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### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Open to Public Inspection

OMB No 1545-0052

| De<br>Int                                    | partme<br>emal Re | nt of the Treasury<br>evenue Service       |          | Note. The foun    | dation ma          |                    | ted as a Priva<br>to use a copy of th |                 |                               | ting req  | uirements          | Op                        | en to Public Inspection               |
|--|-------------------|--|----------|-------------------|--------------------|--------------------|---------------------------------------|-----------------|-------------------------------|-----------|--------------------|---------------------------|---------------------------------------|
| For calendar year 2012 or tax year beginning |                   |  |          |                   |                    | , 2012, and ending |                                       |                 |                               |           | , 20               |                           |                                       |
|  | Name              | of foundation                              |          |                   |                    | 4                  |                                       | •               |                               | 1         | Employe            | er identifi               | cation number                         |
|  |                   | RIOT FAMILY                                |          |                   |                    |                    |                                       |                 |                               |           | 61-13              | 38186                     | 7                                     |
|  | Numb              | er and street (or P O                      | box nun  | nber if mail is n | ot delivere        | d to street        | address)                              |                 | Room/su                       | ite       | 3 Telepho          | ne numb                   | er (see instructions)                 |
|  |                   |  |          |                   |                    |                    |                                       |                 |                               |           |                    | (27                       | 0) 792-1550                           |
| _  | 116               | SUNNINGDALE                                | DRI      | VE                |                    |                    |                                       |                 | <u> </u>                      |           |                    |                           |                                       |
|  | City or           | town, state, and ZIP of                    | ode      |                   |                    |                    |                                       |                 |                               |           |                    |                           |                                       |
|  |                   |  |          |                   |                    |                    |                                       |                 |                               |           | If exempt pending, | ion applica<br>check here | tion is                               |
| _  | GEO               | RGETOWN, KY                                | 4032     | 4                 |                    |                    | <b>,</b>                              |                 | <del></del>                   |           |                    |                           |                                       |
| G  | Che               | ck all that apply                          | ļ        | Initial retu      | rn                 | <u> </u>           | Initial return                        | of a former p   | oublic cha                    | ırıty   ı | 1. Foreig          | n organizat               | ions, check here . ▶                  |
|  |                   |  | <u> </u> | Final retur       |                    | <u> </u>           | Amended re                            |                 |                               |           |                    |                           | tions meeting the<br>iere and attach  |
| _  |                   |  |          | Address c         |                    |                    | Name chang                            |                 |                               |           |                    |                           |                                       |
| H  | _                 | ck type of organi                          |          |                   |                    |                    |                                       |                 |                               | - [       | If private         | foundation                | n status was terminated               |
| Ţ  |                   | ection 4947(a)(1) i                        |          |                   |                    |                    | ther taxable pr                       |                 |                               |           | under se           | ction 507(b               | )(1)(A), check here                   |
| ı  |                   | market value of                            |          |                   |                    | _                  | nethod X C                            | ash Acc         | crual                         | 11        |                    |                           | in a 60-month termination             |
|  | -                 | ear (from Part II, o<br>▶ \$ 1,            |          |                   | _                  | ther (sp           | **                                    |                 |                               |           | under sec          | ction 507(b)              | )(1)(B), check here . ►               |
|  |                   |  |          |                   |                    |                    | (d) must be or                        | l casii basis ) | 1                             |           |                    |                           | (d) Disbursements                     |
| L  | arti              | Analysis of Rev                            | colum:   | ns (b), (c), ar   | ses (The<br>nd (d) | (~,                | Revenue and<br>penses per             | (b) Net inv     | estment                       | (c)       | Adjusted           | net                       | for charitable                        |
|  |                   | may not necessar<br>column (a) (see in     |          |                   | ts in              | EX                 | books                                 | ıncon           | ne                            |           | income             |                           | purposes                              |
| -  |                   |  |          |                   |                    |                    | 65,066.                               | . <u></u>       |                               |           |                    |                           | (cash basis only)                     |
|  | 1 2               | Contributions, gifts, gran                 | e found: | ation is not req  | ured to            |                    |                                       |                 |                               |           |                    |                           | <u> </u>                              |
|  | 3                 | Interest on savings a                      |          | В                 |                    | `m /               | 106.                                  |                 | 106.                          |           | <del></del> -      |                           | ATCH 1                                |
|  | 4                 | Dividends and inte                         | •        | •                 |                    |                    | 34,456.                               | 3               | 34,456.                       |           |                    |                           | ATCH 2                                |
|  | 5 a               | Gross rents                                |          |                   |                    |                    |                                       |                 | ,                             |           | <u> 280-8</u>      | धा                        | <u> </u>                              |
|  |                   | Net rental income or                       |          |                   |                    |                    |                                       | , (,            | <b>*</b>                      | 3         | 1                  | à                         |                                       |
| Ф  |                   | Net gain or (loss) fro                     |          |                   |                    |                    | 93,433.                               |                 |                               |           | 8                  |                           |                                       |
| Ž  | b                 | Gross sales price for assets on line 6a    |          | 220               |                    |                    |                                       | %               | ( <b>(</b> ) y <sup>2</sup> 1 |           | 2                  | 4 .                       |                                       |
| Revenue                                      | 7                 | Capital gain net in                        | come (   | from Part IV.     | line 2)            |                    |                                       |                 | 3,433.                        |           |                    | 2                         |                                       |
| œ  | 8                 | Net short-term car                         | •        |                   | •                  |                    | *                                     |                 | in di                         | 0         | 24                 | 世                         | \$                                    |
|  | 9                 | Income modification                        | -        |                   |                    |                    |                                       |                 | * .                           | E         | ΙA                 | ][                        |                                       |
|  | 10 a              | Gross sales less returnand allowances      |          |                   |                    |                    |                                       |                 | 2.                            | B         | _                  | X                         |                                       |
|  | ь                 | Less Cost of goods s                       | I        |                   |                    | ļ                  |                                       |                 |                               |           | C (A 111           |                           |                                       |
|  | С                 | Gross profit or (los                       | s) (atta | ich schedule)     |                    |                    |                                       |                 |                               | <u></u>   | E2-615             |                           | \$** · ;                              |
|  | 11                | Other income (atta                         | ach sch  | nedule) AȚC       | н. 3               |                    | 183.                                  |                 | 183.                          |           |                    |                           |                                       |
| _  | 12                | Total. Add lines 1                         | throug   | <u>h 11</u>       |                    |                    | 193,244.                              | <del></del>     | 28,178.                       |           |                    | C                         |                                       |
|  | 13                | Compensation of offi                       |          |                   |                    |                    |                                       | <del> </del>    | -                             | ļ         | ···                |                           |                                       |
| es   | 14                | Other employee sa                          |          | _                 |                    |                    |                                       |                 |                               | ļ         |                    |                           |                                       |
| šuš  | 15                | Pension plans, em                          | -        |                   |                    | <u> </u>           |                                       |                 |                               |           |                    |                           |                                       |
| Administrative Expenses                      | 16 a              | Legal fees (attach                         |          |                   |                    |                    | 900.                                  |                 |                               |           |                    |                           | 900                                   |
| ē  | b                 | Accounting fees (a                         |          |                   |                    | ļ                  | 6,228.                                |                 | 6,228.                        |           |                    |                           | 700                                   |
| ativ   | _ C               | Other professiona                          | •        |                   |                    | <b></b>            | 0,220.                                | <u></u>         | 0,220.                        |           |                    |                           |                                       |
| str  | 17                | Interest                                   |          |                   |                    |                    | 2,266.                                |                 | 2,266.                        |           |                    |                           |                                       |
| Ë  | 18<br>19          | Taxes (attach schedu<br>Depreciation (atta |          |                   |                    |                    |                                       |                 | -,                            |           |                    |                           |                                       |
| μþ   | 20                | Occupancy                                  |          |                   |                    |                    |                                       |                 |                               |           |                    |                           | , , , , , , , , , , , , , , , , , , , |
|  |                   | Travel, conference                         |          |                   |                    |                    | 4,120.                                |                 |                               |           |                    |                           | 4,120                                 |
| and  | 22                | Printing and public                        | -        | •                 |                    |                    |                                       |                 | -                             | 1         |                    |                           | <u> </u>                              |
| Operating                                    | 23                | Other expenses (a                          |          |                   |                    |                    | 464.                                  |                 | 150.                          | <b>†</b>  |                    |                           | 314                                   |
| rati   | 24                | Total operating a                          |          | •                 |                    |                    |                                       |                 |                               |           |                    |                           |                                       |
| ed (   | ļ-·               | Add lines 13 throu                         |          |                   | •                  |                    | 13,978.                               |                 | 8,644.                        |           |                    |                           | 5,334                                 |
| O  | 25                | Contributions, gift                        |          |                   |                    |                    | 35,673.                               |                 |                               |           |                    |                           | 35,673                                |
| _  | 26                | Total expenses and dis                     |          |                   |                    |                    | 49,651.                               |                 | 8,644.                        |           |                    | (                         | 41,007                                |
|  | 27                | Subtract line 26 fr                        |          |                   |                    |                    |                                       |                 |                               |           |                    |                           |                                       |
|  | a                 | Excess of revenue over                     | expense  | es and disbursen  | nents              |                    | 143,593.                              |                 |                               |           |                    |                           |                                       |
|  | b                 | Net investment in                          | come (   | (if negative, e   | enter -0-)         |                    |                                       | 11              | 19,534.                       |           |                    |                           |                                       |
|  | _ ا               | Adjusted net inco                          | ma (if   | nogative ente     | or () )            | 1                  |                                       |                 |                               | 1         |                    | (                         | ì                                     |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-ye |          | Beginning of year                             | End o   | <del></del>                 |   |                                       |
|---|----------|---|---|-----------------------------|---|---------------------------------------|
|   |          |   | amounts only (See instructions )              | (a) Book Value              | (b) Book Value  | (c) Fair Market Value                 |
|   | 1        | Cash - non-interest-beam                      | ing   | 140,083.                    | 124,543.  | 124,543                               |
|   | 2        | Savings and temporary                         | cash investments                              |                             |   |                                       |
|   | 3        | Accounts receivable ▶                         |   |                             |   |                                       |
|   |          | Less allowance for dou                        | btful accounts ▶                              |                             |   |                                       |
|   | 4        |   |   |                             |   |                                       |
|   |          | Less allowance for dou                        | btful accounts ▶                              |                             |   |                                       |
|   | 5        |   |   |                             |   |                                       |
|   | 6        |   | officers, directors, trustees, and other      |                             |   |                                       |
|   |          | disqualified persons (at                      | tach schedule) (see instructions)             |                             |   |                                       |
|   | 7        |   | receivable (attach schedule)                  |                             |   |                                       |
|   |          | Less: allowance for dou                       | btful accounts ▶                              |                             |   |                                       |
| ø   | 8        |   | e   |                             |   |                                       |
| Assets  | 9        | Prepaid expenses and d                        | eferred charges                               |                             |   |                                       |
| As  | -        |   | e government obligations (attach schedule)    |                             |   |                                       |
|   | b        | Investments - cornorate                       | stock (attach schedule) ATCH 8                | 989,744.                    | 1,148,739.  | 1,179,205                             |
|   |          |   | e bonds (attach schedule)                     |                             |   | 2,275,255                             |
|   | 11 T     | Investments - land, building:                 | s,  | j                           |   |                                       |
|   |          | and equipment basis Less accumulated deprecia |   | !                           | recover a communication of the same national desiration where | #* *                                  |
|   | 40       | (attach schedule)                             | loans   |                             |   |                                       |
|   | 12<br>13 | Investments - mongage                         | ach schedule)                                 |                             |   |                                       |
|   | 14       | Land, buildings, and                          | <b>&gt;</b>                                   |                             | 4   |                                       |
|   |          | equipment basis<br>Less accumulated deprecia  | ton b   | 1                           | en constituente e mandrit a montana asserta accessaria        |                                       |
|   | 15       | (attach schedule)                             | <b></b> )                                     |                             | •   |                                       |
|   | 16       |   | completed by all filers - see the             |                             |   |                                       |
|   |          | ,   | age 1, item I)                                | I I                         | 1.273.282   | 1,303,748                             |
|   | 17       | •   | accrued expenses                              |                             | 1,213,202.  |                                       |
|   | 18       |   |   | 1                           |   | <b>*</b>                              |
| 'n  |          |   |   |                             |   | <b>i</b>                              |
| Liabilities   | 19<br>20 |   | ors, trustees, and other disqualified persons |                             | ,   | , , , , , , , , , , , , , , , , , , , |
| þili  | 21       |   | otes payable (attach schedule)                | 1                           |   | !                                     |
| Lia   | 22       |   | e >)  |                             |   | ,                                     |
|   | 22       | Other habilities (describe                    | /   |                             |   | ,                                     |
|   | 23       | Total liabilities (add line                   | es 17 through 22)                             | 0                           | 0   |                                       |
| _   |          |   | low SFAS 117, check here X                    |                             |   |                                       |
|   |          |   | 24 through 26 and lines 30 and 31.            |                             |   | %                                     |
| ces   |          | •   | <u>-</u>                                      | 1,129,827.                  | 1,273,282.  | ",                                    |
| an  |          |   |   | 2,225,027.                  |   | i.                                    |
| Ba  | 25       |   |   |                             |   |                                       |
| <b>Assets or Fund Balances</b>  | 26       |   | not follow SFAS 117,                          |                             |   | !                                     |
| 교   |          |   | plete lines 27 through 31.                    |                             |   | i<br>!                                |
| ō   | 27       |   | cipal, or current funds                       |                             |   | <u> </u>                              |
| ets   | 28       |   | r land, bldg, and equipment fund              |                             |   | ·                                     |
| SS  | 29       |   | ulated income, endowment, or other funds      |                             |   |                                       |
| Ť.  | 30       |   | d balances (see instructions)                 | 1,129,827.                  | 1,273,282.  |                                       |
| Net   | 31       |   | net assets/fund balances (see                 | 1,123,0271                  | 1,2,3,202.  |                                       |
|   | J 1      |   | net assets/fund balances (See                 | 1,129,827.                  | 1,273,282.  |                                       |
| -   | art II   | Analysis of Cha                               | anges in Net Assets or Fund                   |                             | 1,273,202.  |                                       |
| _   |          |   | alances at beginning of year - Part           |                             | must agree with   |                                       |
| •   |          |   | d on prior year's return)                     |                             | -   | 1,129,827                             |
| 2   |          |   |   |                             |   | 143,593                               |
| 2   | Otho     | r uncreases not includ                        | line 27a                                      |                             |   | 143,393                               |
|   |          |   |   |                             |   | 1,273,420                             |
| 4<br>E  | Mad      | lines 1, 2, and 3                             | line 2 (itemize) ▶ ATCH 9                     |                             | 4   |                                       |
|   |          |   | alances at end of year (line 4 minus          |                             |   | 138                                   |
| 0   | Tota     | i net assets of fund Di                       | aiances at end or year (line 4 minus          | mie 5) - marcii, column (b) | , iiile 30   <b>6</b>   | 1,2/3,282                             |

Page 3

| E          | art IV Capital Gains  | and Losses for Tax on Inve  | estment Income   |   |   |                                 |
|------------|---|---|--|---|---|---------------------------------|
|            |   | d describe the kind(s) of property sold (   |  | (b) How<br>acquired<br>P - Purchase<br>D - Donation | (c) Date<br>acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo., day, yr) |
| <br>1a     |   |   |  | D - Donation  | ( 12 / -23, 32 /                        |                                 |
| t          | )   |   |  |   |   |                                 |
|            | ;   |   |  |   |   |                                 |
|            |   |   |  |   |   |                                 |
| _6         | )   |   |  |   |   |                                 |
| _          | (e) Gross sales price   | e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis (h) Gain or (e) plus (f) m |  |   |   |                                 |
| _a         | 1   |   |  |   |   |                                 |
| _ <u>t</u> | )   |   |  |   |   |                                 |
|            |   |   |  |   |   |                                 |
|            |   |   |  |   |   |                                 |
| _€         |   |   | <u> </u>   | ļ   |   |                                 |
| _          | Complete only for assets  | showing gain in column (h) and owner  | d by the foundation on 12/31/69  | ()  | Gains (Col (h) g                        | ain minus                       |
|            | (i) F M V. as of 12/31/69                                       | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col (j), if any                            | col   | (k), but not less t<br>Losses (from co  |                                 |
| _a         |   |   |  |   |   |                                 |
| <u> </u>   | )   |   |  |   |   |                                 |
|            |   |   |  |   |   | <u> </u>                        |
| _(         | ı   |   |  |   |   |                                 |
| _6         | •   |   |  | ļ   |   |                                 |
| 2          | Capital gain net income or                                      |   | gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7 | 2   |   | 93,433.                         |
| 3          | Net short-term capital gair                                     | n or (loss) as defined in sections 12   |  |   |   |                                 |
|            | If gain, also enter in Par                                      | rt-I, line 8, column (c) (see insti   | ructions) If (loss), enter -0- in 🕽                                      |   |   |                                 |
|            | Part I, line 8  |   | <u></u>  | 3   |   | 0                               |
| E          | art V Qualification I   | Under Section 4940(e) for Red   | duced Tax on Net Investment I  | ncome   |   |                                 |
| w          |   | the section 4942 tax on the distrib<br>not qualify under section 4940(e)  |  | ase period  | d? [                                    | Yes X No                        |
| _          |   | ount in each column for each year   |  | anv entri   | es                                      |                                 |
|            | (a)  Base penod years  Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions   | (c) Net value of nonchantable-use assets                                 |   | (d) Distribution re (col (b) divided by | atio                            |
|            | 2011  | 42,713.   | 901,433.   |   |   | 0.047383                        |
|            | 2010  | 31,211.   | 810,311.   |   |   | 0.038517                        |
|            | 2009  | 64,050.   | 633,499.   |   |   | 0.101105                        |
|            | 2008  | 58,650.   | 736,924.   |   |   | 0.079588                        |
|            | 2007  | 115,313.  | 710,312.   |   |   | 0.162341                        |
| 2          | Total of line 1, column (d)                                     |   |  | 2   |   | 0.428934                        |
| 3          |   | for the 5-year base period - divide   | the total on line 2 by 5, or by the                                      |   |   |                                 |
|            | number of years the foun  | dation has been in existence if less  | than 5 years   | 3   |   | 0.085787                        |
| 4          | Enter the net value of nor                                      | ncharitable-use assets for 2012 fro   | m Part X, line 5   | 4   | 1,                                      | 194,909.                        |
| 5          | Multiply line 4 by line 3                                       |   |  | 5   |   | 102,508.                        |
| 6          | Enter 1% of net investme  | nt income (1% of Part I, line 27b)  |  | 6   |   | 1,195.                          |
| 7          | Add lines 5 and 6   | •   |  | 7   |   | 103,703.                        |
| 8          | Enter qualifying distribution                                   | ons from Part XII, line 4   | n Part VI, line 1b, and complete   | 8 that part   | using a 1% ta                           | 41,007.                         |

| Par | tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in  | <u>ıstruc</u> | ctions | )           |
|-----|---|---------------|--------|-------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1 )   |               |        | 1           |
|     | Date of ruling or determination letter (attach copy of letter if necessary - see instructions)  |               |        | j           |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check  |               | 2,3    | 91.         |
|     | here ▶  and enter 1% of Part I, line 27b  |               |        | 1           |
| С   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).                                 |               |        |             |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2  |               |        |             |
| 3   | Add lines 1 and 2   |               | 2,3    | 91.         |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4  |               |        | 0           |
| 5   | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0   |               | 2,3    | 91.         |
| 6   | Credits/Payments  |               |        |             |
| а   | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 1,500.   |               |        |             |
| b   | Exempt foreign organizations - tax withheld at source   |               |        |             |
| C   | Tax paid with application for extension of time to file (Form 8868) 6c  | ۰, څ          |        | i           |
| d   | Backup withholding erroneously withheld   | -`            |        | !           |
| 7   | Total credits and payments Add lines 6a through 6d  |               | 1,5    | 500.        |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  |               |        |             |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |               | 8      | <u> 91.</u> |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |               |        |             |
| 11  | Enter the amount of line 10 to be Credited to 2013 estimated tax   Refunded   11  |               |        |             |
|     | t VII-A Statements Regarding Activities   |               | ,, I   | <u> </u>    |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate                            |               | Yes    | No<br>X     |
|     | or intervene in any political campaign?   | 1a            |        |             |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the                           | 4.            |        | X           |
|     | definition)?  | 1b            |        |             |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or                            | <u> </u>      |        |             |
| _   | distributed by the foundation in connection with the activities   | i 1           |        | X,          |
|     | Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | 1c            |        |             |
| d   | (1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers $\blacktriangleright$ \$ 0  | Ĭ.            |        |             |
|     | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on  |               |        |             |
| e   | foundation managers > \$0   | <b>.</b>      |        | i           |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2             |        | X           |
| 2   | 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           |
| 4 2 | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a            |        | Х           |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b            |        |             |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | 5             |        | Х           |
| •   | 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   |               |        | ,<br>,      |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict                                     |               |        |             |
|     | with the state 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? If "Yes," complete Part II, col (c), and Part XV                        | 7             | Х      |             |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)  |               |        |             |
|     | KY,   |               |        |             |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                             |               |        | !           |
|     | of each state as required by General Instruction G? If "No," attach explanation   | 8b            | Х      |             |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or   |               |        |             |
|     | 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete                             |               |        |             |
|     | Part XIV  | 9             |        | х           |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and                                |               |        |             |
|     | addresses   | 10            |        | X           |

Form **990-PF** (2012)

X

3b

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

at any time during the year?

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

| Par  | Statements Regarding Activities to   | I WINCH FORM 4  | ZU Way Be Requ                                | reu (continueu)  |              | , , , , , , , , , , , , , , , , , , , |
|------|--|---|---|--|--------------|---------------------------------------|
| 5a   | During the year did the foundation pay or incur any amount                               |   |   |  |              |                                       |
|      | (1) Carry on propaganda, or otherwise attempt to influen                                 |   |   |  | o            |                                       |
|      | (2) Influence the outcome of any specific public elec-                                   | ction (see section 4  | 955), or to carry or                          | ),   |              |                                       |
|      | directly or indirectly, any voter registration drive?                                    |   |   |  | o            |                                       |
|      | (3) Provide a grant to an individual for travel, study, or other                         |   |   |  | o            |                                       |
|      | (4) Provide a grant to an organization other than a                                      | charitable, etc., org   | anization described i                         |  |              |                                       |
|      | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s                                |   |   |  | 0            |                                       |
|      | (5) Provide for any purpose other than religious, cha                                    |   |   | 1 1 1 1 1  |              |                                       |
|      | purposes, or for the prevention of cruelty to children or                                |   |   |  | - 1          |                                       |
| b    | If any answer is "Yes" to 5a(1)-(5), did any of the                                      |   | · ·   | cceptions described i  | n            |                                       |
|      | Regulations section 53 4945 or in a current notice regard                                | _   | •   |  | 5b           |                                       |
|      | Organizations relying on a current notice regarding disast                               |   |   |  | `∐           |                                       |
| С    | If the answer is "Yes" to question 5a(4), does the f                                     |   | •   |  |              |                                       |
|      | because it maintained expenditure responsibility for the gr                              |   |   | . Yes X N  | °            |                                       |
| _    | If "Yes," attach the statement required by Regulations sect                              | * *   | -M 4  | _  |              |                                       |
| ба   | Did the foundation, during the year, receive any fund                                    | · ·   |   |  | _            |                                       |
| _    | on a personal benefit contract?  |   |   | •  | -            | X                                     |
| D    | Did the foundation, during the year, pay premiums, direct                                | any or indirectly, on a p                                       | personal benefit contrac                      | и  | 6b           | <b>—</b>                              |
| 7.0  | If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a par | rty to a probibited tax   | chalter transaction?                          | Yes X N  |              |                                       |
|      | If "Yes," did the foundation receive any proceeds or have                                | •   | <u>-</u>                                      | · — —  |              |                                       |
|      | t VIII Information About Officers, Directors and Contractors                             | , Trustees, Found   | dation Managers,                              | Highly Paid Empl   |              | <del> </del>                          |
| 1    | List all officers, directors, trustees, foundation n                                     |   |   |  |              |                                       |
|      | (a) Name and address   | (b) Title, and average hours per week                           | (c) Compensation<br>(If not paid,             | (d) Contributions to<br>employee benefit plans                                 |              | se account,<br>llowances              |
|      |  | devoted to position   | enter -0-)                                    | and deferred compensation  |              |                                       |
| ATC  | <br>TH 10  |   | 0   | d  |              | 0                                     |
|      |  |   | <del>-</del>                                  |  |              |                                       |
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|      |  |   |   |  |              |                                       |
|      |  |   |   |  |              |                                       |
| 2    | Compensation of five highest-paid employees "NONE."                                      | (other than thos  | e included on lin                             |  | ions). If n  | one, enter                            |
| (a   | ) Name and address of each employee paid more than \$50,000                              | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                              | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation |              | se account,<br>llowances              |
|      |  |   |   |  |              |                                       |
|      | NONE   |   |   |  |              |                                       |
|      |  |   |   |  |              |                                       |
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|      |  |   |   |  |              |                                       |
| Tota | I number of other employees paid over \$50,000 .   | <u>.                                    </u>                    | ·   |  |              |                                       |
| 1010 | in number of other employees paid over 400,000 .   |   | · · · · <u>· · · · · · · · · · · · · · · </u> |  | Form QQ      | 0-PF (2012)                           |

Form 990-PF (2012

| Form 990-PF (2012)  |   | Page 7           |
|---|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)   | n Managers, Highly Paid Employ                |                  |
| 3 Five highest-paid independent contractors for professional services (s  | see instructions). If none, enter "NON        | E."              |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                           | (c) Compensation |
|   |   |                  |
| NONE  |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
| 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 sorganizations and other beneficiaries served, conferences convened, research papers produced, etc. | statistical information such as the number of | Expenses         |
| 1 N/A   |   |                  |
| 1 11/11   |   |                  |
|   |   |                  |
| 2   |   |                  |
|   |   |                  |
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| 3   |   |                  |
| <b>*</b>  | ·   |                  |
|   |   |                  |
| 4   |   |                  |
| ·   |   |                  |
|   |   |                  |
| Part IX-B Summary of Program-Related Investments (see instruction   | is)   |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on  |   | Amount           |
| 1 NONE  |   |                  |
|   |   |                  |
|   |   |                  |
| 2   |   |                  |
|   |   | İ                |
|   |   |                  |
| All other program-related investments See instructions  |   |                  |
| 3 NONE  |   |                  |
|   |   |                  |
|   |   |                  |
| Total. Add lines 1 through 3  |   |                  |
|   |   |                  |

Form **990-PF** (2012)

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)                      | gn foundat                                   | ions,       |
|----|--|--|-------------|
| 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   | 1,110,774.  |
| b  | Average of monthly cash balances   | 1b   | 102,332.    |
| С  | Fair market value of all other assets (see instructions)   | 1c   |             |
| d  |  | 1d   | 1,213,106.  |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and   |  |             |
|    | 1c (attach detailed explanation)   | <u>*                                    </u> |             |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2  |             |
| 3  | Subtract line 2 from line 1d   | 3  | 1,213,106.  |
| 4  | Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see |  |             |
|    |  | 4  | 18,197.     |
| 5  | Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.       | 5  | 1,194,909.  |
| 6  | Minimum investment return. Enter 5% of line 5  | 6  | 59,745.     |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating                             | · ·  |             |
|    | foundations and certain foreign organizations check here  and do not complete this   |  |             |
| 1  | Minimum investment return from Part X, line 6  | 1  | 59,745.     |
|    | Tax on investment income for 2012 from Part VI, line 5 2a 2,391.   |  |             |
| b  | Income tax for 2012 (This does not include the tax from Part VI)2b   |  |             |
| C  | Add lines 2a and 2b  | 2c   | 2,391.      |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1   |  | 57,354.     |
| 4  | Recoveries of amounts treated as qualifying distributions  | 1  | <del></del> |
| 5  | Add lines 3 and 4  | 5  | 57,354.     |
| 6  | Deduction from distributable amount (see instructions)   | 6  |             |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,                                  |  |             |
| _  | line 1   | 7  | 57,354.     |
| Pa | art XII Qualifying Distributions (see instructions)  |  |             |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                                 | 3 4 100 pp 100 pp                            |             |
| a  | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a   | 41,007.     |
| b  | Program-related investments - total from Part IX-B   | 1b   |             |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                           |  |             |
|    | purposes   | 2  |             |
| 3  | Amounts set aside for specific charitable projects that satisfy the  | ,  |             |
| а  | Suitability test (prior IRS approval required)   | 3a   |             |
| b  | Cash distribution test (attach the required schedule)  | 3b   |             |
| 4  | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                  | 4  | 41,007.     |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income                        |  | ·           |
|    | Enter 1% of Part I, line 27b (see instructions)  | 5  | 0           |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6  | 41,007.     |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca                                 |  |             |
|    | qualifies for the section 4940(e) reduction of tax in those years  | J  |             |

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Form 990-PF (2012)

Part XIII Undistributed Income (see instructions) (a) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI, 57,354. Undistributed income, if any, as of the end of 2012 2 Enter amount for 2011 only . . . . . . . . . Total for prior years 20 10 ,20 09 ,20 08 Excess distributions carryover, if any, to 2012 86,278. From 2007 From 2008 . . . . . . 22,157. b 32,631 From 2009 . . . . . . From 2010 . . . . . . From 2011 . . . . . . 141,066 Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2012 from Part XII, 41,007. line 4 ▶ \$ a Applied to 2011, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . Applied to 2012 distributable amount ..... 41,007. Remaining amount distributed out of corpus . . 16,347 Excess distributions carryover applied to 2012 16,347. (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 124,719 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013 ........ Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . 69,931. Excess distributions carryover to 2013. 54,788. Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9 a Excess from 2008 . . . 22,157. 32,631 Excess from 2009 . . . c Excess from 2010 . . . d Excess from 2011 . . . e Excess from 2012 . . .

Form 990-PF (2012)

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

| 1 Information Regarding Foundation Managers |
|---|
|---|

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

N/A

(3) Largest amount of support from an exempt organization . . . . . (4) Gross investment income .

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a The name, address, and telephone number or e-mail of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

JSA 2E1490 1 000

| Part XV Supplementary Information (  | continued)  |                     | 49                               | Page 1 |
|--|---|---------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid Duri   | ng the Year or Appl                                     | oved for F          | Future Payment                   |        |
| 3 Grants and Contributions Paid Duri Recipient Name and address (home or business) | If recipient is an individual, show any relationship to | Foundation          | Purpose of grant or              | A      |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year   |   |                     |                                  |        |
|  |   |                     |                                  |        |
| ATCH 11  |   |                     |                                  |        |
|  |   |                     |                                  |        |
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|  |   |                     |                                  |        |
|  |   |                     |                                  |        |
|  |   |                     |                                  |        |
| Total  |   |                     | ▶ 3a                             | 35,673 |
| b Approved for future payment  |   |                     |                                  |        |
|  |   |                     |                                  |        |
|  |   |                     |                                  |        |
|  |   |                     |                                  |        |
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|  |   |                     |                                  |        |
| Total  | •   | •                   | ▶ 3b                             |        |

Page **12** 

Part XVI-A Analysis of Income-Producing Activities

SCARIOI FAMILII FOUNDATION INC. 61-130100

| Enter gross amounts unless otherwise indicated               | Unrela               | ated business income                   | Excluded by           | y section 512, 513, or 514                         | (e)  |
|--|----------------------|--|-----------------------|--|--|
| 1 Program service revenue                                    | (a)<br>Business code | (b)<br>Amount                          | (c)<br>Exclusion code | (d)<br>Amount                                      | Related or exempt function income (See instructions) |
| a  |                      |  |                       |  |  |
| b  |                      |  |                       |  |  |
| c  |                      |  |                       |  |  |
| d  |                      |  |                       |  |  |
| e  |                      |  |                       |  |  |
| f  |                      |  |                       |  |  |
| g Fees and contracts from government agencies                |                      |  |                       |  |  |
| 2 Membership dues and assessments                            |                      |  |                       |  |  |
| 3 Interest on savings and temporary cash investments         |                      |  | 14                    | 106.   | ··   |
| 4 Dividends and interest from securities                     |                      |  | 14                    | 34,456.  |  |
| 5 Net rental income or (loss) from real estate               |                      | * }                                    | N. W.                 |  |  |
|  |                      |  | 7                     | 1 0000 1 1/400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , / A MA A   |
| a Debt-financed property                                     |                      | ,                                      |                       |  |  |
| b Not debt-financed property                                 |                      |  |                       |  |  |
| 6 Net rental income or (loss) from personal property .       |                      |  |                       |  |  |
| 7 Other investment income                                    |                      |  | 10                    | 02.422   |  |
| 8 Gain or (loss) from sales of assets other than inventory   | <u>'</u>             |  | 18                    | 93,433.  |  |
| 9 Net income or (loss) from special events                   |                      |  | ļ                     |  |  |
| 10 Gross profit or (loss) from sales of inventory            |                      |  |                       |  |  |
| 11 Other revenue a   |                      |  |                       |  |  |
| b ATCH 12  |                      |  |                       | 183.   |  |
| c  |                      |  |                       |  |  |
| d  |                      |  |                       |  |  |
| e  |                      |  |                       |  |  |
| 12 Subtotal Add columns (b), (d), and (e)                    | 1 4, 2               |  | 4                     | 128,178.   |  |
| Explain below how each activi accomplishment of the foundati | -                    | •                                      | -                     | •  | •  |
|  |                      |  |                       |  |  |
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|      | <b>6</b> 1  |                |       |               |
|------|---|----------------|-------|---------------|
| Form | 1 990-PF (2012) SCARIOT FAMILY FOUNDATION INC 61-1381   | 1867           | Pa    | age <b>13</b> |
| Ра   | Information Regarding Transfers To and Transactions and Relationships With None Exempt Organizations  | chari          | table | е             |
| 1    | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |                | Yes   | No            |
| а    | Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash  (2) Other assets   | 1a(1)<br>1a(2) |       | X             |
| b    |   | 1b(1)<br>1b(2) |       | X             |
|      | (3) Rental of facilities, equipment, or other assets  | 1b(3)<br>1b(4) |       | X             |

N/A

(c) Name of noncharitable exempt organization

(6) Performance of services or membership or fundraising solicitations . . .

|          |  |                                 | _                    |            |          |  |  |  |  |
|----------|--|---------------------------------|----------------------|------------|----------|--|--|--|--|
|          |  |                                 |                      |            | <u>-</u> |  |  |  |  |
|          |  |                                 |                      |            |          |  |  |  |  |
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|          |  |                                 |                      |            |          |  |  |  |  |
|          |  |                                 |                      |            |          |  |  |  |  |
|          |  |                                 |                      |            |          |  |  |  |  |
| 2a Is th | 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations |                                 |                      |            |          |  |  |  |  |
| desc     | cribed in section 501(c)   | of the Code (other than section | 501(c)(3)) or in sec | ction 527? | Yes X No |  |  |  |  |
| b_lf "Ye | es," complete the folio  | wing schedule                   |                      |            |          |  |  |  |  |

(a) Name of organization
(b) Type of organization
(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to

Sign
Here

Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

May the IRS discuss this return with the preparer shown below the preparer shown below the preparer shown below that the preparer shown below the preparer shown below the preparer shown below that the preparer shown below the preparer shown below that the preparer shown below that the preparer shown below the preparer shown below that the preparer shown below that the preparer shown below that the preparer shown below the preparer shown below that the preparer shown below that the preparer shown below the preparer shown the prepare

|       | Signature of officer or trustee        | Date /               | litte       |      | (see instructions)? X Yes I      |
|-------|--|----------------------|-------------|------|----------------------------------|
| Paid  | Print/Type preparer's name ANN PUCKETT | Preparer's signature | Perfett, CA | Date | Check X If PTIN PO 0 3 9 5 3 0 7 |
| Prepa | Firm's name BKD, LLP                   |                      | (           |      | Firm's EIN ▶ 44 - 0160260        |

Use Only | Firm's address ▶ 400 E. MAIN ST. STE 200 PO BOX 1196 | BOWLING GREEN, KY 42102-1196 | Phone no 270-781-0111

Form 990-PF (2012)

(a) Line no

(b) Amount involved

N/A

(d) Description of transfers, transactions, and shanng arrangements

### Schedule B

•••

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

| SCARIOT FAMILY FOUND   | DATION INC  | Employer Identification number   |
|--|---|--|
| Organization time (about and   |   | 61-1381867   |
| Organization type (check one   | <i>‡)</i>   |  |
| Filers of:   | Section:  |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization   |  |
|  | 4947(a)(1) nonexempt charitable trust not treated as  | s a private foundation   |
|  | 527 political organization  |  |
| Form 990-PF  | X 501(c)(3) exempt private foundation   |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a p  | private foundation   |
|  | 501(c)(3) taxable private foundation  |  |
| _  | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General   | ral Rule and a Special Rule See  |
| _  | n filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II   | year, \$5,000 or more (in money or   |
| Special Rules  |   |  |
| under sections 509   | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/9(a)(1) and 170(b)(1)(A)(vi) and received from any one contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line and II  | utor, during the year, a contribution of   |
| during the year, tot   | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that retal contributions of more than \$1,000 for use <i>exclusively</i> for relaces, or the prevention of cruelty to children or animals. Comp  | igious, charitable, scientific, literary,  |
| during the year, con<br>not total to more the<br>year for an exclusive<br>applies to this orga | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rintributions for use <i>exclusively</i> for religious, charitable, etc., pur nan \$1,000. If this box is checked, enter here the total contributely religious, charitable, etc., purpose. Do not complete any of anization because it received nonexclusively religious, charitable ear. | rposes, but these contributions did<br>itions that were received during the<br>fithe parts unless the <b>General Rule</b><br>le, etc., contributions of \$5,000 or |
| 990-EZ, or 990-PF), but it mu  | t is not covered by the General Rule and/or the Special Rules out answer "No" on Part IV, line 2 of its Form 990, or check the PF, to certify that it does not meet the filing requirements of So   | e box on line H of its Form 990-EZ or on   |
| For Paperwork Reduction Act Notice   | ce, see the Instructions for Form 990, 990-EZ, or 990-PF.   | Schedule B (Form 990, 990-EZ, or 990-PF) (2012)  |

Name of organization SCARIOT FAMILY FOUNDATION INC

Employer identification number 61-1381867

| Part I | Contributors (se | e instructions). | Use duplicate | copies of Part I is | additional space is needed. |
|--------|------------------|------------------|---------------|---------------------|-----------------------------|
|--------|------------------|------------------|---------------|---------------------|-----------------------------|

| (a) | (b)  | (c)                     | (d)  |
|-----|--|-------------------------|--|
| No. | Name, address, and ZIP + 4   | Total contributions     | Type of contribution   |
| 1_  | T & K SCARIOT CHARITABLE LEAD TRUST  116 SUNNINGDALE DRIVE  GEORGETOWN, KY 40324 | \$65,066.               | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b)  | (c) Total contributions | (d)  |
| No. | Name, address, and ZIP + 4   |                         | Type of contribution   |
|     |  | \$                      | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  |
| (a) | (b)  | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4   | Total contributions     | Type of contribution   |
|     |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a) | (b)  | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4   | Total contributions     | Type of contribution   |
|     |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a) | (b)  | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4   | Total contributions     | Type of contribution   |
|     |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a) | (b)  | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4   | Total contributions     | Type of contribution   |
|     |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |

Name of organization SCARIOT FAMILY FOUNDATION INC

Employer identification number

61-1381867

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

| <del></del>               |  |  |                      |
|---------------------------|--|--|----------------------|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | <br> <br> <br>  \$                       |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| <br>-<br>-                |  | <br> <br> <br>  \$                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| -                         |  | <br><br><br>\$                           |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| -<br>-<br>-<br>-          |  | <br><br><br>\$                           |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| <br>-<br>-<br>-           |  | <br><br><br><br>\$                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |

Name of organization SCARIOT FAMILY FOUNDATION INC

Employer identification number

61-1381867

| Part III | Exclusively religious, | charitable, etc. | , individual cont | tributions to sectio | n 501(c)(7), (8), | , or (10) organizations |
|----------|------------------------|------------------|-------------------|----------------------|-------------------|-------------------------|
|          | that total more than   |                  |                   |                      |                   |                         |

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$

| ι                         | Jse duplicate copies of Part III if addition |             |  |                                     |  |
|---------------------------|--|-------------|--|-------------------------------------|--|
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use o   | of gift                                  | (d) Description of how gift is held |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  | (e) Transfe | er of gift                               |                                     |  |
|                           | Transferee's name, address, a                | nd ZIP + 4  | Relatio                                  | nship of transferor to transferee   |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use o   | of gift                                  | (d) Description of how gift is held |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  | (e) Transfe | er of gift                               |                                     |  |
|                           | Transferee's name, address, a                | Relatio     | Relationship of transferor to transferee |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use o   | of gift                                  | (d) Description of how gift is held |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  | (e) Transfe | er of gift                               |                                     |  |
|                           | Transferee's name, address, al               | nd 710 ± 4  | Relationship of transferor to transferee |                                     |  |
|                           | Transferee's name, address, a                | IU ZIF + 4  | Relatio                                  | nship of transferor to transferee   |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                          | (c) Use o   | of gift                                  | (d) Description of how gift is held |  |
| 7 8111                    |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  | (e) Transfe | er of gift                               | <u></u>                             |  |
|                           | Transferee's name, address, a                |             | Relationship of transferor to transferee |                                     |  |
|                           |  |             |  |                                     |  |
|                           | <b></b>                                      |             |  |                                     |  |
|                           |  |             |  |                                     |  |
|                           |  | ji i        |  |                                     |  |

FORM 990-PF - PART IV

| Cross sale price less allowed/ allowable   Depreciation price less expenses of sale   Depreciation allowed/ allowable   Depreciation allowed/ ass of price less expenses of sale   Depreciation allowable   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation other ass of price less expenses of sale   Depreciation of price   Depreciation of price | ious<br>ious |
|---|--------------|
| TOTAL CAPITAL GAIN DISTRIBUTIONS  4,631.  ML 293-04002 VARIOUS 4,334.  VARIOUS 286.  ML 293-04002 VARIOUS 9,051.  VARIOUS -40.  ML 293-04002 VARIOUS 26,656.  WF ADV SD BD CL C 30,797.  GOLDMAN SACHS LT VARIOUS  VARIOUS  | ious<br>ious |
| 4,620. 4,334. 286. WARIOUS 9,011. ML 293-04002 VARIOUS 9,051. VARIOUS -40. VARIOUS 27,285. WF ADV SD BD CL C 30,797. S95. GOLDMAN SACHS LT VARIOUS  | ious<br>ious |
| 9,011. 9,05140. VARIOUS VARIOUS 27,285. WF ADV SD BD CL C 30,797. S95. GOLDMAN SACHS LT VARIOUS   | IOUS         |
| 27,285. 26,656. 629. WF ADV SD BD CL C VARIOUS 09/3 595. GOLDMAN SACHS LT VARIOUS VARIOUS VARIOUS VARIOUS   |              |
| 31,392. 30,797. 595. GOLDMAN SACHS LT VARIOUS VARIOUS VARIOUS   | 17/20        |
|   | 17,20        |
|   | cous         |
| GOLDMAN SACHS LT VARIOUS VARIOUS 49,528. VARIOUS 81,567.  | cous         |
|   |              |

### SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

**Capital Gains and Losses** ► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Information about Schedule D (Form 1041) and its separate instructions is at

www.irs.gov/form1041.

OMB No 1545-0092

2012

Name of estate or trust Employer identification number SCARIOT FAMILY FOUNDATION INC 61-1381867 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 286. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 286. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales pnce the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 88,516. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions 9 4,631. Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 12 column (3) on the back 93,147. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2012

| Schedule D (Form 1041) 2012   |                      |   |  | Page 2  |
|---|----------------------|---|--|---|
| Part III Summary of Parts I and II  |                      | (1) Beneficianes'                                   | (2) Estate's                                       |   |
| Caution: Read the instructions before completing this   | s part.              | (see instr)   | or trust's   | (3) Total   |
| 3 Net short-term gain or (loss)   | . 13                 |   |  | 286.  |
| 4 Net long-term gain or (loss):   |                      |   |  |   |
| a Total for year  | . 14a                |   |  | 93,147.   |
| <b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrksht)   |                      |   |  |   |
| c 28% rate gain   |                      |   |  |   |
| •   | ► <u>15</u>          |   |  | 93,433.   |
| <b>Note:</b> If line 15, column (3), is a net gain, enter the gain on Form 1041, line gains, go to Part V, and <b>do not</b> complete Part IV. If line 15, column (3), is a | 4 (or ro<br>net los: | rm 990-1, Part I, line 4<br>s, complete Part IV and | a) IT lines 14a and<br>d the <b>Capital Loss</b> ( | 15, column (2), are net<br><b>Carryover Worksheet,</b> as |
| necessary   |                      |   | · · · · · · · · · · · · · · · · · · ·              |   |
| Part IV Capital Loss Limitation   |                      |   |  |   |
| Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T  |                      |   |  | ,   |
| a The loss on line 15, column (3) or b \$3,000  Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041   | <br>1. page          | 1. line 22 (or Form 990                             | D-T. line 34). is a lo                             | ss. complete the Capital                                  |
| oss Carryover Worksheet in the instructions to figure your capital loss carryover   |                      |   |  |   |
| Part V Tax Computation Using Maximum Capital Gains Ra   |                      |   |  |   |
| Form 1041 filers. Complete this part only if both lines 14a and 15 in c   |                      |   | mount is entered                                   | in Part I or Part II and                                  |
| here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is m   |                      |   |  |   |
| Caution: Skip this part and complete the Schedule D Tax Worksheet in the<br>■ Either line 14b, col (2) or line 14c, col (2) is more than zero, or                           | e instruc            | ctions if   |  |   |
| ■ Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero   | )                    |   |  |   |
| Form 990-T trusts. Complete this part only if both lines 14a and 15   |                      | ins, or qualified divid                             | dends are include                                  | d in income in Part I                                     |
| of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa   | rt and c             | complete the Schedu                                 | le D Tax Worksh                                    | eet in the instructions                                   |
| f either line 14b, col (2) or line 14c, col (2) is more than zero   |                      | ·   |  |   |
| 17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line  | 34)                  | 17  |  |   |
| 18 Enter the smaller of line 14a or 15 in column (2)  | • ', .               | ' '   |  |   |
| but not less than zero  |                      |   |  |   |
| 19 Enter the estate's or trust's qualified dividends  |                      |   |  |   |
| from Form 1041, line 2b(2) (or enter the qualified  |                      |   | *  |   |
| dividends included in income in Part I of Form 990-T) 19  |                      |   |  |   |
| 20 Add lines 18 and 19 20   |                      |   | **** š   |   |
| 21 If the estate or trust is filing Form 4952, enter the  |                      |   |  |   |
| amount from line 4g, otherwise, enter -0 ▶ 21   |                      |   |  |   |
| 22 Subtract line 21 from line 20 If zero or less, enter -0  |                      | 22  |  |   |
| 23 Subtract line 22 from line 17 If zero or less, enter -0-   |                      | 23  | ***  |   |
|   |                      |   |  |   |
| Enter the smaller of the amount on line 17 or \$2,400   |                      | . 24  |  |   |
| 25 Is the amount on line 23 equal to or more than the amount on line:   | 24?                  |   |  |   |
| Yes. Skip lines 25 and 26, go to line 27 and check the "No" be  |                      | ļ.  |  |   |
| No. Enter the amount from line 23   |                      |   |  |   |
| Subtract line 25 from line 24   |                      | 26  |  |   |
| 27 Are the amounts on lines 22 and 26 the same?   |                      |   | *  |   |
| Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or   | line 22              | 27  |  |   |
|   |                      |   |  |   |
| Enter the amount from line 26 (If line 26 is blank, enter -0-)  |                      | 28  |  |   |
|   |                      |   |  |   |
| Subtract line 28 from line 27   |                      | 29  |  |   |
| 30 Multiply line 29 by 15% (15)   |                      |   | 30   |   |
| Figure the tax on the amount on line 23 Use the 2012 Tax R  |                      |   |  |   |
| (see the Schedule G instructions in the instructions for Form 1041)   |                      |   | 31   |   |
|   |                      |   |  |   |
| Add lines 30 and 31   |                      |   | 32   | <del></del>   |
| Figure the tax on the amount on line 17 Use the 2012 Tax Ri   |                      |   |  |   |
| (see the Schedule Ginstructions in the instructions for Form 1041)  |                      |   | 33   |   |
| Tax on all taxable income. Enter the smaller of line 32 or line 33  |                      | •   | 1 1  |   |
| G, line 1a (or Form 990-T, line 36)   |                      | <u> </u>  |  |   |
|   |                      |   | Sched  | ule D (Form 1041) 2012                                    |

### SCHEDULE D-1 (Form 1041)

### Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

2012

Department of the Treasury
Internal Revenue Service

Name of estate or trust

Attach to Schedule D to list additional transactions for lines 1a and 6a.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Employer identification number 61-1381867

| (a) Description of property (Example | (b) Date                    | (c) Date sold   | (a) Description of property (Example 100 sh 7% preferred of "Z" Co)  (b) Date acquired (mo , day, yr)  (c) Date sold (mo , day, yr)  (d) Sales price (e) Cost or other basis (see instructions)  Subtract |                    |   |  |  |  |  |
|--------------------------------------|-----------------------------|-----------------|---|--------------------|---|--|--|--|--|
| 100 sh 7% preferred of "Z" Co )      | acquired<br>(mo , day, yr ) | (mo , day, yr ) | (d) Sales price   | (see instructions) | (f) Gain or (loss)<br>Subtract (e) from ( |  |  |  |  |
| 1L 293-04002 VARIOUS                 | VARIOUS                     | VARIOUS         | 4,620.  | 4,334.             | 28  |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
| <del></del>                          |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    | ·   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
|                                      |                             |                 |   |                    |   |  |  |  |  |
| <del></del>                          |                             |                 |   |                    | _   |  |  |  |  |
|                                      |                             |                 |   |                    | <del> </del>                              |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2012

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

| Part II Long-Term Capital Gains ar                                  | nd Losses - Asse                        | ts Held More Tha                 | an One Year     | •   |   |
|---|---|----------------------------------|-----------------|---|---|
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date<br>acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price | (e) Cost or other basis<br>(see instructions) | (f) Gain or (loss)<br>Subtract (e) from (d) |
| 6a<br>ML 293-04002 VARIOUS  | VARIOUS                                 | VARIOUS                          | 9,011.          | 9,051.  | -40.  |
| ML 293-04002 VARIOUS  | VARIOUS                                 | VARIOUS                          | 27,285.         | 26,656.                                       | 629.  |
| WF ADV SD BD CL C   | VARIOUS                                 | 09/17/2012                       | 31,392.         | 30,797.                                       | 595.  |
| GOLDMAN SACHS LT VARIOUS  | VARIOUS                                 | VARIOUS                          | 12,598.         | 6,833.  | 5,765.                                      |
| GOLDMAN SACHS LT VARIOUS  | VARIOUS                                 | VARIOUS                          | 131,095.        | 49,528.                                       | 81,567.                                     |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  | :               |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
| <del></del>   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
|   |   |                                  |                 |   |   |
| 6b Total. Combine the amounts in column                             | n (f) Enter here an                     | d on Schedule D, Iır             | ne 6b           |   | 88,516.<br>D-1 (Form 1041) 2012             |

61-1381867

ATTACHMENT 1

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| ADJUSTED<br>NET<br>INCOME_              |   |       |
|---|---|-------|
| NET<br>INVESTMENT<br>INCOME             | 15.<br>39.<br>52.   | 106.  |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 15.<br>39.<br>52.   | 106.  |
| DESCRIPTION                             | MERRILL LYNCH- INTEREST A/C 04002<br>MERRILL LYNCH- INTEREST A/C 04103<br>GOLDMAN SACHS | TOTAL |

## FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| ADJUSTED<br>NET<br>INCOME               |   |         |
|---|---|---------|
| NET<br>INVESTMENT<br>INCOME             | 19,422.<br>2,229.<br>12,805.  | 34,456. |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 19,422.<br>2,229.<br>12,805.  | 34,456. |
| DESCRIPTION                             | MERRILL LYNCH- DIVIDENDS - A/C 04002<br>MERRILL LYNCH- DIVIDENDS - A/C 04103<br>GOLDMAN SACHS | TOTAL   |

ATTACHMENT 3

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION NONDIVIDEND DISTRIBUTIONS

REVENUE AND EXPENSES PER BOOKS

INVESTMENT INCOME NET

ADJUSTED NET INCOME

183.

183.

183.

183.

TOTALS

V 12-4.6F

ATTACHMENT 4

## FORM 990PF, PART I - ACCOUNTING FEES

| CHARITABLE<br>PURPOSES                  | 900.     | .006   |
|---|----------|--------|
| ADJUSTED<br>NET<br>INCOME               |          |        |
| NET<br>INVESTMENT<br>INCOME             |          |        |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | .006     | .006   |
|   |          | TOTALS |
| DESCRIPTION                             | TAX PREP |        |

ATTACHMENT 5

| PROFESSIONAL FEES |  |
|-------------------|--|
| - OTHER P         |  |
| PART I            |  |
| 1 990PF,          |  |
| FORM              |  |

| CHARITABLE<br>PURPOSES                  |   |        |
|---|---|--------|
| ADJUSTED<br>NET<br>INCOME               |   |        |
| NET<br>INVESTMENT<br>INCOME             | 5,316.<br>912.                                      | 6,228. |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 5,316.<br>912.                                      | 6,228. |
|   | -CONSULTING FEES<br>-CONSULTING FEES                | TOTALS |
| DESCRIPTION                             | MERRILL LYNCH -CONSULTING GOLDMAN SACHS -CONSULTING |        |

ATTACHMENT S

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ATTACHMENT 6

| TAXAT     |
|-----------|
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| TOVO      |
| 990<br>PE |
| FOD M     |

| CHARITABLE<br>PURPOSES                  |   |
|---|---|
| ADJUSTED<br>NET<br>INCOME               |   |
| NET<br>INVESTMENT<br>INCOME             | 159.<br>149.<br>458.<br>1,500.  |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 159.<br>149.<br>458.<br>1,500.  |
| DESCRIPTION                             | FOREIGN TAX PAID - ML FOREIGN TAX PAID - GS 2011 990PF TAX 2012 990PF EST TAX PYMTS |

61-1381867

ATTACHMENT 7

V 12-4.6F

29194

FORM 990PF, PART I - OTHER EXPENSES

| CHARITABLE<br>PURPOSES                  | 299.<br>15.  | 314.   |
|---|--|--------|
| ADJUSTED<br>NET<br>INCOME               |  |        |
| NET<br>INVESTMENT<br>INCOME             | 150.   | 150.   |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 150.<br>299.<br>15.                                  | 464.   |
|   |  | TOTALS |
| DESCRIPTION                             | INVESTMENT EXPENSES<br>OFFICE SUPPLIES<br>FILING FEE |        |

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|--------|---|
| CHMENT |   |
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61-1381867

|  | ATTACHMENT 8                                 | MENT 8                                       |
|--|--|--|
| FORM 990PF, PART II - CORPORATE STOCK                                  |  |  |
| DESCRIPTION  | ENDING<br>BOOK VALUE                         | $\overline{\overline{\mathrm{FMV}}}$         |
| EQUITIES- ML<br>EQUITIES- GS<br>MUTUAL FUNDS - ML<br>MUTUAL FUNDS - GS | 146,373.<br>153,242.<br>562,552.<br>286,572. | 168,903.<br>156,509.<br>643,015.<br>210,778. |
| TOTALS   | 1,148,739.                                   | 1,179,205.                                   |

|            | <del></del> <del></del> |
|------------|-------------------------|
| ATTACHMENT | 9                       |

### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

ADJUSTMENT TO BASIS OF SECURITIES

138.

TOTAL

138.

| FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  | CICERS, DIRECTORS, AND TRUSTEES                         |              | ATTACH  | ATTACHMENT 10                           |
|--|---|--------------|---|---|
| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
| TERRY G. SCARIOT<br>116 SUNNINGDALE DRIVE<br>GEORGETOWN, KY 40324  | DIRECTOR<br>.50   | 0            | 0   | 0                                       |
| STEVEN J. SCARIOT<br>116 SUNNINGDALE DRIVE<br>GEORGETOWN, KY 40324 | DIRECTOR<br>.50   | 0            | 0   | 0                                       |
| JOHN P. SCARIOT  | DIRECTOR  | 0            | 0   | . 0                                     |

GRAND TOTALS

.50

116 SUNNINGDALE DRIVE GEORGETOWN, KY 40324

SB8601 K917

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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|   | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |   |         |
|---|---|---|---------|
| RECIPIENT NAME AND ADDRESS  | AND FOUNDATION STATUS OF RECIPIENT      | PURPOSE OF GRANT OR CONTRIBUTION          | AMOUNT  |
| UNITED WAY OF SOUTHERN KENTUCKY<br>1110 COLLEGE ST<br>BOWLING GREEN, KY 42101       | NONE<br>NON-PROFIT                      | LOCAL UNITED WAY AGENCY ACTIVITIES        | 2,500.  |
| COMMONWEALTH HEALTH FOUNDATION<br>800 PARK STREET<br>BOWLING GREEN, KY 42102        | NONE<br>NON-PROFIT                      | PREE HEALTH CLINIC SERVICES FOR THE NEEDY | 1,000.  |
| AMERICAN CANCER SOCIETY 2425 SCOTTSVILLE ROAD BOWLING GREEN, KY 42104               | NON- PROFIT                             | SUPPORT CANCER RESEARCH                   | 200.    |
| BEST BUDDIES OF KENTUCKY<br>1151 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40203        | NON-PROPIT                              | SUPPORT CHILDREN IN NEED                  | 1,000.  |
| ORCHESTRA KENTUCKY<br>1046 ELM STREET<br>BOWLING GREEN, KY 42101                    | NON- PROFIT                             | GENERAL SUPPORT                           | 7,500.  |
| WESTERN KENTUCKY UNIVERSITY<br>1906 COLLEGE HEIGHTS BLVD<br>BOWLING GREEN, KY 42101 | NONE<br>NON-PROFIT                      | SUPPORT SPECIAL EDUCATION & SCHOLARSHIPS  | 10,800. |

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| ACCOUNTING NAME AND ADDRESS   PRODUCTION STRATES OF SECTION NAME AND ADDRESS CONFIDENCE   PRODUCTION STRATES OF SECTION NAME AND ADDRESS CONFIDENCE  | FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | AID DURING THE YEAR                     | ——                               | ATTACHMENT 11 (CONT'D) |
|--|---|---|----------------------------------|------------------------|
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTION   AND   |   |   |                                  |                        |
| PURPOSE OF GRANT OR CONTRIBUTION   PURPOSE OF CO   |   | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |                                  |                        |
| DDRESS         FOUNDATION SPATUS OF RECTEBY         PUBPOSE OF GRANT OR CONTRIBUTION         AMONA           FOUNDATION         NON-PROPIT         SUPPORT LOCAL CHARITIES         1.1           SKIDS         NON-PROPIT         ASSIST INJURED SOLDERS         1.1           SKIDS         NON-PROPIT         ASSIST POST 9/11 VETENANS NEEDS         1.1           LEE         NON-PROPIT         ASSIST POST 9/11 VETENANS NEEDS         1.1           KY KIDS ON THE BLOCK         NON-PROPIT         CENERAL SUPPORT         CENERAL SUPPORT           KY KIDS ON THE BLOCK         NON-PROPIT         CENERAL SUPPORT         CENERAL SUPPORT           KY KIDS ON THE BLOCK         NON-PROPIT         CENERAL SUPPORT         CENERAL SUPPORT   |   | AND                                     |                                  |                        |
| COUNDATION         NONE         SUPPORT LOCAL CHARTIES         1.1           SE         NONE         NONE         ASSIST INJURED SOLDIERS         1.1           SE         NONE         NONE         ASSIST INJURED SOLDIERS         1.1           A         NONE         NONE         ASSIST POST 9/11 VETERANS NEEDS         1.1           CE         NONE         NONE         ASSIST POST 9/11 VETERANS NEEDS         1.1           CE         NONE         NONE         GENERAL SUPPORT         1.1           CE         NONE         NONE         1.1         1.1           CE         NONE         1.1         1.1         1.1           CE         NONE         1.1         1.1         1.1 <td>RECIPIENT NAME AND ADDRESS</td> <td></td> <td>PURPOSE OF GRANT OR CONTRIBUTION</td> <td>AMOUNT</td>  | RECIPIENT NAME AND ADDRESS  |   | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT                 |
| SKILDS NONE NON-PROPIT OGENERAL SUPPORT OGENERAL SUPPORT NON-PROPIT NON-PROPIT NON-PROPIT OGENERAL SUPPORT OGENERAL SUPPORT OGENERAL SUPPORT NON-PROPIT OGENERAL SUPPORT OGENERA | BLUEGRASS COMMUNITY FOUNDATION                                      | NONE                                    | SUPPORT LOCAL CHARITIES          | 1,000.                 |
| NOME NOME ASSIST INJURED SOLDIERS NOM-FROFIT  NOM-FROFIT  NOM-FROFIT  NOM-FROFIT  NOM-FROFIT  NOM-FROFIT  NOM-FROFIT  LEE  NOME  NOM-FROFIT  NOM-FROFIT  LEE  NOME  NOM-FROFIT   499 EAST HIGH STREET  | NON-PROFIT                              |                                  |                        |
| NONE NONE NON-PROPIT  S KIDS  NON-PROPIT  NONE  OGENERAL SUPPORT  GENERAL SUPPORT  OGENERAL SUPPORT  | SUITE 112   |   |                                  |                        |
| NONE NONE ASSIST INJURED SOLDIERS  NON-FROFIT  NONE NONE NONE ASSIST POST 9/11 VETERANS NEEDS  NONE NONE NONE GENERAL SUPPORT  ASSIST POST 9/11 VETERANS NEEDS  NON-FROFIT  L DRIVE NONE GENERAL SUPPORT  ASSIST POST 9/11 VETERANS NEEDS  GENERAL SUPPORT  GENERAL SUPPORT  ON-FROFIT  DO ON-FROFIT  101  | LEXINGTON, KY 40507   |   |                                  |                        |
| NON- PROFIT   NONE   CENERAL SUPPORT   | אפטדממאיי מפר   | MOME                                    | ASSIST INJURED SOLDIERS          | 75,                    |
| S KIDS  NONE  NONE  NON-PROPIT  OGBNERAL SUPPORT  GRNERAL SUPPORT  GRNERAL SUPPORT  GRNERAL SUPPORT  OGNERAL SUPPORT   |   |   |                                  |                        |
| S KIDS   NONBE   CENBRAL SUPPORT   | BELFORT RD  | NON-PROFIT                              |                                  |                        |
| S KIDS NONE NONPEDCIT GENERAL SUPPORT  NONPEROPIT ASSIST POST 9/11 VETERANS NEEDS  NONPEROPIT GENERAL SUPPORT  L DRIVE NONPEROFIT GENERAL SUPPORT  KY KIDS ON THE BLOCK NONE GENERAL SUPPORT  NONPEROFIT GENERAL SUPPORT  ONN PROPIT GENERAL SUPPORT   | JACKSONVILLE, FL 32256  |   |                                  |                        |
| NON-PROFIT   NONE   ASSIST POST 9/11 VETERANS NEEDS   NON-PROFIT   NON-PROFIT   GENERAL SUPPORT   GENERAL SUPPORT   GENERAL SUPPORT   GENERAL SUPPORT   GENERAL SUPPORT   GENERAL SUPPORT   NON-PROFIT   GENERAL SUPPORT   GENERAL   | R FOR COURAGEOUS KIDS   | ENON                                    | GENERAL SUPPORT                  | 318.                   |
| NONE  NONE  NON-PROFIT  L DRIVE  NON-PROFIT  NON-PROFIT  AD  NON-PROFIT  GENERAL SUPPORT   | naga vativatia  | TT3O3G - NON                            |                                  |                        |
| NONE ASSIST POST 9/11 VETERANS NEEDS NON-PROFIT L DRIVE NONE NON-PROFIT KY KIDS ON THE BLOCK NONE GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT 10.1   |   |   |                                  |                        |
| NONE NONE GENERAL SUPPORT NON-PROFIT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT 1001.   | SVILLE, KY 42164  |   |                                  |                        |
| LE         NONE         GENERAL SUPPORT           L DRIVE         NON-PROFIT         GENERAL SUPPORT           KY KIDS ON THE BLOCK         NONE         GENERAL SUPPORT           AD         NON-PROFIT         GENERAL SUPPORT           AD         NON-PROFIT         GENERAL SUPPORT   | ARES  | NONE                                    | ASSIST POST 9/11 VETERANS NEEDS  | 430                    |
| L DRIVE NON-PROPIT GENERAL SUPPORT  KY KIDS ON THE BLOCK NONE GENERAL SUPPORT  NON-PROPIT  AD  NON-PROPIT  | PO BOX 759  | NON-PROFIT                              |                                  |                        |
| LDRIVE         NON-PROPIT         GENERAL SUPPORT           LDRIVE         NON-PROPIT         GENERAL SUPPORT           KY KIDS ON THE BLOCK         NON-PROPIT         GENERAL SUPPORT           AD         NON-PROPIT         AD   | RADCLIFF, KY 40159  |   |                                  |                        |
| L DRIVE NON-PROFIT  KY KIDS ON THE BLOCK NONE  AD  NON-PROFIT  1001  | HOSPARUS OF LOUISVILLE  | NONE                                    | GENERAL SUPPORT                  | 100.                   |
| KY KIDS ON THE BLOCK NONE AD NON-PROFIT 101  | 3532 EPHRAIM MCDOWELL DRIVE   | NON-PROFIT                              |                                  |                        |
| KIDS ON THE BLOCK NONE  NON-PROFIT  1.   | VILLE, KY 40205   |   |                                  |                        |
| ď  | CENTRAL KENTUCKY KIDS ON THE BLOCK                                  | NONE                                    | GENERAL SUPPORT                  | 100.                   |
| NG GREEN, KY 42101   | 2465 RUSSELLVILLE ROAD  | NON-PROFIT                              |                                  |                        |
|  | BOWLING GREEN, KY 42101   |   |                                  |                        |

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT\_11 (CONT'D)

100.

AMOUNT

10,550.

FOUNDATION STATUS OF RECIPIENT RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION MISSIONARY WORK NON-PROFIT SOUTHEAST CHRISTIAN CHURCH 920 BLANKENBAKER PARKWAY

SUPPORT VETERANS NON-PROFIT NONE THE MISSION CONTINUES 1141 SOUTH 7TH STREET LOUISVILLE, KY 40243 ST LOUIS, MO 63104 35,673 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

SCARIOT FAMILY FOUNDATION INC

BUSINESS

AMOUNT

CODE

RELATED OR EXEMPT FUNCTION INCOME

61-1381867

ATTACHMENT 12

AMOUNT

01

183.

183.

TOTALS

NONDIVIDEND DISTRIBUTIONS

DESCRIPTION

V 12-4.6F

Account No Legal Name
020-42561-7 SCARIOT FAMILY FOUNDATION, INC

Tax Year **2012** 

Supplemental Information - Consult your form 1099 for tax reporting purposes

### REALIZED GAIN AND LOSS SUMMARY

|  |       |   |           |   | ١   |
|--|-------|---|-----------|---|-----|
| SHORT-TERM GAINS (LOSSES)                                |       | LONG-TERM GAINS (LOSSES)                                |           | ORDINARY GAINS (LOSSES)                   |     |
| Net Covered Short-Term Gains (Losses)                    | 000   | Net Covered Long-Term Gains (Losses)                    | 5 765 15  | Net Ordinary Gains (Losses)               | 000 |
| Net NonCovered Short-Term Gains (Losses)                 | 000   | Net NonCovered Long-Term Gains (Losses)                 | 81,566 38 |   |     |
| Net 1099B Non Reportable Short-Term Gains (Losses)       | 0000  | Net 1099B Non Reportable Long-Term Gains (Losses)       | 000       |   |     |
| Net Miscellaneous Short-Term Gains (Losses)              | 0000  | Net Miscellaneous Long-Term Gains (Losses)              | 00 0      | Net Miscellaneous Ordinary Gains (Losses) | 000 |
| Net Regulated Futures Contract Short-Term Gains (Losses) | 00.00 | Net Regulated Futures Contract Long-Term Gains (Losses) | 00 0      |   |     |
| Total Short-Term Gains (Lasses)                          | 000   | 0 00 Total Long-Term Gains (Losses)                     | 87,331.53 | 87,331.53 Total Ordinary Gains (Losses)   | 0.0 |
|  |       |   |           |   |     |

### **LONG-TERM GAINS (LOSSES)**

|   | Date Acquired | Date Sold             |          |                                | Total accretion |              | Total       |
|---|---------------|-----------------------|----------|--------------------------------|-----------------|--------------|-------------|
| Description (Product Identifier)                | or Sold Short | or Covered            | Quantity | Sale Proceeds 5 (Amortization) | (Amortization)  | Cost Basis 4 | Gain (Loss) |
| Covered Long-Term Gains (Losses)                |               |                       |          |                                |                 |              |             |
| MASTERCARD INCORPORATED CMN CLASS A (576360104) | 01/14/2011    | 01/14/2011 03/27/2012 | 29 00    | 12,597 66                      | 00 0            | 6,832 51     | 5,765.15    |
| Net Covered Long-Term Gains (Losses)            |               |                       |          | 12,597.66                      | 0.00            | 6,832.51     | 5,765.15    |
| NonCovered Long-Term Gains (Losses)             |               |                       |          |                                |                 |              | •           |
| AMERICAN TOWER CORPORATION CMN (03027X100)      | 01/02/2009    | 01/02/2009 03/27/2012 | 584 00   | 36,225 39                      | 00 0            | 16,717 88    | 19,507 51   |
| APPLE, INC CMN (037833100)                      | 01/15/2009    | 03/27/2012            | 31 00    | 18,973 76                      | 00 0            | 2,513 15     | 16,460 61   |
| APPLE, INC CMN (037833100)                      | 11/23/2010    | 03/27/2012            | 49 00    | 29,990 77                      | 00 0            | 15,112.69    | 14,878 08   |
| APPLE, INC CMN (037833100)                      | 08/07/2009    | 03/27/2012            | 53 00    | 32,439 00                      | 00 0            | 8,820 27     | 23,618.73   |
| MASTERCARD INCORPORATED CMN CLASS A (576360104) | 05/13/2010    | 03/27/2012            | 3 00     | 1,303 21                       | 00 0            | 712 85       | 590 36      |
| MASTERCARD INCORPORATED CMN CLASS A (576360104) | 07/21/2010    | 03/27/2012            | 28 00    | 12,163 26                      | 0.00            | 5,652 17     | 6,511 09    |
| Net NonCovered Long-Term Gains (Losses)         |               |                       |          | 131,095.39                     | 0.00            | 49,529.01    | 81,566.38   |

<sup>.</sup> Sale Proceeds may have been adjusted by an option premium due to an option assignment



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Information regarding the cost basis and acquisition dates of securities that you acquired elsewhere and that were subsequently delivered into your Goldman Sachs account(s) were provided by you and/or a third Realized and unrealized gains and loss values do not include securities for which cost basis is unavailable. The recognition of any loss reflected herein may be disallowed or deferred by the application of capital loss limitations, wash sale rules or other special tax rules, and you are strongly urged to consult your own outside tax and other advisors about this and all tax-related matters addressed in any way herein. All party and Goldman Sachs makes no representation as to the accuracy and completeness of such information and it should not be relied upon as such

<sup>4</sup> Basis may have been increased by accruals of market discount and/or original issue discount in income currently and/or amortization. This increase or decrease of basis assumes the investor has elected to include market discount in income currently and/or amortize premium currently. You should consult with your own tax advisor to determine your correct basis.