	er tran	sactions:							# 30 gra
(1)	Sales	of assets to a noncharita	ble exempt organ	zation				1b(1)	X
		ases of assets from a no						1b(2)	X
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)	X
		oursement arrangements						1b(4)	X
(5)	Loans	or loan guarantees						1b(5)	X
(6)	Perfo	mance of services or me	mbership or fund	raising solicitatio	ons			1b(6)	X
c Sha	arıng of	facilities, equipment, ma	uling lists, other as	ssets, or paid em	ployees			1c	Х
d if ti	he ansv	ver to any of the above is	"Yes," complete th	ne following sche	edule. Column (b) should at	ways show the fair n	narket value of the go	ods, other assi	ets, —
Or.	services	given by the reporting f	oundationIf the f	oundation receiv	ed less than fair market valu	ie in any transaction	or sharing arrangem	ent, show in	
col) the value of the goods,							
(a)Line n	•	(b) Amount involved	(c) Name		e exempt organization	(d) Description	of transfers, transaction	s, and sharing arra	angements
				N/A	•				
				·					
									. <u>.</u>
	Ц								
	_	· · · · · · · · · · · · · · · · · · ·	}-						
	-		ļ		· · · · · · · · · · · · · · · · · · ·				
			ļ						
			<u> </u>						
	-								
			 						
									
	_								L
0- 1-4	ha faur	dation discostings in discost	the affiliate of courts						
					or more tax-exempt organi	zations described			X No
		501(c) of the Code (other mplete the following sch		(c)(3)) or in sec	uon 527 f			Yes	טאו באבו
<u> </u>	165, 60	(a) Name of org			(b) Type of organization	1	(c) Description of rela	tionship	
		N/A	Jamzadon		(b) Type of organization	,	(v) Description of fell	itioniship	
		11/21							
		 	·						
						· · · · · · · · · · · · · · · · · · ·			
									
	Under	penalties of perjury, I declare	that I have examined	this return, includir	I ng accompanying schedules and	statements, and to the	best of my knowledge		
Sign	and be	lief, it is true, correct, and cor	nplete Declaration of	f preparer (other tha	in taxpayer) is based on all inform	nation of which preparer PRESID	has any knowledge	May the IRS d	preparer
Here		the C.	thel.	_	11/6/13	TREASU		shown below (No No
	Sign	ature of officer or trustee			Date	Title			110
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if F	PTIN	
				12.		10/2	self- employed		
Paid		MARTIN GRE	IF	Ma	V. freit	30/13]	P00029	738
Prepa	arer	Firm's name ► MCG		LP /	/ 0		Firm's EIN ► 42		
Use (
	-	Firm's address ▶ 11	85 AVENU	JE OF TH	E AMERICAS				
		NE	W YORK,	NY 1003	6-2602		Phone no. 21	2-372-3	1000

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

	JOHN AND AMY PHELAN FAMILY FOUNDATION	46-1579312
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation -	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	cial Rule. See instructions.
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II.	e (in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of t 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	_
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one one one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chi purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an except complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year	not total to more than \$1,000. clusively religious, charitable, etc., cause it received nonexclusively
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file School on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or or neet 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

Employer identification number

O OTEL TELE THE TIME THE TOTAL TOTAL	JOHN	AND	AMY	PHELAN	FAMILY	FOUNDATION
--------------------------------------	------	-----	------------	--------	---------------	------------

46-1579312

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	, (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN C. PHELAN 645 5TH AVENUE, 21ST FLOOR NEW YORK, NY 10022	\$ <u>16,000,000</u> .	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c)Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Payroil 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.)

Employer identification number

JOHN AND AMY PHELAN FAMILY FOUNDATION

46-1579312

(a)	1	1-2	
No.	(b)	(c) FMV (or estimate)	(d)
rom art I	Description of noncash property given	(see instructions)	Date received
_			
		\$	
(a)		(c)	
No.	(b) Description of noncash property given	FMV (or estimate)	-Date received
art I		(see instructions)	Date received
_			
		*	
(a) No.	(b)	(c)	(d)
rom ārti —	Description of noncash property given	FMV (or estimate) — (see instructions) —	
		\$	
(a) No.	(b)	(c)	(4)
om art i	Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\ _{\$}	
a)			
No.	(b)	(c) FMV (or estimate)	(d)
om art I	Description of noncash property given	(see instructions)	Date received
			-
a) lo.	(b)	(c)	(d)
om ort l	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		_	
— <u> </u>			
		\$	

Name of organi	ization		Employer identification number					
	D AMY PHELAN FAMILY FOU	UNDATION	46-1579312					
Part III:	Exclusively religious, charitable, etc., individing year. Complete columns (a) through (e) and the fithe total of exclusively religious, charitable, etc., of Use duplicate copies of Part III if additional states.	ual contributions to section 501(c)(following line entry. For organizations contributions of \$1,000 or less for the	7), (8), or (10) organizations that total more than \$1,000 fos completing Part III, enter he year. (Enter this information once)					
(a) No.	1							
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					
-								
	<u>_</u>	(a) Transfer of with						
	(e) Transfer of gift							
	Transferee's name, address, and	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	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	Relationship of transferor to transferee						
_								
-								
223454 12-21-12		-	Schedule B (Form 990, 990-EZ, or 990-PF)					

FORM 990-PF	OTHER	RINVESTMENTS		STATEMENT	1	
DESCRIPTION		VALUATION METHOD	FAIR MARKET VALUE			
MSD VALUE INVESTMENTS	5 L.P.	FMV	5,000,000.	5,000,0		
MSD SBI, L.P.	FMV	3,000,000.				
MSD EUROPEAN OPPORTUI		FMV	2,000,000.	2,000,000.		
MSD TORCHLIGHT PARTNI MSD CREDIT OPPORTUNIT	-	FMV FMV	2,000,000.			
MSD ENERGY PARTNERS,		rmv FMV	1,750,000. 1,750,000.			
MOD DIVERGI TAKINDERD,	4.1.	I IIV	1,750,000.	1,750,0		
TOTAL TO FORM 990-PF	, PART II, LINE	13	15,500,000.	15,500,0	00.	
FORM 990-PF		ANTIAL CONTRIBU	UTORS	STATEMENT	2	
NAME OF CONTRIBUTOR		ADDRESS				
JOHN C. PHELAN		645 5TH AVENUE NEW YORK, NY				

· Form • 8868

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, compl If you are filing for an Additional (Not Automatic) 3-Month E 					▶ [X]		
		atic 3-month extension on a previous					
Electronic filing (e-file). You can electronically file Form 8868 in					a corporation		
required to file Form 990-T), or an additional (not automatic) 3-m							
of time to file any of the forms listed in Part I or Part II with the e							
Personal Benefit Contracts, which must be sent to the IRS in pa							
visit www.irs.gov/efile and click on e-file for Charities & Nonprofil	ts.						
Part Automatic 3-Month Extension of Tim	ie. Only s	submit original (no copies ne	eded).				
A corporation required to file Form 990-T and requesting an auto	omatic 6-mo	onth extension - check this box and	complete				
Part I only					▶ 🔲		
All other corporations (including 1120-C filers), partnerships, RE	MICs, and t	trusts must use Form 7004 to reque	st an exten	sion of time			
to file income tax returns.							
Type or Name of exempt organization or other filer, see instr	uctions.		Employe	dentification	number (EIN) or		
print TOIDS AND AND THE AND TRACES			Į	46 455			
File by the JOHN AND AMY PHELAN FAMILY				46-157			
due date for filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, Street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return See Humber, street, and room or suite no. If a P.O. box, filing your return to the properties of the properties of		tions.	Social se	curity number	r (SSN)		
nstructions. City, town or post office, state, and ZIP code. For a NEW YORK, NY 10022	foreign add	fress, see instructions.					
Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			04		
Application Return Application Return							
is For Code Is For Code							
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
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		
JOHN C PHELAN			_				
• The books are in the care of • 645 5TH AVENUE	3, 21S'	T FLOOR - NEW YORK	, NY	10022			
Telephone No. ► 212-303-1770		FAX No. >			<u></u>		
If the organization does not have an office or place of busines	ss in the Ur	nited States, check this box			▶ [_]		
If this is for a Group Return, enter the organization's four digitation.							
		ich a list with the names and EINs o		ers the exten	sion is for.		
1 I request an automatic 3-month (6 months for a corporation AUGUST 15, 2013 to file the exemption of the corporation of the second of the corporation of the corpora		to file Form 990-T) extension of time ation return for the organization nam		The extension	^		
is for the organization's return for:	ipt organiza	mon return for the organization han	eu abuve.	THE CALCISION	"		
calendar year or							
► X tax year beginning DEC 28, 2012	, an	nd ending DEC 31, 2012					
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on: X Initial return	Final retur	 n			
Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any					
nonrefundable credits. See Instructions. 3a \$					0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year ove			21-		0.		
			3b	\$	<u>.</u>		
The state of the s					0.		
Caution. If you are going to make an electronic fund withdrawa				EO for pauma			
LHA For Privacy Act and Paperwork Reduction Act Notice			<u> </u>		368 (Rev. 1-2013)		
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Form 8868 (Rev. 1-2013)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex							
Note. Only complete Part II if you have already been granted an If you are filing for an Automatic 3-Month Extension, complete		•	led Form	8868.			
Part II Additional (Not Automatic) 3-Month E			al (no co	nnies need	ed)		
					ee instructions		
Type or Name of exempt organization or other filer, see instru							
Type or Name of exempt organization or other filer, see instructions Employer identification number print							
File by the JOHN AND AMY PHELAN FAMILY FOUNDATION					46-1579312		
due date for					r (SSN)		
City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10022							
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4		
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)			12				
STOP! Do not complete Part II if you were not already grante		natic 3-month extension on a prev	iously file	d Form 8868	3.		
JOHN C. PHELAN				40000			
• The books are in the care of ▶ 645 5TH AVENUE	, 21S		, NY	10022			
Telephone No. ▶ 212-303-1770 FAX No. ▶							
If the organization does not have an office or place of business				•	\		
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole g	roup, check this		
box ▶ . If it is for part of the group, check this box ▶ .		ach a list with the names and EINs of	all memb	ers the exten	sion is for.		
		BER 15, 2013	~~~	24 24	110		
5 For calendar year, or other tax year beginning DEC 27, 2012, and ending DEC 31, 2012							
6 If the tax year entered in line 5 is for less than 12 months, check reason:							
Change in accounting period							
7 State in detail why you need the extension							
ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE							
RETURN.					 -		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					•		
nonrefundable credits. See instructions.				\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment a	llowed as a	a credit and any amount paid	, , `` 8		^		
previously with Form 8868.			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			0		
EFTPS (Electronic Federal Tax Payment System). See instru		at he completed for Dort II	8c	\$	0.		
Under penalties of perjury, I declare that I have examined this form, included it is true, correct, and complete, and that I am authorized to prepare this f	ding accomp	st be completed for Part II of panying schedules and statements, and to	_	f my knowledg	e and belief,		
Signature Title	CPA		Date	<u> </u>			

Form 8868 (Rev 1-2013)