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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2012 or tax year beginning , and ending Name of foundation A Employer identification number The Michael M & Eve K Ossoff Foundation % Martha O. Blaxall and Robert H. Ossoff 65-0965991 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 615-292-5468-615-352-850 2014 Fransworth Drive City or town, state, and ZIP code C If exemption application is pending, check here Nashville, TN 37205 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: __ Cash X Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 1,232,795. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 1,130,224 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 13,860 13,860 Statement Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 45,049 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 45,049. 45,049 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,189,133 58,909 12 Total. Add lines 1 through 11 0. 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. 998 0. **b** Accounting fees Stmt 2 c Other professional fees 17 Interest 190 187. 0. Stmt 3 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 3,777. 3,777 0. 23 Other expenses Stmt 4 24 Total operating and administrative expenses Addines (8-through 23)
25 Contributions, gifts, grants para 4,965 3,964 0. 500. 500 Total expenses and disbursements. Add littles 24/and/252 0 2013 500. 5,465 3,964 Subtract line 26 from line 12: 1,183,668 a Excess of revenue over expenses

b Net investment income une 54,945 N/A

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c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

The Michael M & Eve K Ossoff Foundation

For	m 99	0-PF (2012)	<u>na</u>				0965991 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	-	Beginning of year (a) Book Value	(b) Book Value	nd of	(c) Fair Market Value
_	1	Cash - non-interest-bearing	\dashv	1,055.	44,96	$\frac{1}{2}$	
	2	Savings and temporary cash investments	F	1,000,	41/50	-	12/3020
	_	Accounts receivable ►	r				
		Less: allowance for doubtful accounts					
	4	Pledges receivable ▶				l	
		Less; allowance for doubtful accounts	-				
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other	- 1				
		disqualified persons	- 1				
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
Assets	[Inventories for sale or use Prepaid expenses and deferred charges	-	· · · · · · · · · · · · · · · · · · ·			
Ass	9	Investments - U.S. and state government obligations	 			$\neg \uparrow$	
	I	Investments - corporate stock Stmt 5	ŀ	9,369.	13,32	5.	13,325.
		Investments - corporate bonds	r	3,000			
	1 -	Investments -land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other Stmt 6	L	0.	1,174,50	8.	1,174,508.
	14	Land, buildings, and equipment: basis ►				-	
		Less accumulated depreciation				\dashv	
	15	Other assets (describe ►) -				-
	4.0	Table and the her appropriated by all filers		10,424.	1,232,79	_	1,232,795.
-	17	Total assets (to be completed by all filers) Accounts payable and accrued expenses		10,424.	1,232,13	"	1,232,1334
	18	Grants payable					
Ś	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			· · · · · · · · · · · · · · · · · · ·		
iabi	21	Mortgages and other notes payable	L				
-	22	Other liabilities (describe	_)				
				0		ا م	
_	23	Total liabilities (add lines 17 through 22)	\dashv	0.		0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31	-				
es	24	Unrestricted					
or Fund Balances	25	Temporarily restricted					
Ba	26	Permanently restricted					
밀		Foundations that do not follow SFAS 117, check here] [1	
正		and complete lines 27 through 31.					
ţ	27	Capital stock, trust principal, or current funds		0.		<u>0.</u>	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	-	10,424.	1,232,79	0.	
et A	29	Retained earnings, accumulated income, endowment, or other funds	-	10,424.	1,232,79		
Ž	30	Total net assets or fund balances		10,424.	1,232,13	-	
	31	Total liabilities and net assets/fund balances		10,424.	1,232,79	5.	
P	art		d Ba	lances			
		net assets or fund balances at beginning of year - Part II, column (a),					
ı		net assets or fund balances at beginning of year - Fart it, column (a), tagree with end-of-year figure reported on prior year's return)	mic 3			1	10,424.
2		amount from Part I, line 27a				2	1,183,668.
		increases not included in line 2 (itemize) Unrealized	d 1	investment App	reciation	3	38,703.
		ines 1, 2, and 3				4	1,232,795.
		eases not included in line 2 (itemize)				5	0.
6_	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part	II, col	umn (b), line 30		6	1,232,795.
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34,942.

500.

7 Add lines 5 and 6

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

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

7

	. The Michael M & Eve K Ossoff B								
	990-PF(2012) % Martha O. Blaxall and Robert					<u>-096</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a),	4940(k), 4940(e), d	r 494	3 - see	instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and element operating foundations described in section 4940(d)(2), check here	nter "N/	A" on line	: 1.					
	Date of ruling or determination letter: (attach copy of letter if nec	essary	-see inst	ructions)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	- []	and ente	er 1%	1			<u>1,0</u>	<u>99.</u>
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			2, col. (b). ノ					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers er	iter -0-)		2				<u>0.</u>
3	Add lines 1 and 2				3			1,0	99.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O)thers e	nter -0-)		4	1			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			<u>1,0</u>	99.
6	Credits/Payments:	1	1						
8	2012 estimated tax payments and 2011 overpayment credited to 2012	6a							
b	Exempt foreign organizations - tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d	<u> </u>			1			
7	Total credits and payments. Add lines 6a through 6d				7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched			8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				<u> </u>			<u>1,0</u>	<u>99.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1	<u> 10</u>				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax			Refunded	<u> </u>	I			
	rt VII-A Statements Regarding Activities					_	1.		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legis	station o	r did it p	articipate or inter	ene in			Yes	No
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos						1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copi	es of an	y materials pub	lished o	r			
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?						1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				_				
	(1) On the foundation. > \$ (2) On foundation managers				<u>0.</u>				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expending	iture tax	impose	d on foundation			İ		
	managers. ► \$O.						1		
2	Has the foundation engaged in any activities that have not previously been reported to the II	RS?					2		X
	If "Yes," attach a detailed description of the activities.						-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i		ent, artıc	les of incorporati	on, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?				/-	<u>4a</u>		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	_				N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?					5		X
	If "Yes," attach the statement required by General Instruction T.								,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ither:							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandator	y direct	ions that	conflict with the	state law				
	remain in the governing instrument?						6		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?						7	<u>X</u>	
	If "Yes," complete Part II, col. (c), and Part XV						1		
88	Enter the states to which the foundation reports or with which it is registered (see instruction	ins) 🟲							
	FL								
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General	(or designate)					1
	of each state as required by General Instruction G? If "No," attach explanation				_		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of se				calenda	=			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," c				α.	_ =	9		X
40	Did any persons become substantial contributors during the tay year?		thair ===		Stm	T /	10	ı X	

The Michael M & Eve K Ossoff Foundation 65-0965991 % Martha O. Blaxall and Robert H. Ossoff Page 5 Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A Telephone no. $\triangleright 615 - 322 - 6326$ 14 The books are in care of ▶ Robert Ossoff ZIP+4 ▶37205 Located at ▶ 2014 Fransworth Drive, Nashville, TN 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year No Yes At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, X securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly):] Yes 🗶 No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2012? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)): a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2012? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🛣 No 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, N/A 3b Form 4720, to determine if the foundation had excess business holdings in 2012) X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

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orm 990-PF (2012) % Martha O. Blaxall and			<u>65-09659</u>	91 Pa	ge <u>6</u>
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		[-			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u></u>			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		(ए),		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	27 / 2	.	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi			<u></u>		
expenditure responsibility for the grant?		I/A ∟ Y∈	es L No		
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	,,	es X No		
a personal benefit contract?		Y6			.,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b .	<u>X</u> _
If "Yes" to 6b, file Form 8870.			₹7		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		mana Himble		7b	
Part VIII Information About Officers, Directors, Trust	ees, roundation wa	inagers, nigni	y		
List all officers, directors, trustees, foundation managers and their	compensation.		· · · · · · · · · · · · · · · · · · ·		—
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expen account, of allowance	her
Martha O. Blaxall	to position Trustee	enter-0-)	compensation	allowalice	<u></u>
3960 Birdsville Road	llustee				
Davidsonville, MD 21035	10.00	0.	0.		0.
	Trustee	•	•		<u> </u>
2014 Fransworth Drive	Trabece				
Nashville, TN 37205	10.00	0.	0.		0.
MASHVIIIE, IN 3/203		•			<u> </u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u></u>	
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expen	șe
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, of	
NONE	CONCIOC TO POSITION				_
110112	i				
					—
					_
		1	-		
					—
Catal number of other employees part over \$50,000	·	·		·	_

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Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional service	es. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of	f service (c) Compensation
NONE		
	<u>. </u>	
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. Inc number of organizations and other beneficiaries served, conferences convened, re	lude relevant statistical information such as the	e Expenses
· · · · · · · · · · · · · · · · · · ·	50d. 61. paper 6 p. 60d. 60d, 61d.	
1N/A		
2	.	
3		
· · · · · · · · · · · · · · · · · · ·		
1		
Part IX-B Summary of Program-Related Investments		· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation dur	ing the tax year on lines 1 and 2.	Amount
1N/A		
1		
2	· · · · · ·	
All other program-related investments. See instructions.		
3		1
Y		
	· · · · · · · · · · · · · · · · · · ·	

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	598,601.
b	Average of monthly cash balances	1b	23,010.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	621,611.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	621,611.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,324.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	612,287.
6	Minimum investment return. Enter 5% of line 5	6	30,614.
	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Mınımum investment return from Part X, line 6	1	30,614.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,099.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	29,515.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	29,515.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	29,515.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
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	500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	r the section

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				29,515.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			412.	
b Total for prior years:				
5 Franco distributions services if any to 2012		0.		-
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009 d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from	•	_	•	
Part XII, line 4: ►\$ 500.				
a Applied to 2011, but not more than line 2a			412.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				······································
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				88.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	_			
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				29,427.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2008				
b Excess from 2009		ļ		
c Excess from 2010 d Excess from 2011			}	
e Excess from 2012				
6 EA0633 II UIII 20 12	L			Form 990-PF (2012)

The Michael M & Eve K Ossoff Foundation Form 990-PF (2012) % Martha O. Blaxall and Robert H. 65-0965991 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2012 (b) 2011 (c) 2010 (d) 2009(e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income 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.) 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).) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. 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: c Any submission deadlines:

Form **990-PF** (2012)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, · Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid dunng the year Public Charity General VUMC Department of Otolaryngology None 1215 21st Avenue South, Ste 3100 Nashville, TN 37212 500. ➤ 3a 500. Total b Approved for future payment None **▶** 3b Total

% Martha O. Blaxall and Robert H. Ossoff 65-0965991 Page 12

Part XVI-A	Analysis o	f Income-Producing	Activities
------------	------------	--------------------	-------------------

Business code	(b) Amount	Exclu- sion code	(d) Amount	(e) Related or exempt function income
		Code		
1 1				
1 1				
1 1	 			
1 1				
		14	13,860.	
				·
				· · · · · · · · · · · · · · · · · · ·
	. <u>-</u>			
		18	45,049.	
		1 1		
			F0 000	
<u> </u>	0	•		0
			13	58,909
			14	14 13,860.

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
	• • • • • • • • • • • • • • • • • • • •

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

223621 12-05-12

The Michael M & Eve K Ossoff Foundation Form 990-PF (2012) 65-0965991 % Martha O. Blaxall and Robert H. Ossoff Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 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? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) Х (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) X X 1b(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) 1b(6) Х (6) Performance of services or membership or fundraising solicitations X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

COIU	ımı (a) the value of the goods,	other assets, or services received	J.			
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization			(d) Description	of transfers, transaction	s, and sharing arrangements		
			N/A				
				<u> </u>	<u> </u>	<u> </u>	
_							
						·	
		<u></u>					
					<u> </u>		
ın s	ection	•	tly affiliated with, or related to, on r than section 501(c)(3)) or in sec edule		ations described		Yes X No
	00, 00	(a) Name of org		(b) Type of organization	(c) Description of rela	ationship
		N/A					
		.=.1_==					
		<u> </u>					
Sign Here	and be		that I have examined this return, including mplete. Declaration of preparer (other the			has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No
	Oigii	Print/Type preparer's na			Date	Check If	PTIN
Paid		• • • •	Sut	w Handra	•	self- employed	D0120E40E
Prepa	ror		arabedian Scott		11/11/13	Firm's EIN ▶ 04	P01285485
Use C			neson & Company		<u></u>	FILITISEIN PUG	
			1 Edgewater Pla		ס		
	j	Wa	kefield, MA 01	<u>880-6208</u>		Phone no. (7	<u>/81)245-9999</u>
	Form 990-PF (2012						

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.

% Martha O. Blaxall and Robert H. Ossoff

OMB No 1545-0047

2012

Name of the organization

The Michael M & Eve K Ossoff Foundation

Employer identification number

65-0965991

Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
The Michael M & Eve K Ossoff Foundation
% Martha O. Blaxall and Robert H. Ossoff

Employer identification number

65-0965991

Part 1 Contributors (see instructions	Use duplicate copies of Part I if additional space is needed.
---------------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Michael Ossoff c/o M. Blaxall; 3960 Birdsville Road Davidsonville, MD 21035	\$ <u>1,128,224.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Michael Ossoff The Carlisle, 6935 Carlisle Court, C142 Naples, FL 34109	\$2,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there

Name of organization

Employer identification number

The Michael M & Eve K Ossoff Foundation % Martha O. Blaxall and Robert H. Ossoff

65-0965991

'art II	Noncash Property (see instructions). Use duplicate copies of Pa	irt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	Investments		
		\$\$ <u>1,128,224.</u>	04/25/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organ The Mic	chael M & Eve K Ossoff	Foundation	Employer identification number
% Marth Part III	ha O. Blaxall and Robe: Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	rt H. Ossoff idual contributions to section 501(le following line entry. For organizati l., contributions of \$1,000 or less fo	65-0965991 c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	ift Relationship of transferor to transferee
- -			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	ift Relationship of transferor to transferee
-			

Form 990-PF Dividend	ls and	Inter	est from	Secur	rities	Statement	1
Source		Gross	Amount		ital Gains ividends	Column (A Amount)
Dividend Income Interest income			13,553. 631.		324.	13,2	29. 31.
Total to Fm 990-PF, Part I, 1	ln 4 =		14,184.	=	324.	13,8	60.
Form 990-PF	Acc	ounti	ng Fees			Statement	2
Description	(a Exper Per E	ı) ıses Books	(b) Net Inv ment In	est-	(c) Adjusted Net Incom		
Accounting fees		998.		0.			0.
To Form 990-PF, Pg 1, ln 16b		998.		0.			0.
Form 990-PF		Taxe	es			Statement	3
Description		ı) ıses Books		rest-	(c) Adjusted Net Incom		
Federal excise tax Foreign taxes		3. 187.		0. 187.			0.
To Form 990-PF, Pg 1, ln 18	- <u>-</u>	190.		187.			0.
Form 990-PF	Ot	her E	xpenses			Statement	4
	(a Exper	ises	(b) Net Inv	rest-	(c) Adjusted Net Incom		
Description	Per E	Books	ment In	Come	1100 11100111		
Description Investment fees		3,777.		3,777.			0.

Form 990-PF Corp	Corporate Stock					
Description		Book Value	Fair Marke Value	t		
ATT Comcast	•	4,128. 9,197.	4,1 9,1			
Total to Form 990-PF, Part II, line	10b	13,325.	13,3	25.		
Form 990-PF Other	r Investments		Statement	6		
Description	Valuation Method	Book Value	Fair Marke Value	t		
Brown Brothers Harriman investments	COST	1,174,508.	1,174,5	08.		
Total to Form 990-PF, Part II, line	13	1,174,508.	1,174,5	08.		
Form 990-PF List of Substa	antial Contrib I-A, Line 10	utors	Statement	7		
Name of Contributor	Address					
Estate of Michael Ossoff	c/o Martha Blaxall; 3960 Birdsville Rd Davidsonville, MD 21035					

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue Service File a sep	arate appl	ication for each return.		<u> </u>	 		
If you are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box			▶ 🗓		
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required to file Form 990-T), or an additional (not automatic) 3-mo							
of time to file any of the forms listed in Part I or Part II with the ex							
Personal Benefit Contracts, which must be sent to the IRS in page							
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits		(388 Illistractions). For more details t	אוו נווס סוסנ	Stronic ming o	i triis torrii,		
		submit original (no copies no	eded)				
<u> </u>							
A corporation required to file Form 990-T and requesting an autor					_		
Part I only							
All other corporations (including 1120-C filers), partnerships, REN to file income tax returns.	nos, and u	rusts must use romi 1004 to reques	it an exten	ision or ame			
	etlono		Employe	r idontification	n number (EIN) or		
Type or Name of exempt organization or other filer, see instru		undation	Embiose	ridentinoatior	i number (Eliv) or		
print The Michael M & Eve K Osso				6E 006	5E001		
File by the 8 Martha O. Blaxall and Ro				65-096			
due date for Number, street, and room or suite no. If a P.O. box, s	iee instruc	tions.	Social se	curity numbe	r (SSN)		
return. See 2014 Fransworth Drive				 			
Instructions. City, town or post office, state, and ZIP code. For a f	oreign add	iress, see instructions.					
Nashville, TN 37205		······································		 			
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4		
							
Application	Return	Application			Return		
ls For	Code	Is For			Code_		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
Robert Ossoff							
 The books are in the care of ➤ 2014 Franswort 	<u>h Dri</u>	<u>ve - Nashville, TN</u>	3720	5	<u></u>		
Telephone No. ► <u>615-322-6326</u>		FAX No. 🕨		·····			
If the organization does not have an office or place of busines							
 If this is for a Group Return, enter the organization's four digit 							
box ▶ . If It is for part of the group, check this box ▶				ers the exten	sion is for.		
1 I request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until				
August 15, 2013 , to file the exemp	ot organiza	ition return for the organization nam	ed above.	The extension	n		
is for the organization's return for:							
➤ X calendar year 2012 or							
tax year beginning	, an	nd ending					
		· · · · · · · · · · · · · · · · · · ·					
2 If the tax year entered in line 1 is for less than 12 months, or	check reas	on: Initial return	Final retur	m			
Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any					
nonrefundable credits. See instructions.			3a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
estimated tax payments made. Include any prior year over	pavment a	llowed as a credit.	3b	\$	0.		
The state of the s	avment wit	th this form, if required.					
by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.		
Caution. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-FO and F		,			
LHA For Privacy Act and Paperwork Reduction Act Notice	7	C. Washington C.	PA	, 5,111 Oc	-1 1		
223841 01-21-13	Sutt	WHarbestien Cl	1	ر الل	5/12/12		
01-21-13	1	"Duly Buthar	20 y 60%	ienv ?	7.40		
		, , , , , , , , , , , , , , , , , , , ,	- 0				

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		
Note. Only complete Part II if you have already been granted an					
 If you are filing for an Automatic 3-Month Extension, comple 					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ded).
		Enter filer's	Identifyir	g number, s	ee instructions
Type or Name of exempt organization or other filer, see instru	uctions		Employer	Identification	n number (EIN) or
print The Michael M & Eve K Ossof	f Fou	ndation			
File by the & Martha O. Blaxall and Rob	<u>ert H</u>	. Ossoff		65-09	<u> 55991</u>
due date for Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity numbe	r (SSN)
return, See 2014 Fransworth Drive					
Instructions. City, town or post office, state, and ZIP code. For a f	oreign add	ress, see instructions.			
Nashville, TN 37205				·	
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)		•••••	0 4
	.,				
Application	Return	Application			Return
ls For	Code	Is For		. /: 3 ¹ ~ .	Code
Form 990 or Form 990-EZ	01		18.00 00 40		. * * * * * * * * * * * * * * * * * * *
Form 990-BL	02	Form 1041-A			08
Form 4720 (Individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granter	<u>d an auton</u>	<u>natic 3-month extension on a prev</u>	iously file	<u>d Form 8868</u>	<u>3. </u>
Robert Ossoff	h D	una Maraharilla MM	2720	_	
• The books are in the care of > 2014 Franswort	n Dri		3/40	<u> </u>	
Telephone No. 615-322-6326	a in tha I in	FAX No. Stand States, shock this have			. —
 If the organization does not have an office or place of busines If this is for a Group Return, enter the organization's four digit 					
box . If it is for part of the group, check this box		ich a list with the names and ElNs of			
		ber 15, 2013.	i ali (Helihu	ers trie exter	ISIOTI IS TOT.
5 For calendar year 2012, or other tax year beginning	110 A CUL	, and endin			
6 If the tax year entered in line 5 is for less than 12 months,	check rese		Final r	oturn.	•
Change in accounting period	CHOCK IDAS	on midal recom		oturri	
7 State in detail why you need the extension					
Additional time is needed to	compi	le information in	order	to pro	enare a
complete and accurate return.		<u> </u>	<u>or acr</u>	CO PI	spare a
Joinplood and doubled 2 Journal					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
nonrefundable credits. See instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	-		F.J.		
previously with Form 8868.			8b	\$	0.
c Balance due, Subtract line 8b from line 8a. Include your p	avment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See Insti	•		8c	\$	0.
		st be completed for Part II o		· · · · · · · · · · · · · · · · · · ·	
Under penalties of perjury, I declare that I have examined this form, include			-	f my knowleda	e and belief.
It is true correct and complete and that I am authorized to prepare this f	orm.	• • • • • • • • • • • • • • • • • • •	200.	_	_
Signature Title	Duly a	authorized agent	Date	8.1	-13
					868 (Rev. 1-2013)

TONNESON & COMPANY CPAS PC 04-2943538 401 EDGEWATER PLACE, STE 300, WAKEFIELD, MA 01880

Form 8868 (Rev 1-2013)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	toncion o	complete only Port II and check this	hov		. [Page 2
Note. Only complete Part II if you have already been granted an a						لم
 If you are filing for an Automatic 3-Month Extension, complete 			lea Foliti e	.000.		
Part II Additional (Not Automatic) 3-Month E			al (no co	nies r	eeded)	
Tait ii , Madicional (Not Matomato) 0-Month L	Aterisio	, <u> </u>	<u> </u>	•		
Time on Name of exempt executation and the office	 	Enter filer's			er, see instru	
Type or Name of exempt organization or other filer, see instru-			Employer	identific	ation number	(EIN) or
print The Michael M & Eve K Ossoff				C F	0065001	
File by the due date for Number street and room avoid as 16 and Robe					0965991	
filing your 12014 From From the Design	ee instruc	tions.	Social sec	unity nu	mber (SSN)	
Only, town or post office, state, and ZIP code. For a foliation Nashville, TN 37205	oreign add	ress, see instructions				
Mashville, IN 37205						
5. U.S. 16.U. 1. U.U. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					Г	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			L	0 4
	1				· 1	
Application	Return	Application			T	Return
Is For	_Code	Is For				Code
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720				09
Form 990-PF	04	Form 5227				_10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above)	06	Form 8870				_12
STOP! Do not complete Part II if you were not already granted	an auton	<u>natic 3-month extension on a prev</u>	iously filed	d Form	8868.	
Robert Ossoff				_		
• The books are in the care of ▶ 2014 Fransworth	n Dri		3720	<u>ว</u>		
Telephone No. ► <u>615-322-6326</u>		FAX No ▶				_
 If the organization does not have an office or place of business 					► L	
If this is for a Group Return, enter the organization's four digit	•					
box ▶ . If it is for part of the group, check this box ▶			all membe	ers the e	xtension is fo	<u>r</u>
	Novem.	<u>ber 15, 2013</u> .				
5 For calendar year 2012, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: initial return	Final re	eturn		
Change in accounting period						
7 State in detail why you need the extension						
Additional time is needed to	comp1	<u>le information in </u>	order	to	prepare	_a
complete and accurate return.					-	
		 				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069, e	nter the tentative tax, less any				_
nonrefundable credits. See instructions.			8a	\$		0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-					
tax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid				_
previously with Form 8868.			8b	\$		0.
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using				_
EFTPS (Electronic Federal Tax Payment System) See instru		· · · · · · · · · · · · · · · · · · ·	8c	\$		<u> </u>
_		st be completed for Part II o	•			
Under penalties of perjury, I declare that I have examined this form, includ		panying schedules and statements, and to	the best of	my know	viedge and belie	ef,
it is true, correct, and complete, and that I am authorized to prepare this fo						
Signature ► Title ► I	Duly a	<u>authorized agent</u>	Date	<u> </u>		

Form 8868 (Rev 1-2013)