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# SCANNED DEC 21 2013

Form 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 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

| A Employer identification number   A Employer ide   | For        | caler  | ndar year 2012 or tax year beginning                        |                                      | , and ending         |                                                  |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|-------------------------------------------------------------|--------------------------------------|----------------------|--------------------------------------------------|----------------------------|--|
| ## PANTLIX FOUNDATION    A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |        |                                                             |                                      |                      | A Employer identification                        | n number                   |  |
| The content of the    |            |        |                                                             |                                      |                      | 48-6393036                                       |                            |  |
| C it exemption, spitic, and ZP Code  LAS VEGAS, NV 89131  C Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Nu         | mber a | and street (or P O box number if mail is not delivered to s | reet address)                        | Room/suite           | B Telephone number                               |                            |  |
| LAS VEGAS, NV 89131  G Check all that apply   Indial return   Amended retu | 7          | 50     | 4 VIA DEL MAR STREET                                        |                                      |                      | (702) 655                                        | -0830                      |  |
| And the properties of the part of the par  | Cit        | y or t | own, state, and ZIP code                                    |                                      | · <u></u> -          | C If exemption application is                    | pending, check here        |  |
| Final return   Address change   Name change   Name change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _ <u>I</u> | AS     | VEGAS, NV 89131                                             |                                      |                      | _                                                |                            |  |
| Address change   Name change   Section 4947(a)(1) nonexampt   Section 501(c)(3) exempt private foundation   Section 4947(a)(1) nonexampt charitable trust   Other trachine involved foundation   Filtre the water advantage of the section 4947(a)(1) nonexampt charitable trust   Other trachine involved foundation   Filtre trachine involv   | G (        | Check  | call that apply Initial return                              | Initial return of a fo               | ormer public charity | D 1. Foreign organization                        | ns, check here             |  |
| Circle type of organization   Section 501(c) 3 exempt private foundation   Section 4947(2)(1) nonexempt chantable trust   Other taxable private foundation   Tari market value of all assets at end of year   Accounting method   Circle for facility   Circle for fac   |            |        | Final return                                                | Amended return                       |                      | 2 5                                              |                            |  |
| Section 4947(a)(1) nonexempt charactable trust. □ Other taxable provide foundation under seachin 597(b)(1)(a), check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |        |                                                             |                                      |                      | check here and attach                            | computation                |  |
| Far market value of all assets at end of year   Jacobinton method   Cash   Accural   If the foundation is in a 60-month termination under section 307(b)(1)(8), check here   Land of the foundation of the foundat | H          | _      |                                                             |                                      |                      | E If private foundation st                       | atus was terminated        |  |
| Contributions of the part   Contribution   Color       | <u></u>    |        |                                                             |                                      |                      | under section 507(b)(                            | I)(A), check here          |  |
| PST 1 Analysis of Revenue and Expanses The slotal of amounts in columns (c), (a) and (d) may not expenses the books (c) Net investment income (c) Adjusted net income (c) Adju |            |        |                                                             |                                      | Accrual              |                                                  |                            |  |
| Part II   Analysis of Revenue and Expenses   (a) Revenue and expenses   (b) Not investment   (c) Adjusted net   (c) Adjusted    |            |        | Part II, col. (c), line 16)                                 | Other (specify)                      | hana l               | under section 507(b)(                            | 1)(B), check here          |  |
| The body of amounts an occurrent by Capter and Common Comm |            |        |                                                             |                                      |                      | 4-1-1-1-1                                        | (d) Dishumamenta           |  |
| 1 Contributions, grifts, grants, etc., received   2 Creek   X  the boundaries are strong and supposed or supposed in the proposed of the pro   | LEG        | 21 ( ) | (The total of amounts in columns (b), (c), and (d) may no   | t (a) Hevenue and expenses per books |                      |                                                  | for charitable purposes    |  |
| 2 C chook ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | —          | 1      | <del></del>                                                 |                                      |                      | l                                                | (cash basis only)          |  |
| Interest on aswings and temporary conveniences   40.   40.   STATEMENT   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 1      |                                                             |                                      |                      | 417 24                                           |                            |  |
| A Dividends and interest from securities  5a Gross rents  D Net rental income or (loss)  6a Net gain or (loss) from sale of severa not on line 10  D Gross sales pince for all assests on line (lass)  A Net short-term capital gain  9 Income modifications  10a and allowances  10 Less Cost of goods sold  c Gross profit or (loss)  11 Other income  12 Tatal. Add lines 1 through 11  A O O O O O O O O O O O O O O O O O O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 1 -    |                                                             | <u> </u>                             |                      | <del> </del>                                     |                            |  |
| Description of the process of the pr |            | 1 -    |                                                             | 40.                                  | 40.                  | <del> </del>                                     | STATEMENT 1                |  |
| b Net rental income or (loss)  6 Net gain or (loss) from sale of assets not on line 10  b Gross sales pares for all assets on line 8 and search on the 10 assets on line 8 assets on line 8 and 10 assets on line 8 assets on line 9 assets on line 8 assets on line 9 assets on line 8 assets on line  |            | 5a     |                                                             |                                      |                      | <del></del>                                      |                            |  |
| 68 Iter gate or foest from sale of assetts not on line 10 mastets on line 8 and assets not on line 10 mastets on line 8 and assets not not line 2)  7 Capital gain et income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10 Gross profit or (floss)  11 Other income  12 Total. Add lines 1 through 11  40 . 40 .  13 Compensation of officers, directors, fusates, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees  9 Accounting fees  1 Timerest  18 Taxes  10 Timerest  10 Timeres |            | í      |                                                             |                                      |                      |                                                  |                            |  |
| b Gross pades proce for all b Gross contine 6a 7 Capital gain net income (from Part IV, line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ø.         | 62     |                                                             |                                      |                      |                                                  |                            |  |
| 8 Net snort-term capital gain 9 Income modifications 10a and allowances b Less Cost of poots sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ď          | b      | Gross sales price for all                                   |                                      |                      | , , ,                                            |                            |  |
| 8 Net snort-term capital gain 9 Income modifications 10a and allowances b Less Cost of poots sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eve        | 7      | Capital gain net income (from Part IV, line 2)              |                                      | 0.                   |                                                  |                            |  |
| 10a and loweness be a returns b Less Cast of goods soid c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through: 11 40 40 40 .  13 Compensation of officers, directors, trustees, etc 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Œ          | 8      | Net short-term capital gain                                 |                                      |                      | <u> </u>                                         |                            |  |
| b Less Cost of goods sold c Gross profit or (loss)  11 Other income 12 Total Add lines 1 through 11 40. 40.  13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0.  14 Other employee sharies and wages 15 Pension plans, employee benefits 16a Legal fees c Cither professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net Income (if negative, enter -0-)                                                                                                                         |            | 9      |                                                             |                                      |                      |                                                  |                            |  |
| c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 40 40 40 40 40 40 40 40 40 40 40 40 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 10a    | and allowances                                              |                                      |                      |                                                  |                            |  |
| 11 Other income   12   Total. Add lines 1 through 11   40 . 40 .   40 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | b      | Less Cost of goods sold                                     |                                      |                      |                                                  |                            |  |
| Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees  17 Interest  18 Taxes  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative  25 expenses. Add lines 13 through 23  26 Contributions, grifts, grants paid  27 Subtract line 26 from line 12  28 Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  13 Compensation of officers, directors, trustees, etc  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 1      | • • •                                                       |                                      |                      |                                                  |                            |  |
| 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Pinting and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 3 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |        |                                                             | 40                                   | 10                   | <del> </del>                                     |                            |  |
| 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 3 Excess of revenue over expenses and disbursements b Net investment income (it negative, enter -0-) 5 Adjusted net Income (it negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | +      |                                                             |                                      |                      |                                                  | -                          |  |
| 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 1      |                                                             | 0.                                   | <u> </u>             | <u> </u>                                         |                            |  |
| 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | 1      | , .                                                         | <del></del>                          |                      | <del> </del>                                     | <del> </del>               |  |
| b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted inet income (if negative, enter -0-) c Adjusted inet income (if negative, enter -0-) c Adjusted inet income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | es         | 1      | • •                                                         |                                      |                      |                                                  | <del> </del>               |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ens        |        | -                                                           |                                      |                      |                                                  | <del></del>                |  |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | χĎ         | ,      |                                                             |                                      |                      | <del> </del>                                     | <del> </del>               |  |
| 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ve E       | 17     |                                                             |                                      |                      | <del>                                     </del> |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rati       | 18     |                                                             |                                      |                      | 75050                                            |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nist       | 19     |                                                             |                                      |                      | RECEIVED                                         |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ë          | 20     | •                                                           |                                      |                      |                                                  |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ad         | 21     | Travel, conferences, and meetings                           |                                      | $\mathbf{z}$         | DEC 0 = 2012                                     | 10,                        |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and        | 22     | Printing and publications                                   |                                      | 4-                   | DEG-0 3 2013                                     | 10/<br>C                   |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | g          | 23     | Other expenses                                              |                                      |                      | been -                                           |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rati       | 24     | •                                                           | _                                    | -moone               | JUDENII, UI                                      |                            |  |
| 25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | od<br>C    | }      |                                                             |                                      | 0.                   |                                                  | 10.000                     |  |
| Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 25     |                                                             | 12,000.                              |                      |                                                  | 12,000.                    |  |
| 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 26     |                                                             | 10 000                               | ^                    |                                                  | 10 000                     |  |
| a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | -      |                                                             | 12,000.                              | 0.                   | <del></del>                                      | 12,000.                    |  |
| b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | -      |                                                             | /11 060                              |                      |                                                  | i<br>į                     |  |
| C Adjusted net Income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | i      | ·                                                           | <11,900.                             |                      |                                                  | <del></del>                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | i      |                                                             |                                      | 40.                  | N/A                                              |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2235       | 01     | · · · · · · · · · · · · · · · · · · ·                       |                                      | <u> </u>             | 1 11/15                                          | Form <b>990-PF</b> (2012)2 |  |

|                                               | 10-PF (2012) FAMILLI FOUNDATION                                                                                                                                                                                                                                                                                                                                                      | Beginning of year                      | End of y                               | ear                                                                                    |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------|
| Part                                          | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only                                                                                                                                                                                                                                                                       | (a) Book Value                         | (b) Book Value                         | (c) Fair Market Value                                                                  |
| 1<br>2<br>3<br>4<br>5<br>6                    | Cash - non-interest-bearing Savings and temporary cash investments Accounts receivable Less allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons                                                                                             | 282,355.                               | 270,395.                               | 270,395.                                                                               |
| t                                             | Other notes and loans receivable  Less allowance for doubtful accounts  Inventories for sale or use  Prepaid expenses and deferred charges Investments - U S and state government obligations Investments - corporate stock Investments - corporate bonds                                                                                                                            |                                        |                                        |                                                                                        |
| 12<br>13<br>14                                | Investments - land, buildings, and equipment basis  Less accumulated depreciation  Investments - mortgage loans  Investments - other  Land, buildings, and equipment basis  7,092.  Less accumulated depreciation STMT 2  Other assets (describe                                                                                                                                     |                                        |                                        |                                                                                        |
| 17<br>18<br>19<br>20<br>21                    | Total assets (to be completed by all filers)  Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable  Other liabilities (describe                                                                                                                      | 282,355.                               | 270,395.                               | 270,395.                                                                               |
| Net Assets or Fund Balances 25 26 25 29 30 30 | Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Paid-in or capital surplus, or land, bldg, and equipment fund  Retained earnings, accumulated income, endowment, or other funds                                                                                                            | 0.<br>0.<br>0.<br>282,355.<br>282,355. | 0.<br>0.<br>0.<br>270,395.<br>270,395. |                                                                                        |
| 31                                            |                                                                                                                                                                                                                                                                                                                                                                                      | 282,355.                               | 270,395.                               |                                                                                        |
| (mu<br>2 Ent<br>3 Oth<br>4 Add<br>5 Dec       | al net assets or fund balances at beginning of year - Part II, column (a), line is ust agree with end-of-year figure reported on prior year's return) er amount from Part I, line 27a er increases not included in line 2 (itemize)  I lines 1, 2, and 3 creases not included in line 2 (itemize)  al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | 30                                     | 1<br>2<br>3<br>4<br>5<br>6             | 282,355.<br><11,960.><br>0.<br>270,395.<br>0.<br>270,395.<br>Form <b>990-PF</b> (2012) |

|                                                                                                      | ERT & MARY STF                                                    |                                                  |                                      |                                                  | 4               | 8-639                           | 3036                                    | Page 3 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|--------------------------------------------------|-----------------|---------------------------------|-----------------------------------------|--------|
| Part IV Capital Gains                                                                                | and Losses for Tax o                                              | n Investmen                                      | t Income                             |                                                  |                 | -                               |                                         |        |
|                                                                                                      | ribe the kind(s) of property sok<br>arehouse, or common stock, 20 |                                                  |                                      | (b) How acquired<br>P - Purchase<br>D - Donation |                 | acquired<br>lay, yr )           | (d) Date<br>(mo., day                   |        |
| 1a                                                                                                   |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| b NO                                                                                                 | NE                                                                |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| <u>C</u>                                                                                             |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| <u>d</u>                                                                                             |                                                                   |                                                  |                                      |                                                  | ļ               |                                 |                                         |        |
| <u>e</u>                                                                                             | <del></del>                                                       |                                                  |                                      | <u> </u>                                         |                 |                                 |                                         |        |
| (e) Gross sales price                                                                                | (f) Depreciation allowed (or allowable)                           |                                                  | st or other basis<br>expense of sale |                                                  |                 | iain or (loss)<br>s (f) minus ( |                                         | _      |
| <u>a</u>                                                                                             |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| <u>b</u>                                                                                             |                                                                   |                                                  | <del></del>                          |                                                  |                 |                                 |                                         | -      |
| <u>C</u>                                                                                             | <u> </u>                                                          |                                                  |                                      | <del></del>                                      |                 |                                 |                                         |        |
| <u>d</u>                                                                                             |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| Complete only for assets shown                                                                       | og gain in column (h) and owne                                    | d by the foundation                              | on 12/31/69                          |                                                  | (I) Gaine (C    | Col (h) gain                    | minue                                   |        |
| (i) F M V as of 12/31/69                                                                             | (j) Adjusted basis<br>as of 12/31/69                              | (k) E>                                           | cess of col (I)                      |                                                  | còl. (k), but i |                                 | 1 -0-) ar                               |        |
| 1                                                                                                    | us 01 12/01/05                                                    |                                                  | (), " uny                            |                                                  |                 |                                 |                                         |        |
| <u>a</u> b                                                                                           |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| C                                                                                                    |                                                                   | ··                                               |                                      |                                                  |                 | <del></del>                     |                                         |        |
| d                                                                                                    |                                                                   | _                                                |                                      |                                                  |                 |                                 | -                                       |        |
| e                                                                                                    |                                                                   |                                                  |                                      |                                                  |                 |                                 | *************************************** |        |
| <ul><li>2 Capital gain net income or (net ca</li><li>3 Net short-term capital gain or (los</li></ul> | apital loss) 👤 If (loss), ent                                     | enter in Part I, line<br>ter -0- in Part I, line |                                      | }   2                                            |                 |                                 |                                         |        |
| If gain, also enter in Part I, line 8,<br>If (loss), enter -0- in Part I, line 8                     | column (c)                                                        | _                                                | 17 N                                 | } 3                                              |                 |                                 |                                         |        |
| Part V Qualification U                                                                               |                                                                   |                                                  |                                      |                                                  | ncome           |                                 |                                         |        |
| (For optional use by domestic private If section 4940(d)(2) applies, leave t                         |                                                                   | tion 4940(a) tax on                              | i net investment in                  | icome )                                          |                 |                                 |                                         |        |
| Was the foundation liable for the sec                                                                | ·                                                                 | le amount of any ye                              | ear in the base pei                  | riod?                                            |                 |                                 | Yes [                                   | X No   |
| If "Yes," the foundation does not qua                                                                |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         |        |
| 1 Enter the appropriate amount in                                                                    | each column for each year, see                                    | the instructions be                              | fore making any e                    | ntries                                           |                 |                                 | (4)                                     |        |
| (a)<br>Base period years<br><u>Cale</u> ndar year (or tax year beginni                               | ing in) Adjusted qualifyin                                        |                                                  | Net value of no                      | (c)<br>encharitable-use ass                      | ets             | Distrib<br>(col (b) div         | (d)<br>ution ratio<br>ided by col (     | c))    |
| 2011                                                                                                 |                                                                   | 25,000.                                          |                                      | 279,06                                           |                 |                                 |                                         | 9586   |
| 2010                                                                                                 |                                                                   | 22,000.                                          |                                      | 295,30                                           |                 |                                 |                                         | 4499   |
| 2009                                                                                                 |                                                                   | 23,992.                                          |                                      | 295,66                                           |                 | <del></del>                     |                                         | 1147   |
| 2008                                                                                                 |                                                                   | 26,000.                                          |                                      | 315,39                                           |                 |                                 |                                         | 2436   |
| 2007                                                                                                 |                                                                   | 25,000.                                          | <u> </u>                             | 283,87                                           | 73.             | <del></del>                     | .08                                     | 8067   |
| G. Tetal of least and and some (a)                                                                   |                                                                   |                                                  |                                      |                                                  |                 |                                 | <i>1</i> 1                              | .5735  |
| 2 Total of line 1, column (d) 3 Average distribution ratio for the                                   | E-veer base paried - divide the                                   | total on line 2 by E                             | or by the number                     | of voore                                         | 2               |                                 |                                         | 3133   |
| 3 Average distribution ratio for the<br>the foundation has been in existe                            | · ·                                                               | total on line 2 by 5,                            | or by the number                     | UI years                                         | _3_             |                                 | .08                                     | 3147   |
| 4 Enter the net value of noncharital                                                                 | ble-use assets for 2012 from Pa                                   | ırt X. line 5                                    |                                      |                                                  | 4               |                                 | 277,                                    | 641.   |
| 5 Multiply line 4 by line 3                                                                          |                                                                   | , ,                                              |                                      |                                                  | 5               |                                 |                                         | 085.   |
|                                                                                                      | ne /1% of Part Llina 27h\                                         |                                                  |                                      |                                                  | 6               |                                 |                                         | 0.     |
| 6 Enter 1% of net investment incor                                                                   | 110 (170 UI FAIL I, IMB 27U)                                      |                                                  |                                      |                                                  |                 |                                 | 22                                      |        |
| 7 Add lines 5 and 6                                                                                  |                                                                   |                                                  |                                      |                                                  |                 |                                 |                                         | 085.   |

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12,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

| _  | m 990-PF (2012) FAMILY FOUNDATION                                                                            |                               |          | -6393        |                |       | Page 4                                            |
|----|--------------------------------------------------------------------------------------------------------------|-------------------------------|----------|--------------|----------------|-------|---------------------------------------------------|
| Pi | art VI Excise Tax Based on Investment Income (Section 4940(a), 49                                            | 40(b), 4940(e), or            | 4948     | } - see i    | nstru          | ctio  | ns)                                               |
| 18 | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔 and enter "N/A"                 | on line 1                     |          |              |                |       |                                                   |
|    | Date of ruling or determination letter: (attach copy of letter if necessary-se                               | ee instructions)              |          |              |                |       |                                                   |
| t  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 an                 | nd enter 1%                   | 1        |              |                |       | 1.                                                |
|    | of Part I, line 27b                                                                                          |                               |          |              |                |       |                                                   |
| 0  | : 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         | r -0-)                        | 2        |              |                |       | 0.                                                |
| 3  | Add lines 1 and 2                                                                                            |                               | 3        |              |                |       | 1.                                                |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others ente        | r -0-)                        | 4        |              |                |       | 0.                                                |
| 5  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-                       |                               | _5       |              |                |       | 1.                                                |
| 6  | Credits/Payments                                                                                             |                               |          |              | ·              |       | •                                                 |
| a  | 2012 estimated tax payments and 2011 overpayment credited to 2012                                            |                               |          |              |                |       |                                                   |
| t  | Exempt foreign organizations - tax withheld at source                                                        |                               | ]        |              |                |       |                                                   |
| 0  | Tax paid with application for extension of time to file (Form 8868)                                          |                               |          |              |                |       |                                                   |
| d  | Backup withholding erroneously withheld 6d                                                                   |                               | ]        |              |                |       |                                                   |
| 7  | Total credits and payments Add lines 6a through 6d                                                           |                               | 7        |              |                |       | 0.                                                |
| 8  | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached                     |                               | 8        |              |                |       |                                                   |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                | <b>&gt;</b>                   | 9        |              |                |       | 1.                                                |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                    | <b>&gt;</b>                   | 10       |              |                |       |                                                   |
|    | Enter the amount of line 10 to be Credited to 2013 estimated tax                                             | Refunded ►                    | 11       | -            |                |       |                                                   |
| Pa | art VII-A Statements Regarding Activities                                                                    |                               |          |              |                |       |                                                   |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or d  | id it participate or interven | e in     |              |                | Yes   | No                                                |
|    | any political campaign?                                                                                      |                               |          |              | 1a             |       | X                                                 |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see in  | structions for definition)?   |          |              | 1b             |       | Х                                                 |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies               | of any materials publish      | ed or    |              | . ,,,          | -7    | ,                                                 |
|    | 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 the year            |                               |          |              |                |       |                                                   |
|    | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$                                                   | 0.                            | <u>.</u> |              |                |       |                                                   |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in     | nposed on foundation          |          |              |                |       |                                                   |
|    | managers ► \$ O .                                                                                            |                               |          |              |                |       |                                                   |
| 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.                                                   |                               |          |              |                |       |                                                   |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument         | , articles of incorporation,  | or       |              |                |       |                                                   |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                       |                               |          |              | 3              |       | X                                                 |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                  |                               |          |              | 4a             |       | X                                                 |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?                                             |                               | 1        | A\N          | 4b             |       |                                                   |
| 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 either.            |                               |          |              |                |       |                                                   |
|    | By language in the governing instrument, or                                                                  |                               |          |              |                |       |                                                   |
|    | By state legislation that effectively amends the governing instrument so that no mandatory direction         | s that conflict with the stat | e law    |              |                |       |                                                   |
|    | remain in the governing instrument?                                                                          |                               |          |              | 6              | Х     |                                                   |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year?                              |                               |          |              | 7              | X     | <del>, , , , , , , , , , , , , , , , , , , </del> |
|    | 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 instructions)           |                               |          |              |                | }     |                                                   |
|    | NV                                                                                                           |                               |          | <del>_</del> |                |       |                                                   |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge      | neral (or designate)          |          |              |                |       |                                                   |
|    | of each state as required by General Instruction G? If "No," attach explanation                              |                               |          |              | 8b             | X     |                                                   |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942       |                               | endar    |              |                |       |                                                   |
|    | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete it       |                               |          |              | 9              |       | X                                                 |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the | ir names and addresses        |          |              | 10             |       | X                                                 |
|    |                                                                                                              |                               |          | Forr         | n <b>990</b> . | -PF ( | 2012)                                             |

| Pa  | rt VII-A   Statements Regarding Activities (continued)                                                                                                                                                                                                  | 1              |            |                |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|----------------|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                                                                                                                  |                |            |                |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                                                                                        | 11             |            | <u>X</u>       |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?                                                                                                              |                |            |                |
|     | If "Yes," attach statement (see instructions)                                                                                                                                                                                                           | 12             |            | X              |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                                                                                     | 13             |            | X              |
| -   | Website address ► N/A                                                                                                                                                                                                                                   |                |            |                |
| 14  | The books are in care of ► RIDGEWAY & WARNER Telephone no ► (805)                                                                                                                                                                                       | 966            | -17        | 51             |
|     | Located at ▶ 525 OLIVE STREET, SANTA BARBARA, CA ZIP+4 ▶93                                                                                                                                                                                              | 101            |            |                |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                                                                                                                                     |                | <b></b>    |                |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                         | N              | /A         |                |
| 16  | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,                                                                                                                            |                | Yes        | No             |
|     | securities, or other financial account in a foreign country?                                                                                                                                                                                            | 16             |            | X              |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign                                                                                                                              |                |            |                |
|     | country                                                                                                                                                                                                                                                 |                |            |                |
| Pa  | ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required                                                                                                                                                                           |                |            |                |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                                                                                                                                 |                | Yes        | No             |
| 1 a | During the year did the foundation (either directly)                                                                                                                                                                                                    |                |            |                |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No                                                                                                                                                         |                |            |                |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)                                                                                                                                                                 |                |            |                |
|     | a disqualified person?                                                                                                                                                                                                                                  |                |            |                |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                              |                |            |                |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                    |                |            |                |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available                                                                                                                                                             |                |            |                |
|     | for the benefit or use of a disqualified person)?                                                                                                                                                                                                       |                |            |                |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"                                                                                                                                                                     |                |            |                |
|     | If the foundation agreed to make a grant to or to employ the official for a period after                                                                                                                                                                |                |            |                |
|     | termination of government service, if terminating within 90 days.)  Yes X No                                                                                                                                                                            |                |            |                |
|     | If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations                                                                                                                           |                |            |                |
| u   | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A                                                                                                                                                      | 1b             | f 1        |                |
|     |                                                                                                                                                                                                                                                         |                |            |                |
| _   | Organizations relying on a current notice regarding disaster assistance check here  Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                                     |                |            |                |
| C   |                                                                                                                                                                                                                                                         | 10             | 1          | Х              |
|     | before the first day of the tax year beginning in 2012?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                                                               | ''             |            |                |
| 2   |                                                                                                                                                                                                                                                         | Ì              |            |                |
|     | defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning                                                                      | -              |            |                |
| d   | before 2012? Late the foundation have any undistributed income (lines od and de, rait xirr) for tax year(s) degining Yes X No                                                                                                                           |                |            |                |
|     |                                                                                                                                                                                                                                                         |                |            |                |
|     | If "Yes," list the years \( \bigs_{                                                                                                                                                                                                                     |                |            |                |
| L   | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach                                                                                                                    |                |            |                |
|     | statement - see instructions )  N/A                                                                                                                                                                                                                     | 2b             | <b>i</b> i |                |
| _   | : If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here                                                                                                                                |                |            |                |
| U   | the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                                                                                                                                            |                |            |                |
| 2.  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                                                                                                                               |                |            |                |
| 34  |                                                                                                                                                                                                                                                         |                |            |                |
|     | during the year?  L Yes LX No  If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after                                                                                   |                |            |                |
| L   | 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 foundation had excess business holdings in 2012.)                                                                                                                                                                        | 3b             | 1          |                |
| 4-  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                         | 4a             |            | X              |
|     | Did the foundation invest during the year any amount in a mainer that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 74             | - 7        | _ <del>-</del> |
| L   | had not been removed from jeopardy before the first day of the tax year beginning in 2012?                                                                                                                                                              | 4b             | •          | Х              |
|     |                                                                                                                                                                                                                                                         | rm <b>99</b> 0 | )-PF       |                |
|     |                                                                                                                                                                                                                                                         |                | \          | /              |

| TAMILY COUNDACTOR                                                                                                                                                                      |                                               |                                                  | 48-63930                                                       | 26                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|----------------------------|
| Form 990-PF (2012) FAMILY FOUNDATION  Part VII-B Statements Regarding Activities for Which                                                                                             | Form 4720 May Be F                            |                                                  |                                                                | 36 Page 6                  |
|                                                                                                                                                                                        | FORM 4720 Way De F                            | required (continu                                | ueo,                                                           |                            |
| 5a During the year did the foundation pay or incur any amount to                                                                                                                       | n 404E/n\\2                                   | v                                                | s X No                                                         |                            |
| <ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>Influence the outcome of any specific public election (see section 4955); or</li> </ol> |                                               |                                                  | :5 [21] 110                                                    |                            |
| any voter registration drive?                                                                                                                                                          | or to carry on, unecuy or mune                | v <sub>e</sub>                                   | s X No                                                         |                            |
| (3) Provide a grant to an individual for travel, study, or other similar purposes                                                                                                      | 2                                             |                                                  | s X No                                                         |                            |
| (4) Provide a grant to an organization other than a charitable, etc., organization                                                                                                     |                                               |                                                  | ,3 (24,) 110                                                   |                            |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?                                                                                                                                         | ii described iii section                      | □ v <sub>e</sub>                                 | s X No                                                         |                            |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,                                                                                                    | or educational numbes or f                    |                                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        |                            |
| the prevention of cruelty to children or animals?                                                                                                                                      | or caucational parposos, or r                 |                                                  | s X No                                                         |                            |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni                                                                                                 | der the excentions described i                |                                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        |                            |
| section 53 4945 or in a current notice regarding disaster assistance (see instru                                                                                                       |                                               |                                                  | N/A                                                            | 5b                         |
| Organizations relying on a current notice regarding disaster assistance check h                                                                                                        |                                               |                                                  | ▶□ □                                                           |                            |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f                                                                                                      |                                               | ined                                             |                                                                |                            |
| expenditure responsibility for the grant?                                                                                                                                              |                                               | . /                                              | es D No                                                        |                            |
| If "Yes," attach the statement required by Regulations section 53.494                                                                                                                  | 5-5(d).                                       |                                                  |                                                                |                            |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to                                                                                           |                                               |                                                  |                                                                |                            |
| a personal benefit contract?                                                                                                                                                           |                                               | Ye                                               | s X No                                                         |                            |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p                                                                                                    | personal benefit contract?                    |                                                  |                                                                | 6b X                       |
| If "Yes" to 6b, file Form 8870.                                                                                                                                                        |                                               |                                                  |                                                                |                            |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s                                                                                                   | shelter transaction?                          | Ye                                               | s X No                                                         |                            |
| b If "Yes," did the foundation receive any proceeds or have any net income attribution                                                                                                 |                                               |                                                  | N/A                                                            | 7b                         |
| Part VIII Information About Officers, Directors, Trust                                                                                                                                 |                                               | nagers, Highly                                   | /                                                              |                            |
| Paid Employees, and Contractors                                                                                                                                                        |                                               |                                                  | <del></del>                                                    |                            |
| 1 List all officers, directors, trustees, foundation managers and their                                                                                                                |                                               |                                                  | ( / n -                                                        |                            |
| (a) Name and address                                                                                                                                                                   | (b) Title, and average hours per week devoted | (c) Compensation<br>(if not paid,                | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, other |
| (a) Name and address                                                                                                                                                                   | to position                                   | enter -0-)                                       | compensation                                                   | allowances                 |
| ROBERT STRANAHAN                                                                                                                                                                       | CHAIRMAN OF T                                 | HE BOARD                                         |                                                                | !                          |
| 7504 VIA DEL MAR STREET                                                                                                                                                                |                                               |                                                  |                                                                |                            |
| LAS VEGAS, NV 89131                                                                                                                                                                    | 0.00                                          | 0.                                               | 0.                                                             | 0.                         |
| EDWARD PARKER                                                                                                                                                                          | VICE-CHAIRMAN                                 | OF THE B                                         | OARD                                                           |                            |
| 7710 EAST COLUMBIA DRIVE                                                                                                                                                               |                                               |                                                  |                                                                |                            |
| SPOKANE, WA 99212                                                                                                                                                                      | 0.00                                          | 0.                                               | 0.                                                             | 0.                         |
| DEBRA COLEMAN                                                                                                                                                                          | SECRETARY & T                                 | REASURER                                         |                                                                |                            |
| 4917 GLENARDEN DRIVE                                                                                                                                                                   |                                               | 1                                                |                                                                |                            |
| LAS VEGAS, NV 89130                                                                                                                                                                    | 0.00                                          | 0.                                               | 0.                                                             | 0.                         |
|                                                                                                                                                                                        |                                               |                                                  |                                                                |                            |
|                                                                                                                                                                                        | -                                             |                                                  |                                                                |                            |
| 2 Compensation of five highest-paid employees (other than those inc                                                                                                                    | luded on line 1) If none                      | enter "NONE "                                    | l                                                              |                            |
| 2 Compensation of five highest-paid employees (other than those inc                                                                                                                    | (b) Title, and average                        | enter NONE.                                      | (d) Contributions to                                           | (e) Expense                |
| (a) Name and address of each employee paid more than \$50,000                                                                                                                          | hours per week                                | (c) Compensation                                 | employee benefit plans<br>and deferred                         | account, other             |
| NONE                                                                                                                                                                                   | devoted to position                           |                                                  | compensation                                                   | allowances                 |
| NONE NONE                                                                                                                                                                              | -                                             |                                                  | ļ                                                              |                            |
|                                                                                                                                                                                        |                                               | -                                                |                                                                | <del> </del>               |
|                                                                                                                                                                                        | -{                                            |                                                  |                                                                |                            |
|                                                                                                                                                                                        |                                               | <del>                                     </del> |                                                                |                            |
|                                                                                                                                                                                        | 1                                             |                                                  | 1                                                              |                            |
|                                                                                                                                                                                        | <del> </del>                                  |                                                  | <del></del>                                                    | <del> </del>               |
|                                                                                                                                                                                        | 1                                             |                                                  |                                                                |                            |
|                                                                                                                                                                                        |                                               |                                                  |                                                                | <del>-</del>               |
| <del></del>                                                                                                                                                                            | 1                                             |                                                  |                                                                |                            |
| Total number of other employees naid over \$50 000                                                                                                                                     | <u> </u>                                      | -t                                               | <b>&gt;</b>                                                    | 0                          |

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| FAMILY | FOUNDAT | NOI   |

| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)        |             |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."                                             |             |                        |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service                                                           |             | (c) Compensation       |
| NONE                                                                                                                                      |             |                        |
|                                                                                                                                           |             |                        |
|                                                                                                                                           |             |                        |
| <del></del>                                                                                                                               |             | <u> </u>               |
|                                                                                                                                           | ļ           |                        |
|                                                                                                                                           |             |                        |
|                                                                                                                                           |             |                        |
|                                                                                                                                           |             |                        |
|                                                                                                                                           |             |                        |
| Total number of others receiving over \$50,000 for professional services                                                                  |             | 0                      |
| Part IX-A Summary of Direct Charitable Activities                                                                                         |             |                        |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the |             |                        |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc                               | 1           | Expenses               |
| 1 CONTRIBUTED TO THE NEEDS OF THE HANDICAP BY CONTRIBUTING TO                                                                             |             |                        |
| EXEMPT ORGANIZATIONS ESTABLISHED TO MEET THOSE NEEDS.                                                                                     | 7           |                        |
|                                                                                                                                           |             | 12,000.                |
| 2                                                                                                                                         |             |                        |
|                                                                                                                                           | _           |                        |
|                                                                                                                                           | _           |                        |
| 3                                                                                                                                         | _           |                        |
|                                                                                                                                           | _           |                        |
| <u>, — — — — — — — — — — — — — — — — — — —</u>                                                                                            | <del></del> | <del></del>            |
| 4                                                                                                                                         | -           |                        |
|                                                                                                                                           | $\dashv$    |                        |
| Part IX-B Summary of Program-Related Investments                                                                                          |             | <del> </del>           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2                          | T           | Amount                 |
| 1 NO PROGRAM RELATED INVESTMENTS WERE MADE DURING THE YEAR.                                                                               |             | <u> </u>               |
|                                                                                                                                           | 7           |                        |
|                                                                                                                                           | 7           | 0.                     |
| 2                                                                                                                                         |             |                        |
|                                                                                                                                           |             |                        |
|                                                                                                                                           |             |                        |
| All other program-related investments. See instructions                                                                                   |             |                        |
| 3                                                                                                                                         | _           |                        |
|                                                                                                                                           |             |                        |
| <u>-                                    </u>                                                                                              | <del></del> |                        |
| Total. Add lines 1 through 3                                                                                                              |             | 0.                     |
|                                                                                                                                           | For         | m <b>990-PF</b> (2012) |

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| P  | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations                                                                          | ndation        | 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.                     |
|    | Average of monthly cash balances                                                                                                                                          | 1b             | 0.<br>281,869.         |
|    | Fair market value of all other assets                                                                                                                                     | 10             |                        |
| ď  | Total (add lines 1a, b, and c)                                                                                                                                            | 1d_            | 281,869.               |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and                                                                                                  |                |                        |
|    | 1c (attach detailed explanation) 1e 0.                                                                                                                                    |                |                        |
| 2  | Acquisition indebtedness applicable to line 1 assets                                                                                                                      | 2_             | <u>0.</u>              |
| 3  | Subtract line 2 from line 1d                                                                                                                                              | 3              | 281,869.               |
| 4  | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)                                                                  | 4              | 4,228.                 |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                                                                      | 5              | 277,641.               |
| 6  | Minimum investment return. Enter 5% of line 5                                                                                                                             | 6_             | 13,882.                |
| P  | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | id certai      | In                     |
| 1  | Minimum investment return from Part X, line 6                                                                                                                             | 1              | 13,882.                |
| 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.)                                                                                                         |                |                        |
| 3  | Add lines 2a and 2b                                                                                                                                                       | 2¢             | 1.                     |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1                                                                                                      | 3              | 13,881.                |
| 4  | Recoveries of amounts treated as qualifying distributions                                                                                                                 | 4              | 0.                     |
| 5  | Add lines 3 and 4                                                                                                                                                         | 5              | 13,881.                |
| 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                                                                         | 7              | 13,881.                |
| P  | art XII Qualifying Distributions (see instructions)                                                                                                                       |                |                        |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                                                 |                | 12 000                 |
| а  | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26                                                                                              | <u>1a</u>      | 12,000.                |
| 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             |                        |
|    | Cash distribution test (attach the required schedule)                                                                                                                     | 3b             | 12 000                 |
| 4  | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                                 | 4              | 12,000.                |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                                                                              | _              | 0                      |
| _  | Income Enter 1% of Part I, line 27b                                                                                                                                       | 5              | 12,000.                |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                            | 6              |                        |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years        | qualifies<br>— | tor the section        |

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

|                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011                             | (d)<br>2012                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-----------------------------------------|----------------------------------------|
| 1 Distributable amount for 2012 from Part XI,                                                                                                                     |               |                            |                                         | 13,881.                                |
| 2 Undistributed income, if any, as of the end of 2012                                                                                                             |               | '' '                       |                                         | <del></del>                            |
| a Enter amount for 2011 only                                                                                                                                      |               |                            | 0.                                      |                                        |
| b Total for prior years                                                                                                                                           |               |                            |                                         |                                        |
|                                                                                                                                                                   |               | 0.                         | 1-                                      |                                        |
| 3 Excess distributions carryover, if any, to 2012                                                                                                                 |               |                            |                                         |                                        |
| a From 2007 11,806.                                                                                                                                               |               |                            |                                         |                                        |
| b From 2008 9,230.                                                                                                                                                |               |                            |                                         |                                        |
| t From 2009 9,225.<br>d From 2010 7,235.                                                                                                                          |               |                            |                                         |                                        |
| 11 047                                                                                                                                                            |               |                            |                                         |                                        |
|                                                                                                                                                                   | 48,543.       |                            |                                         |                                        |
| f Total of lines 3a through e                                                                                                                                     | 40,545.       |                            |                                         | ······································ |
| 4 Qualifying distributions for 2012 from Part XII, line 4. ► \$ 12,000.                                                                                           |               |                            |                                         |                                        |
| <u> </u>                                                                                                                                                          |               |                            | 0.                                      |                                        |
| a Applied to 2011, but not more than line 2a                                                                                                                      |               |                            |                                         |                                        |
| b Applied to undistributed income of prior                                                                                                                        |               | 0.                         |                                         |                                        |
| years (Election required - see instructions)                                                                                                                      |               | <u> </u>                   |                                         |                                        |
| c Treated as distributions out of corpus                                                                                                                          | 0.            |                            |                                         |                                        |
| (Election required - see instructions)                                                                                                                            |               |                            | ·                                       | 12,000.                                |
| d Applied to 2012 distributable amount  e Remaining amount distributed out of corpus                                                                              | 0.            |                            |                                         |                                        |
| 5 Excess distributions carryover applied to 2012                                                                                                                  | 1,881.        |                            | <u>'</u>                                | 1,881.                                 |
| (If an amount appears in column (d), the same amount must be shown in column (a) )                                                                                | 2,0023        |                            |                                         | ······································ |
| 6 Enter the net total of each column as indicated below:                                                                                                          |               |                            | *************************************** |                                        |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                 | 46,662.       |                            |                                         |                                        |
| b Prior years' undistributed income. Subtract                                                                                                                     |               |                            |                                         |                                        |
| line 4b from line 2b                                                                                                                                              |               | 0.                         |                                         |                                        |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously |               | 0.                         |                                         |                                        |
| d Subtract line 6c from line 6b. Taxable                                                                                                                          |               |                            |                                         | ······································ |
| amount - see instructions                                                                                                                                         |               | 0.                         |                                         |                                        |
| e Undistributed income for 2011. Subtract line                                                                                                                    |               |                            |                                         |                                        |
| 4a from line 2a Taxable amount - see instr                                                                                                                        |               |                            | 0.                                      |                                        |
| f Undistributed income for 2012 Subtract                                                                                                                          |               |                            |                                         |                                        |
| lines 4d and 5 from line 1. This amount must                                                                                                                      |               |                            |                                         | 0.                                     |
| be distributed in 2013                                                                                                                                            |               |                            |                                         |                                        |
| 7 Amounts treated as distributions out of                                                                                                                         |               |                            |                                         |                                        |
| corpus to satisfy requirements imposed by                                                                                                                         | 0.            |                            |                                         |                                        |
| section 170(b)(1)(F) or 4942(g)(3)                                                                                                                                |               |                            |                                         |                                        |
| 8 Excess distributions carryover from 2007                                                                                                                        | 9,925.        |                            |                                         |                                        |
| not applied on line 5 or line 7                                                                                                                                   | 7,723.        |                            |                                         |                                        |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a                                                                                     | 36,737.       |                            |                                         |                                        |
|                                                                                                                                                                   | 33,737.       |                            |                                         | ······································ |
| 10 Analysis of line 9 a Excess from 2008 9,230.                                                                                                                   |               |                            |                                         |                                        |
| b Excess from 2009 9, 225.                                                                                                                                        |               |                            |                                         |                                        |
| c Excess from 2010 7, 235.                                                                                                                                        |               |                            |                                         |                                        |
| d Excess from 2011 11,047.                                                                                                                                        |               |                            |                                         |                                        |
| e Excess from 2012                                                                                                                                                |               |                            |                                         |                                        |
| 0 EXCOSS HOLLE EG LE                                                                                                                                              |               |                            |                                         | Form 990-PF (2012)                     |

|                                                                           | FOUNDATION _                                                                                                                                                                 | <del> </del>                |                              | 48-63                       | 93036 Page 1       |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|-----------------------------|--------------------|
| Part XIV Private Operating F                                              | oundations (see in                                                                                                                                                           | structions and Part V       | II-A, question 9)            | N/A                         |                    |
| 1 a If the foundation has received a ruling o                             | r determination letter tha                                                                                                                                                   | t it is a private operating |                              |                             |                    |
|                                                                           |                                                                                                                                                                              | •                           | <b>&gt;</b>                  |                             |                    |
|                                                                           | the ruling is effective for 2012, enter the date of the ruling licate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) |                             |                              |                             |                    |
| 2 a Enter the lesser of the adjusted net                                  | Tax year                                                                                                                                                                     |                             | <del></del>                  |                             | <del>.</del>       |
| income from Part I or the minimum                                         | (a) 2012                                                                                                                                                                     | (b) 2011                    | (c) 2010                     | (d) 2009                    | (e) Total          |
| investment return from Part X for                                         |                                                                                                                                                                              |                             |                              |                             |                    |
| each year listed                                                          |                                                                                                                                                                              |                             |                              |                             |                    |
| b 85% of line 2a                                                          |                                                                                                                                                                              |                             |                              | <u> </u>                    |                    |
| c Qualifying distributions from Part XII,                                 |                                                                                                                                                                              |                             |                              |                             |                    |
| line 4 for each year listed                                               |                                                                                                                                                                              |                             |                              | <u> </u>                    |                    |
| d Amounts included in line 2c not                                         |                                                                                                                                                                              |                             |                              |                             |                    |
| used directly for active conduct of                                       |                                                                                                                                                                              |                             |                              |                             |                    |
| exempt activities                                                         |                                                                                                                                                                              |                             |                              |                             |                    |
| e Qualifying distributions made directly                                  |                                                                                                                                                                              |                             |                              |                             |                    |
| for active conduct of exempt activities                                   |                                                                                                                                                                              |                             |                              |                             |                    |
| Subtract line 2d from line 2c                                             |                                                                                                                                                                              |                             | <u></u>                      |                             |                    |
| 3 Complete 3a, b, or c for the alternative test relied upon               |                                                                                                                                                                              |                             |                              |                             |                    |
| a "Assets" alternative test - enter                                       |                                                                                                                                                                              |                             |                              |                             |                    |
| (1) Value of all assets                                                   |                                                                                                                                                                              |                             |                              |                             |                    |
| (2) Value of assets qualifying                                            | İ                                                                                                                                                                            |                             |                              |                             |                    |
| under section 4942(j)(3)(B)(i)                                            |                                                                                                                                                                              |                             |                              |                             |                    |
| b "Endowment" alternative test - enter                                    |                                                                                                                                                                              |                             |                              |                             |                    |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year |                                                                                                                                                                              |                             |                              |                             |                    |
| listed                                                                    |                                                                                                                                                                              |                             |                              |                             |                    |
| "Support" alternative test - enter                                        | 1                                                                                                                                                                            |                             |                              |                             |                    |
| (1) Total support other than gross                                        | 1                                                                                                                                                                            |                             |                              |                             |                    |
| investment income (interest,                                              |                                                                                                                                                                              |                             |                              |                             |                    |
| dividends, rents, payments on<br>securities loans (section                |                                                                                                                                                                              |                             |                              |                             |                    |
| 512(a)(5)), or royalties)                                                 | <u> </u>                                                                                                                                                                     |                             |                              |                             |                    |
| (2) Support from general public                                           |                                                                                                                                                                              |                             |                              |                             |                    |
| and 5 or more exempt                                                      |                                                                                                                                                                              |                             |                              |                             |                    |
| organizations as provided in section 4942(j)(3)(B)(III)                   |                                                                                                                                                                              |                             |                              |                             |                    |
| (3) Largest amount of support from                                        |                                                                                                                                                                              |                             |                              |                             |                    |
| an exempt organization                                                    |                                                                                                                                                                              | <u> </u>                    |                              |                             |                    |
| (4) Gross investment income                                               |                                                                                                                                                                              |                             |                              |                             |                    |
| Part XV Supplementary Info                                                | rmation (Comple                                                                                                                                                              | ete this part only          | if the foundation            | had \$5,000 or mo           | ore in assets      |
| at any time during t                                                      | he year-see inst                                                                                                                                                             | ructions.)                  |                              |                             |                    |
| 1 Information Regarding Foundatio                                         | n Managers:                                                                                                                                                                  |                             |                              |                             |                    |
| a List any managers of the foundation wh                                  |                                                                                                                                                                              |                             | itributions received by the  | foundation before the clos  | se of any tax      |
| year (but only if they have contributed m                                 | ore than \$5,000) (See s                                                                                                                                                     | section 507(d)(2) )         |                              |                             |                    |
| ROBERT STRANAHAN                                                          |                                                                                                                                                                              |                             |                              |                             | ·                  |
| b List any managers of the foundation who                                 |                                                                                                                                                                              |                             | ı (or an equally large porti | on of the ownership of a pa | artnership or      |
| other entity) of which the foundation has                                 | a 10% or greater intere                                                                                                                                                      | st                          |                              |                             |                    |
| NONE                                                                      |                                                                                                                                                                              |                             |                              |                             | ·                  |
| 2 Information Regarding Contributi                                        |                                                                                                                                                                              |                             |                              |                             |                    |
| Check here $ ightharpoonup oxed{X}$ if the foundation o                   | nly makes contributions                                                                                                                                                      | to preselected charitable   | e organizations and does i   | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc                                   | (see instructions) to indi                                                                                                                                                   | viduals or organizations    | under other conditions, c    | omplete items 2a, b, c, and | l d                |
| a The name, address, and telephone numl                                   | per or e-mail of the perso                                                                                                                                                   | on to whom applications     | should be addressed          |                             |                    |
|                                                                           |                                                                                                                                                                              |                             |                              |                             |                    |
|                                                                           |                                                                                                                                                                              |                             | <u> </u>                     |                             |                    |
| b The form in which applications should b                                 | e submitted and informa                                                                                                                                                      | tion and materials they     | should include               |                             |                    |
|                                                                           |                                                                                                                                                                              |                             |                              |                             |                    |
| c Any submission deadlines                                                |                                                                                                                                                                              |                             |                              |                             |                    |
|                                                                           |                                                                                                                                                                              |                             |                              |                             |                    |
| d Any restrictions or limitations on awards                               | , such as by geographic                                                                                                                                                      | al areas, charitable fields | s, kinds of institutions, or | other factors.              |                    |
|                                                                           |                                                                                                                                                                              |                             |                              |                             |                    |
|                                                                           |                                                                                                                                                                              |                             | ·                            |                             |                    |
| 223601 12-05-12                                                           |                                                                                                                                                                              |                             |                              |                             | Form 990-PF (2012) |

FAMILY FOUNDATION

| Supplementary information                      |                                                                            | D                                    |                                            | <del></del> |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|--------------------------------------------|-------------|
| 3 Grants and Contributions Paid During the     | If recipient is an individual,                                             | Payment                              | 1                                          | ·           |
| Recipient  Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution           | Amount      |
| a Paid during the year                         | or outstantial contributor                                                 |                                      |                                            | <del></del> |
| • ,                                            |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
| ASSOCIATION FOR HANDICAPPED RECREATION         | NONE                                                                       | PUBLIC CHARITY                       | SPECIALIZED RECREATION<br>FOR THE DISABLED |             |
| P.O. BOX 2451                                  |                                                                            |                                      | FOR THE DISABLED                           |             |
| COUER DALENE, ID 83814                         |                                                                            |                                      |                                            | 12,000.     |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
| PANHANDLE AUTISM                               | NONE                                                                       | PUBLIC CHARITY                       | CIIDDODT                                   |             |
| 118 NORTH 7TH STREET, SUITE C-4                | NONE                                                                       | FUBBLIC CRARILL                      | SOFFORT                                    |             |
| COUER DALENE, ID 83814                         |                                                                            |                                      |                                            | 0.          |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      | }                                          |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
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|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            | Ì                                    |                                            |             |
| Total                                          |                                                                            |                                      | <b>▶</b> 3a                                | 12,000.     |
| b Approved for future payment                  |                                                                            |                                      |                                            |             |
|                                                |                                                                            | 1                                    |                                            |             |
| NONE                                           |                                                                            |                                      |                                            |             |
| NONE                                           |                                                                            | }                                    |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            | <u> </u>    |
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|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
|                                                |                                                                            |                                      |                                            |             |
| Total                                          |                                                                            |                                      | <b>▶</b> 3b                                | 0.          |

#### Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated                  | Unrelated I     | ousiness income | Excluded b            | y section 512, 513, or 514 | (e)               |
|-----------------------------------------------------------------|-----------------|-----------------|-----------------------|----------------------------|-------------------|
|                                                                 | (a)<br>Business | (b)             | (C)<br>Exclu-<br>sion | (d)                        | Related or exempt |
| 1 Program service revenue                                       | code            | Amount          | code                  | Amount                     | function income   |
| a                                                               |                 |                 | _                     |                            |                   |
| b                                                               | ļ               |                 |                       |                            |                   |
| <u> </u>                                                        | ļ               |                 |                       |                            | <del></del>       |
| d                                                               | -               |                 |                       |                            |                   |
| e                                                               | -               |                 |                       |                            |                   |
|                                                                 |                 |                 |                       |                            |                   |
| 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                        |                 |                 | 20                    | 29.                        | 11.               |
| 5 Net rental income or (loss) from real estate                  |                 |                 |                       |                            |                   |
| a Debt-financed property                                        |                 |                 |                       |                            |                   |
| b Not debt-financed property                                    |                 |                 |                       |                            |                   |
| 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                      |                 |                 |                       |                            |                   |
| 10 Gross profit or (loss) from sales of inventory               |                 |                 |                       |                            |                   |
| 11 Other revenue                                                |                 |                 |                       |                            |                   |
| a                                                               |                 |                 |                       |                            |                   |
| b                                                               |                 |                 |                       |                            |                   |
| C                                                               |                 |                 |                       |                            |                   |
| d                                                               |                 |                 |                       |                            |                   |
| e                                                               |                 |                 |                       |                            |                   |
| 12 Subtotal Add columns (b), (d), and (e)                       |                 | (               | ) .                   | 29.                        | 11.               |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                 |                 |                       | 13                         | 40.               |
| (See worksheet in line 13 instructions to verify calculations.) |                 |                 |                       |                            |                   |

| Line No.<br>▼      | 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) |                           |  |  |  |  |  |  |  |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|--|--|--|--|
|                    |                                                                                                                                                                                                                              | INCLUDING                 |  |  |  |  |  |  |  |
| _                  | RELATED ADMINISTRATIVE EXPENSES.                                                                                                                                                                                             |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                        |                           |  |  |  |  |  |  |  |
|                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                        |                           |  |  |  |  |  |  |  |
| -                  |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              | <del></del>               |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
|                    | ·                                                                                                                                                                                                                            |                           |  |  |  |  |  |  |  |
| 200001             |                                                                                                                                                                                                                              |                           |  |  |  |  |  |  |  |
| 223621<br>12-05-12 |                                                                                                                                                                                                                              | Form <b>990-PF</b> (2012) |  |  |  |  |  |  |  |

Form 990-PF (2012)

FAMILY FOUNDATION

| Part XVII                               | Information Re<br>Exempt Organ                                                              |                         | nsfers To a                            | and Transactions                                               | and Relations           | nips With Noncha                      | ritable                                       | 9         |             |
|-----------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|----------------------------------------|----------------------------------------------------------------|-------------------------|---------------------------------------|-----------------------------------------------|-----------|-------------|
| 1 Did the o                             |                                                                                             |                         | of the following                       | g with any other organizati                                    | on described in section | on 501(c) of                          |                                               | Yes       | No          |
|                                         |                                                                                             |                         |                                        | 7, relating to political organ                                 |                         | o oo .(o, o.                          |                                               |           |             |
|                                         | from the reporting found                                                                    |                         |                                        | •                                                              |                         |                                       |                                               |           |             |
| (1) Cash                                | · -                                                                                         | 2000000                 | acio anompi org                        | ,u                                                             |                         |                                       | 1a(1)                                         | •         | Х           |
| (2) Othe                                |                                                                                             |                         |                                        |                                                                |                         |                                       | 1a(2)                                         |           | X           |
| b Other tra                             |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         | s of assets to a noncharita                                                                 | ible exempt organiza    | ation                                  |                                                                |                         |                                       | 1b(1)                                         |           | Х           |
| (2) Puro                                |                                                                                             | 1b(2)                   |                                        | X                                                              |                         |                                       |                                               |           |             |
| • •                                     | al of facilities, equipment,                                                                | •                       | •                                      |                                                                |                         |                                       | 1b(3)                                         |           | X           |
| (4) Rein                                |                                                                                             | 1b(4)                   |                                        | X                                                              |                         |                                       |                                               |           |             |
| <b>(5)</b> Loar                         |                                                                                             | 1b(5)                   |                                        | X                                                              |                         |                                       |                                               |           |             |
| (6) Perf                                | ormance of services or me                                                                   | embership or fundra     | ising solicitatio                      | ns                                                             |                         |                                       | 1b(6)                                         |           | X           |
| c Sharing o                             | of facilities, equipment, ma                                                                | ailing lists, other ass | ets, or paid em                        | ployees                                                        |                         |                                       | 10                                            |           | X           |
| <b>d</b> If the ans                     | wer to any of the above is                                                                  | "Yes," complete the     | following sche                         | dule. Column (b) should al                                     | ways show the fair m    | narket value of the goods,            | other ass                                     | sets,     |             |
| or service                              | es given by the reporting f                                                                 | oundation. If the fol   | indation receive                       | ed less than fair market val                                   | ue in any transaction   | or sharing arrangement, s             | show in                                       |           |             |
|                                         | d) the value of the goods,                                                                  |                         |                                        | <del> </del>                                                   |                         | <u></u>                               |                                               |           |             |
| (a) Line no                             | (b) Amount involved                                                                         | (c) Name o              |                                        | exempt organization                                            | (d) Description         | of transfers, transactions, and       | shanng ar                                     | rangeme   | ents        |
|                                         |                                                                                             |                         | N/A                                    |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         | ················                      |                                               |           |             |
|                                         | ······                                                                                      |                         |                                        | <del> </del>                                                   |                         |                                       |                                               |           |             |
| -                                       | <u> </u>                                                                                    |                         | ··· ·· · · · · · · · · · · · · · · · · | ·                                                              |                         |                                       |                                               | _         |             |
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| <del></del>                             |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         | ···                                   |                                               |           |             |
|                                         |                                                                                             | <del> </del>            |                                        |                                                                |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
| ın sectioi                              | undation directly or indirectly or indirectly of the Code (other complete the following sch | r than section 501(c    |                                        | or more tax-exempt organ<br>ion 527?                           |                         |                                       | Yes                                           | X         | □ No        |
|                                         | (a) Name of or                                                                              | ganızation              |                                        | (b) Type of organization                                       |                         | (c) Description of relations          | hip                                           |           |             |
|                                         | N/A                                                                                         |                         |                                        | <u></u>                                                        |                         |                                       |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       |                                               |           |             |
| • • • • • • • • • • • • • • • • • • • • |                                                                                             |                         |                                        |                                                                |                         | · · · · · · · · · · · · · · · · · · · |                                               |           |             |
|                                         |                                                                                             |                         |                                        |                                                                | -                       |                                       |                                               |           |             |
|                                         |                                                                                             | Ab - 4 1 b              |                                        |                                                                | l atatamanta and to the | heat of my knowledge                  |                                               |           |             |
| Sign<br>Here                            |                                                                                             | mplete Declaration of p | oreparer (other than                   | g accompanying schedules and n taxpayer) is based on all infon |                         | has any knowledge ret                 | y the IRS<br>um with th<br>own below<br>X Yes | re prepai | rer         |
|                                         | Print/Type preparer's n                                                                     |                         | Preparer's si                          |                                                                | Date                    | Check If PTIN                         |                                               |           |             |
|                                         | 7,000                                                                                       |                         | 4.)                                    | m.                                                             | 1.1.                    | self- employed                        |                                               |           |             |
| Paid                                    | STEVEN K.                                                                                   | RIDGEWAY                | $DV_{\lambda}$                         | Me Just                                                        | 11V3/13                 | · ·                                   | 0292                                          | 719       | )           |
| Preparer                                | Firm's name ► RII                                                                           |                         | VARNER                                 |                                                                |                         | Firm's EIN ► 77-0                     |                                               |           |             |
| Use Only                                |                                                                                             |                         |                                        | )                                                              |                         |                                       |                                               |           |             |
| -                                       | Firm's address P                                                                            | O. BOX 2                | 0310                                   | <i></i>                                                        | -                       |                                       |                                               |           |             |
|                                         |                                                                                             | NTA BARB                |                                        | 93120-0310                                                     |                         | Phone no. (805                        | 96                                            | 6-1       | <u>75</u> 1 |
|                                         |                                                                                             |                         |                                        |                                                                |                         |                                       | rm <b>990</b>                                 |           |             |

| FORM 990-PF DIVIDEN                 | NDS AND  | INTEREST                        | FROM       | SECURITIES                 | STATEMENT           | 1          |
|-------------------------------------|----------|---------------------------------|------------|----------------------------|---------------------|------------|
| SOURCE                              |          | GROSS AM                        | OUNT       | CAPITAL GAINS<br>DIVIDENDS | COLUMN (A           | .)         |
| CHARELS SCHWAB SCHWAB - NONTAX MUNI | •        |                                 | 11.<br>29. | 0.                         |                     | 11.<br>29. |
| TOTAL TO FM 990-PF, PART I,         | LN 4     |                                 | 40.        | 0.                         |                     | 40.        |
|                                     | <u> </u> |                                 |            |                            |                     |            |
| FORM 990-PF DEPRECIATION C          | OF ASSE  |                                 |            |                            | STATEMENT           | 2          |
|                                     | OF ASSE  | TS NOT HE<br>COST O<br>OTHER BA | R          | ACCUMULATED DEPRECIATION   | STATEMENT BOOK VALU |            |
| FORM 990-PF DEPRECIATION C          | OF ASSE  | COST O                          | R          | ACCUMULATED                |                     |            |

| Asset       | Description of property                |                    |                   |             |                                         |                                        |                                       |                                       |  |  |
|-------------|----------------------------------------|--------------------|-------------------|-------------|-----------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|--|--|
| lumber      | Date placed in service                 | Method/<br>IRC sec | Life<br>or rate   | Line<br>No. | Cost or other basis                     | Basis<br>reduction                     | Accumulated depreciation/amortization | Current year deduction                |  |  |
| 1           | ORGANIZA                               |                    |                   |             |                                         |                                        |                                       |                                       |  |  |
|             | 03 06 03                               |                    | 60M               | 43          | 3,892.                                  |                                        | 3,892.                                |                                       |  |  |
| 2           | ORGANIZA<br>02,11,04                   |                    | 60M               | SE<br>43    | 2,167.                                  |                                        | 2,167.                                | (                                     |  |  |
| 3           | ORGANIZA                               |                    |                   |             | 2,107.                                  |                                        | 2,101.                                |                                       |  |  |
| ٦           | 040704                                 |                    | 60M               | 43          | 895.                                    |                                        | 895.                                  |                                       |  |  |
| 4           | ORGANIZA                               | TION               | EXPEN             |             | , , , , , , , , , , , , , , , , , , , , |                                        |                                       |                                       |  |  |
|             | 070705                                 |                    | 60M               | 43          | 138.                                    |                                        | 138.                                  |                                       |  |  |
|             | * TOTAL                                | 990-1              | PF PG             | 1 D         | EPR & AMORT                             |                                        | 7 002                                 |                                       |  |  |
|             |                                        |                    | <u> </u>          | L           | 7,092.                                  | 0.                                     | 7,092.                                |                                       |  |  |
|             | , ,                                    | Τ                  | T                 | T           |                                         |                                        |                                       |                                       |  |  |
|             | ====================================== | t                  | .1                | <u></u>     | l                                       |                                        | <u> 1</u>                             |                                       |  |  |
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|             |                                        | <u> </u>           |                   | <u> </u>    |                                         |                                        | <u> </u>                              | <del>.,-</del>                        |  |  |
|             | 1 1                                    | Ι                  | T                 | Ţ           |                                         | ······································ |                                       |                                       |  |  |
|             |                                        | <u> </u>           |                   |             | l                                       |                                        | 1b                                    | 11                                    |  |  |
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|             |                                        |                    | 1                 | Τ           |                                         |                                        |                                       |                                       |  |  |
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|             | 1 1                                    | Ţ                  | T                 | T           |                                         |                                        |                                       |                                       |  |  |
|             |                                        |                    |                   |             |                                         |                                        |                                       |                                       |  |  |
|             |                                        |                    |                   |             |                                         |                                        |                                       |                                       |  |  |

| -om 886                     | 8 (Rev. 1-2013)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                     |                                        |           |                                         | Page 2             |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|----------------------------------------|-----------|-----------------------------------------|--------------------|
| e If you o                  | tre filing for an Additional (Not Automatic) 3-Month Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ension, c           | omplete only Part II and check this                                 | box                                    |           | . ▶ [                                   | X                  |
| ⊌ πyous<br>Note.Onl         | ly complete Part II if you have already been granted an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | utomatic 3          | month extension on a previously file                                | ed Form 8                              | 368       |                                         |                    |
| ● If you a                  | are filing for an Automatic 3-Month Extension, complet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e only Par          | rt I (on page 1)                                                    |                                        |           |                                         |                    |
| Part II                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ktensior            | of Time. Only file the origina                                      | al (no co                              | pies ne   | eded).                                  |                    |
| <u>. 5. , 3. 6. 7. 3.6.</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | Enter filer's                                                       |                                        |           |                                         | uctions            |
| Type or                     | Name of exempt organization or other filer, see instruc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ctions              | }                                                                   | Employer                               | dentifica | tion number                             | r (EIN) or         |
| print                       | ROBERT & MARY STRANAHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                     |                                        | , ,       |                                         |                    |
|                             | FAMILY FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | 48-6                                                                | 393036                                 |           |                                         |                    |
| File by the<br>due date for | Number, street, and room or suite no. If a P.O. box, se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Social sec          | ocial security number (SSN)                                         |                                        |           |                                         |                    |
| filing your<br>return See   | 7504 VIA DEL MAR STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                     |                                        | •         | . ,                                     |                    |
| instructions                | City, town or post office, state, and ZIP code. For a fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | reign add           | ress, see instructions.                                             |                                        |           |                                         |                    |
|                             | LAS VEGAS, NV 89131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                     |                                        |           |                                         |                    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                     |                                        |           |                                         |                    |
| Enter the                   | Return code for the return that this application is for (file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a senarat           | te application for each return)                                     |                                        |           |                                         | 0 4                |
| Litter the                  | Hetath code for the retain that this application is for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a bopara            | is application for sacrification,                                   |                                        | •         |                                         | لتلت               |
| Applicati                   | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Return              | Application                                                         |                                        |           |                                         | Return             |
| is For                      | OII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Code                | Is For                                                              |                                        |           | 1                                       | Code               |
|                             | or Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01                  | 13.101                                                              | ······································ |           |                                         | <u> </u>           |
| Form 990                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02                  | Form 1041-A                                                         |                                        |           |                                         | 08                 |
|                             | (0 (individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03                  | Form 4720                                                           |                                        |           |                                         | 09                 |
| Form 990                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03                  | Form 5227                                                           |                                        |           | <del></del>                             | 10                 |
|                             | -rr<br>-T (sec. 401(a) or 408(a) trust)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 05                  | Form 6069                                                           |                                        |           |                                         |                    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 06                  | Form 8870                                                           |                                        |           |                                         | 11                 |
|                             | -T (trust other than above)<br>o not complete Part II if you were not already granted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | <del></del>                                                         | :b-4il-                                | d C (     | 2000                                    | 12                 |
| Teleph                      | RIDGEWAY & WARD pocks are in the care of $\triangleright$ 525 OLIVE STREM none No. $\triangleright$ (805) 966-1751 organization does not have an office or place of business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ET - 8              | SANTA BARBARA, CA  FAX No. (805) 965-  nited States, check this box | 2619                                   |           |                                         | <u> </u>           |
|                             | is for a Group Return, enter the organization's four digit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                     |                                        |           | ole aroup, ch                           | eck this           |
| oox ► [                     | . If it is for part of the group, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                     |                                        |           |                                         |                    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | BER 15, 2013.                                                       |                                        |           | /// // // // // // // // // // // // // | <u> </u>           |
|                             | calendar year 2012, or other tax year beginning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | , and endin                                                         | a                                      |           |                                         |                    |
|                             | ne tax year entered in line 5 is for less than 12 months, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | heck reas           |                                                                     | Final r                                | eturo.    | • • • • • • • • • • • • • • • • • • • • | <del></del>        |
|                             | Change in accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                     |                                        | Clum      |                                         |                    |
| 7 Sta                       | te in detail why you need the extension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                     |                                        |           |                                         |                    |
| RE                          | QUIRED INFORMATION WAS NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RECEI               | VED BY THE AUGUST                                                   | 15TH                                   | DEAD      | LINE D                                  | ATE                |
|                             | DDITIONAL TIME IS NEEDED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                     |                                        |           | <u> </u>                                | 1111.              |
|                             | 221101111 12111 10 11212 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>            | 222 12, 1100014112 11.                                              | 11 1(11)1                              | ora.      |                                         |                    |
| 8a if th                    | nis application is for Form 990-BL, 990-PF, 990-T, 4720,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or 6060 a           | inter the tentative tax loss any                                    |                                        |           |                                         |                    |
|                             | refundable credits. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0, 0000, 0          | inter the tentative tax, less any                                   | 8a                                     | \$        |                                         | 0.                 |
| _                           | his application is for Form 990-PF, 990-T, 4720, or 6069,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | onter any           | refundable credits and estimated                                    | - Joa                                  | Ψ         |                                         |                    |
|                             | payments made. Include any prior year overpayment al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                   |                                                                     |                                        |           |                                         |                    |
|                             | payments made, include any phor year overpayment at eviously with Form 8868.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lowed as            | a credit and any amount paid                                        | <u></u>                                | <b>.</b>  |                                         | 0                  |
|                             | ance due. Subtract line 8b from line 8a. Include your pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | th this form if required by union                                   | 8b                                     | \$        |                                         | 0.                 |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                   | artalis form, ir required, by using                                 |                                        |           |                                         | _                  |
| EFI                         | PS (Electronic Federal Tax Payment System). See instr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | ot he completed for Dort II                                         | 8c_                                    | \$        |                                         | 0.                 |
| Indox soss                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | st be completed for Part II                                         | -                                      | £ !       |                                         |                    |
| muer pena<br>t is true, co  | allies of perjury, I declare that I have examined this form, includ<br>orrect and complete, and that I am authorized to prepare this fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ning accom!<br>orm. | panying scriedules and statements, and t                            | U INO DEST C                           | i my knov | wieage and be                           | liet,              |
| Signature                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CPA                 |                                                                     | n. i                                   |           | 1/2/12                                  | 2.                 |
| oidiratnia                  | The state of the s | CFA                 |                                                                     | Date                                   |           | <u> </u>                                | <u>J</u>           |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                     |                                        | Fo        | rm <b>8868</b> (Re                      | v. 1 <b>-</b> 2013 |

#### Form **8868**

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

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

► File a separate application for each return.

|                             | re filing for an Automatic 3-Month Extension, complet                                             |             |                                        | <br>hi- f      |                      | X             |
|-----------------------------|---------------------------------------------------------------------------------------------------|-------------|----------------------------------------|----------------|----------------------|---------------|
|                             | re filing for an Additional (Not Automatic) 3-Month Ext                                           |             |                                        |                |                      |               |
|                             | omplete Part II unless you have already been granted a                                            |             |                                        |                |                      |               |
|                             | c filing (e-file). You can electronically file Form 8868 if y                                     |             |                                        |                |                      |               |
|                             | o file Form 990-T), or an additional (not automatic) 3-mor                                        |             |                                        |                |                      |               |
|                             | file any of the forms listed in Part I or Part II with the exc                                    |             |                                        |                |                      |               |
|                             | Benefit Contracts, which must be sent to the IRS in pap                                           |             | see instructions). For more details of | on the elect   | ronic filing of this | torm,         |
| Part I                      | irs gov/efile and click on e-file for Chanties & Nonprofits.  Automatic 3-Month Extension of Time |             | ubmit original (no copies ne           | eded).         | <del></del>          |               |
| -<br>A corpora              | tion required to file Form 990-T and requesting an auton                                          |             |                                        |                |                      |               |
| Part I only                 |                                                                                                   |             |                                        |                |                      | <b>▶</b> □    |
|                             | orporations (including 1120-C filers), partnerships, REM<br>me tax returns.                       | ICs, and tr | usts must use Form 7004 to reques      | t an extens    | ion of time          |               |
| Type or                     | Name of exempt organization or other filer, see instruc                                           | ctions.     |                                        | Employer       | identification nun   | nber (EIN) or |
| print                       | ROBERT & MARY STRANAHAN                                                                           |             |                                        |                |                      |               |
| F11 - b - 45 -              | FAMILY FOUNDATION                                                                                 |             |                                        |                | 48-63930             | 36            |
| File by the<br>due date for | Number, street, and room or suite no. If a P.O. box, se                                           | ee instruct | tions.                                 | Social sec     | curity number (SS    | N)            |
| filing your<br>return See   | 7504 VIA DEL MAR STREET                                                                           |             |                                        |                |                      |               |
| nstructions.                | City, town or post office, state, and ZIP code. For a for LAS VEGAS, NV 89131                     | reign add   | ress, see instructions.                |                |                      |               |
|                             |                                                                                                   |             |                                        |                |                      |               |
| Enter the l                 | Return code for the return that this application is for (file                                     | e a separat | te application for each return)        |                |                      | 04            |
| Application                 | on                                                                                                | Return      | Application                            |                |                      | Return        |
| ls 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-                   |                                                                                                   | 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            |
|                             | RIDGEWAY & WARI                                                                                   | VER         |                                        |                |                      | <del></del>   |
| • The bo                    | oks are in the care of > 525 OLIVE STREE                                                          | ET - S      | SANTA BARBARA, CA                      | 93101          |                      |               |
| Telepho                     | one No. ► <u>(805)</u> 966-1751                                                                   |             | FAX No. ► (805) 965-                   | 2619           |                      |               |
| If the o                    | ganization does not have an office or place of business                                           | s in the Un | ited States, check this box            |                |                      | ▶ □           |
| If this is                  | for a Group Return, enter the organization's four digit                                           | Group Exe   | emption Number (GEN)                   | If this is foi | the whole group      | , check this  |
| oox ▶ L                     | . If it is for part of the group, check this box 🕨 🔙                                              |             |                                        |                |                      |               |
| 1 ireq                      | uest an automatic 3-month (6 months for a corporation                                             |             |                                        |                |                      |               |
|                             | AUGUST 15, 2013 , to file the exemp                                                               | t organiza  | tion return for the organization nam   | ed above.      | The extension        |               |
|                             | the organization's return for:                                                                    |             |                                        |                |                      |               |
| ▶∐                          | Z calendar year 2012 or                                                                           |             |                                        |                |                      |               |
| ▶∟                          | tax year beginning                                                                                | , an        | d ending                               |                | _ •                  |               |
|                             |                                                                                                   |             |                                        |                |                      |               |
| 2 If the                    | e tax year entered in line 1 is for less than 12 months, c<br>Change in accounting period         | heck reas   | on: L Initial return L                 | Final return   | n                    |               |
| 3a If thi                   | s application is for Form 990-BL, 990-PF, 990-T, 4720, 0                                          | or 6069, e  | nter the tentative tax, less any       |                |                      | <del></del>   |
|                             | efundable credits. See instructions.                                                              |             |                                        | 3a             | \$                   | 0.            |
| _                           | s application is for Form 990-PF, 990-T, 4720, or 6069,                                           | enter any   | refundable credits and                 |                |                      |               |
|                             | nated tax payments made. Include any prior year overp                                             |             |                                        | 3ь             | \$                   | 0.            |
| _                           | nce due. Subtract line 3b from line 3a. Include your pa                                           |             |                                        |                |                      |               |
|                             | sing EFTPS (Electronic Federal Tax Payment System).                                               | -           | • • •                                  | 3c             | \$                   | 0.            |
|                             | you are going to make an electronic fund withdrawal v                                             |             |                                        |                |                      |               |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.