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Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

2012

For calendar year 2012, or tax year beginning , 2012, and ending Employer identification number Livingry Foundation 85-0480537 B Telephone number (see the instructions) 525 Camino Militar 415-561-6400 Santa Fe, NM 87501 C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, chec Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: If private foundation status was terminated under section 507(b)(1)(A), check here. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year Accounting method: Cash X Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► Ś (Part I, column (d) must be on cash basis) 4,279,063. Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necesexpenses per books for charitable income income purposes (cash sarily equal the amounts in column (a) basis only) (see instructions)) Contributions, gifts, grants, etc, received (att sch) X if the foundn is not req to att Sch B Interest on savings and temporary cash investments N/A Dividends and interest from securities 22,853 22,853 5 a Gross rents b Net rental income 99,959. 6 a Net gain/(loss) from sale of assets not on line 10 SCANNED NOV 27 2013 **b** Gross sales price for all assets on line 6a 99,959 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10 a Gross sales less allowances

b Less Cost of goods sold c Gross\profit/(loss) (att sch) 11 Other income (attach-schedule). See Statement 1 84,731 79,571 Total. Add lines 1 through 11 207,543. 71,000. 202,383 71,000. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 5,454. 5,454. 16a Legal fees (attach schedule) **b** Accounting fees (attach sch) See St 2 3,135. 1,567 1,568. See St 3 c Other prof fees (attach sch) 35,254. 22,254 13,000. OPERATING 17 Interest See Stm 4 34 34. Taxes (attach schedule)(see instrs) 19 Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings. 21 9,017 8,793. Printing and publications 23 Other expenses (attach schedule) 9,202 9,231. See Statement 5 Total operating and administrative expenses. Add lines 13 through 23 133,096 23,855 109,046. Contributions, gifts, grants paid Part XV 25 100,000 100,000. Total expenses and disbursements. Add lines 24 and 25 233,096 23,855 209,046. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements. -25,553 178,528 **b** Net investment income (if negative, enter -0-). C Adjusted net income (if negative, enter -0-)

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| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree wi end-of-year figure reported on prior year's return) | th 1 | 4,285,110. |
|---|--|------|------------|
| 2 | Enter amount from Part I, line 27a | . 2 | -25,553. |
| 3 | Other increases not included in line 2 (itemize) See Statement 11 | 3 | 34,427. |
| 4 | Add lines 1, 2, and 3 | 4 | 4,293,984. |
| 5 | Decreases not included in line 2 (itemize) See Statement 12 | 5 | 16,493. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 4,277,491 |

| (a) List and descr 2-story brick wareho | b) How acquire P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) | | |
|---|--|---|-------------------------------------|---|------------------------|
| 1a Sale of Publicly ' | Traded Securities | | P _ | Various | Various |
| b Capital Gain Dist | | | P | Various | Various |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| a 462,30 | 2. | 367 | , 925. | | 94,377. |
| b 5,582 | | | | | 5,582. |
| С | | | | | |
| | | | | | |
| e | | · · · · · · · · · · · · · · · · · · · | | | · |
| Complete only for assets sh | owing gain in column (h) and owned by | the foundation on 12/31/69 | | (I) Gains (Col | umn (h) |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (over column (j), if any | | gain minus column (I than -0-) or Losses (fi | (), but not less |
| | | | | | 94,377. |
| b | | | | | 5,582. |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (| net capital loss) — If gain, also e if (loss), ente | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | 2 | 99,959. |
| · - | or (loss) as defined in sections 1222(5) a | _ | | | |
| ın Part I, line 8 | line 8, column (c) (see instructions). If (l | | 3 | · 1. | 0. |
| Part V Qualification Und | der Section 4940(e) for Reduced | Tax on Net Investmen | nt Income | <u> </u> | |
| If 'Yes,' the foundation does not q | section 4942 tax on the distributable amou ualify under section 4940(e). Do not com nt in each column for each year, see the | plete this part | | Yes | XNo |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asse | | (d) Distribution olumn (b) divided | |
| 2011 | 323,331. | 1,468 | . 836 | | 0.220127 |
| 2010 | 412,109. | 1,633 | | | 0.252310 |
| 2009 | 222,429. | 4,550 | | | 0.048877 |
| 2008 | 187,508. | 3,561 | | | 0.052649 |
| 2007 | 503,578. | 4,670 | | | 0.107830 |
| 2 Total of line 1, column (d) | | | 2 | 2 | 0.681793 |
| | r the 5-year base period — divide the tot tion has been in existence if less than 5 | | | 3 | 0.136359 |
| 4 Enter the net value of noncl | naritable-use assets for 2012 from Part > | K, line 5 | | 1 | 1,267,163. |
| 5 Multiply line 4 by line 3 | | | | | 172,789. |
| 6 Enter 1% of net investment | | , | 1,785. | | |
| | | | | | |
| _ | Comp Dad VIII been A | | | | 174,574. |
| 8 Enter qualifying distributions If line 8 is equal to or greate | s from Part XII, line 4 er than line 7, check the box in Part VI, li | ine 1b, and complete that pa | art using a | | 324,046. the |
| Part VI instructions. | | | | | m 990-PF (2012) |

| | -0480537 | | Р | age 4 |
|---|--------------------------------|-----------------|---------|--|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s | ee instruction | ns) | | |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | | | | |
| Date of ruling or determination letter (attach copy of letter if necessary — see instrs) | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | 1,7 | <u> 785.</u> |
| check here ► X and enter 1% of Part I, line 27b | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | | |
| foundations only Others enter -0-) | 2 | | | 0. |
| 3 Add lines 1 and 2 | 3 | | 1.7 | 785. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 1.7 | 785. |
| 6 Credits/Payments· | | | | |
| a 2012 estimated tax pmts and 2011 overpayment credited to 2012 6a 1,408 | . | | | ĺ |
| b Exempt foreign organizations — tax withheld at source 6b | | | | 1 |
| | , | | | ŀ |
| | <u>' </u> | | | |
| | | | ~ ~ | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | ۷, ۶ | <u>958.</u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | <u>0.</u> |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | <u>10</u> | | 1,1 | <u> 173.</u> |
| 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 1,173. Refunded | <u>►</u> 11 | | | 0. |
| Part VII-A Statements Regarding Activities | | | | |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| participate or intervene in any political campaign? | | 1 a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1 b | | v |
| · | | | | X |
| If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | | |
| c Did the foundation file Form 1120-POL for this year? | | 1 c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| (1) On the foundation >\$ 0. (2) On foundation managers >\$ | 0. | <u>.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | | |
| foundation managers. • \$ 0. | | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | <u> </u> |
| If 'Yes,' attach a detailed description of the activities | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | |
| of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4 a | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | 4 b | N | /A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| If 'Yes,' attach the statement required by General Instruction T | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | | |
| By language in the governing instrument, or | | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | | | | |
| with the state law remain in the governing instrument? | | 6 | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | 7 | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| NM | | | | |
| 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 . | | 8 b | X | |
| | 48.48= | - | | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' comp | or 4942(j)(5) lete Part XIV | 9 | | X |
| | | — — | | ┢┷ |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | 10 | | l x |
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|------|--|--------------|------------|----------|--------------|
| | t 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 section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 1 | 1 | | <u>x</u> _ |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) | | 2 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application. Website address | n? 1 | 3 | Х | |
| 14 | The books are in care of Tides Foundation Telephone no 4 | 15-561 | -64 | 00_ | |
| 15 | Located at Presidio Bldg 1014 San Francisco, CA ZIP + 4 94129 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | / <u>A</u> | | □. |
| | and enter the amount of tax-exempt interest received or accrued during the year | | Τ, | | N/A No |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | [1 | 6 | _ | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ► | | | | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Y | 'es | No |
| 1 a | During the year did the foundation (either directly or indirectly): | | | | |
| | | No | | | |
| | | ∑No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Stmt 17& X Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X Yes | No No | | | 1 |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes | K] No | | | |
| 1 | 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)? | _ [- | 1 b | | X |
| | 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 before the first day of the tax year beginning in 2012? | | 1 c | | X |
| 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(j)(3) or 4942(j)(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 before 2012? If 'Yes,' list the years ▶ 20 . 20 , 20 , 20 | No | | | |
| 1 | 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 statement — see instructions.) | ļ | 2 b | N | /A |
| • | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20 | | | | |
| | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | X No | | | |
| I | 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) | _ | 3 b | N | / 7 |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its | | 4a | INV | |
| | charitable purposes? | | 74 | \dashv | <u> </u> |
| ا | 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? | _ | 4 b | | X |
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| Form 990-PF (2012) Livingry Foundation Part VII-B Statements Regarding Activity | on ies for Which Form | 4720 May Be Req | 85-048 uired (continued) | 30537 | Page 6 |
|--|---|---|--|--------------------------|------------------------|
| 5 a During the year did the foundation pay or incu | | | | | |
| (1) Carry on propaganda, or otherwise attempt | • | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ation drive? | 1 4955); or to carry | ☐ Yes 🗓 | No | |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | han a charitable, etc, or 4940(d)(2)? (see instru | ganization described uctions). | Yes X | No | |
| (5) Provide for any purpose other than religio educational purposes, or for the prevention | us, charitable, scientific n of cruelty to children | c, literary, or or animals? | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | | | tions | 5 b | N/A |
| Organizations relying on a current notice regarding disaster assistance check here . | | | | | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | sibility for the grant? | · | N/A Yes | No | |
| If 'Yes,' attach the statement required by Reg. 6 a Did the foundation, during the year, receive a | | • | e | | |
| on a personal benefit contract? b Did the foundation, during the year, pay prem | | J J. | ∐Yes X | No 6 b | _ |
| If 'Yes' to 6b, file Form 8870 | ranne, am coary or man co | ny, an a paraonal bono | iii ooiiii aoti | 1-05 | ^ |
| 7 a At any time during the tax year, was the found | | | | No | |
| b If 'Yes,' did the foundation receive any proceed | | | | I/A 7b | |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees | , |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other all | e account, lowances |
| Andrew Ungerleider | Dir/Pres | 36,000. | 0. | | 0. |
| 525 Camino Militar Santa Fe, NM 87501 | 11.00 | | | | |
| James D. Gollin 525 Camino Militar Santa Fe, NM 87501 | Secretary 0.25 | 0. | 0. | | 0. |
| Drummond Pike 525 Camino Militar | Treasurer 0.25 | 0. | 0. | | 0. |
| Santa Fe, NM 87501 | P Di | 25 000 | ^ | | |
| Elizabeth Dillingham 525 Camino Militar Santa Fe, NM 87501 | Exec Dir 22.00 | 35,000. | 0. | | 0. |
| 2 Compensation of five highest-paid employees (o | L ther than those included | ı on line 1 – see instructio | ns). If none, enter 'NONE | <u> </u> | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense | e account, lowances |
| None | | | | | |
| | | | | | |
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| | | | | | - |
| | | | | | |
| Total number of other employees paid over \$50,000 | TEEA0306L 1 | 2/25/12 | | Form 990 - | 0 PF (2012) |
| | | | | J | / |

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|---|---------------------------------------|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued) | idation Managers, Highly Paid E | mployees, |
| 3 Five highest-paid independent contractors for professional services (see | instructions) If none enter 'NONE' | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | (4) | |
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| | | |
| 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 statisti organizations and other beneficiaries served, conferences convened, research papers produced, etc. | cal information such as the number of | Expenses |
| 1 N/A | | |
| ' 1/1 | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Doubly D. Common of Decrees Deleted Investments (con instr | untional | <u> </u> |
| Part IX-B Summary of Program-Related Investments (see instru | | · · · · · · · · · · · · · · · · · · · |
| Describe the two largest program-related investments made by the foundation during t | ne tax year on lines 1 and 2. | Amount |
| 1 See Statement 13 | | |
| See Statement 13 | | 55,000. |
| 2 | | 33,000. |
| See Statement 14 | | |
| | | 10,000. |
| All other program-related investments See instructions | | |

Total. Add lines 1 through 3

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50,000. 115,000.

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| | 5-048053 | |
|---|-------------|------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.) | oreign four | ndations, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities | 1 a | 1,178,690. |
| b Average of monthly cash balances | 1 b | 107,770. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 1,286,460. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) . 1 e 0 | . | |
| 2 Acquisition indebtedness applicable to line 1 assets . | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 1,286,460. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 19,297. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 1,267,163. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 63,358. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part.) | | |
| 1 Minimum investment return from Part X, line 6. | 1 | 63,358. |
| 2a Tax on investment income for 2012 from Part VI, line 5 2a 1,785 | - | |
| b Income tax for 2012 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2 c | 1,785. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 61,573. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 12,500. |
| 5 Add lines 3 and 4 | 6 | 74,073. |
| Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 74 072 |
| 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | | 74,073. |
| Part 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 | 1 a | 209,046. |
| b Program-related investments — total from Part IX-B | 1 b | 115,000. |
| 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) | 3 a | |
| b Cash distribution test (attach the required schedule). | 3 b | |
| 4 Qualifying distributions, Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 324.046. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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1,785. 322,261.

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, | | | | 74,073. |
| 2 Undistributed income, if any, as of the end of 2012. | | | | |
| a Enter amount for 2011 only | | | 0. | Ì |
| b Total for prior years: 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2012 | | | | |
| a From 2007 274, 441. | | | | |
| b From 2008 10, 136. | | | | |
| c From 2009 | | | | |
| d From 2010 330, 442. | • | | | |
| e From 2011 50, 981. | | | | |
| f Total of lines 3a through e. | 666,000. | | | |
| 4 Qualifying distributions for 2012 from Part | | | | |
| XII, line 4: ► \$324,046. | | | | |
| a Applied to 2011, but not more than line 2a | | | 0. | |
| 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 | | | | 74,073. |
| e Remaining amount distributed out of corpus | 249,973. | | | |
| 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 | 915,973. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed 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 | | 0. | | |
| amount — see instructions | | <u> </u> | | |
| e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions. | | | 0. | |
| inte za. Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2012. Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be distributed in 2013. | | | | 0. |
| 7 Amounts treated as distributions out of | | | | · · · · · · · · · · · · · · · · · · · |
| corpus to satisfy requirements imposed | | | | |
| by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| , | <u> </u> | | | |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) | 274,441. | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | 641,532. | - | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2008 10,136. | 1 | | | |
| b Excess from 2009 | 1 | | | |
| c Excess from 2010 330, 442. | 1 | | | |
| d Excess from 2011 50, 981. | 1 | | | |
| e Excess from 2012 249, 973. | | | | |

| Form 990-PF (2012) Livingry Foundation 85-0480537 | | | | | |
|---|--|---|--|-----------------------|--------------------------|
| PartiXIV Private Operating Founda | | | | | N/A |
| 1 a If the foundation has received a ruling or determined is effective for 2012, enter the date of the | ruling | | | | 7 4040()(5) |
| b Check box to indicate whether the founda | | erating foundation of | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year (a) 2012 | (b) 2011 | Prior 3 years (c) 2010 | (d) 2009 | (e) Total |
| investment return from Part X for each year listed | (a) 2012 | (6) 2011 | (c) 2010 | (u) 2003 | (e) 10tal |
| b 85% of line 2a | | | <u> </u> | | |
| 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 | | | | | ·, ··· |
| 3 Complete 3a, b, or c for the alternative test relied upon. | | | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of assets qualifying under | ļ | | | | |
| (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 assets at any time during the | Complete this) ne year – see ir | s part only if the nstructions.) | foundation had | \$5,000 or more | in |
| Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have None | gers: | than 2% of the total of | contributions received e section 507(d)(2)) | by the foundation bef | ore the |
| b List any managers of the foundation who ow | 10% or more of the | stock of a corporation | on (or an equally large | portion of the owner | ship of |
| a partnership or other entity) of which the None | foundation has a | 10% or greater intei | rest | | |
| 2 Information Regarding Contribution, Gra Check here ► X if the foundation only m requests for funds If the foundation make complete items 2a, b, c, and d | akes contributions to es gifts, grants, etc | preselected charitations (see instructions) t | ole organizations and o o individuals or orga | nizations under othe | icited er conditions, |
| a The name, address, and telephone number of | or e-mail of the perso | on to whom application | ons should be address | ea | |
| | | | | | |
| b The form in which applications should be | submitted and info | ormation and materi | als they should ınclu | de. | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards, | such as by geogra | phical areas, charita | able fields, kinds of i | nstitutions, or other | factors: |
| | | | | | |

Page 11

| 3 Grants and Contributions Paid During the Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
|--|---|----------------------|----------------------------------|----------|
| Name and address (home or business) | substantial contributor | recipient | Contribution | <u></u> |
| a Paid during the year | | | | |
| See Statement 16 | | | | |
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| | | ļ.,. | | |
| Total | | 1 | ► 3a | 100,000. |
| b Approved for future payment | | | } | |
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| Total | | | ► 3t | |
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Page 12

| Part XVI-A | Analysis | of Income- | Producina | Activities |
|--------------|-----------|--------------|--------------|-------------|
| Fait Avita I | Allaiyala | OI IIICOIIIC | 1 I Caucilig | ACTIVITIES. |

| nte | gross amounts unless otherwise indicated. | Unrelated | business income | Excluded by | y section 512, 513, or 514 | (e) |
|------|--|-------------------------|----------------------|-------------------------------|----------------------------|--|
| 1 | Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions) |
| а | | | | | | |
| b | | | · | | | |
| C | | | | <u> </u> | | |
| d | | | | <u> </u> | | |
| е | | | | | | |
| f | | | | | | |
| g | Fees and contracts from government agencies | | | <u> </u> | | |
| 2 | Membership dues and assessments | | | | | |
| 3 | Interest on savings and temporary cash investments | | | | | |
| 4 | Dividends and interest from securities | | | 14 | 22,853. | |
| 5 | Net rental income or (loss) from real estate | | | | | |
| а | Debt-financed property | | | | | |
| b | Not debt-financed property | | | | | |
| 6 | Net rental income or (loss) from personal property | | | | | |
| 7 | Other investment income | | | <u> </u> | | |
| 8 | Gain or (loss) from sales of assets other than inventory | | - | 18 | 99,959. | |
| 9 | Net income or (loss) from special events | | | | | |
| 10 | Gross profit or (loss) from sales of inventory | | | <u> </u> | | |
| 11 | Other revenue: | | | | | |
| a | Cancelled Grant | | | | | 2,500. |
| b | Income frm Psps | 900099 | -4,785 | . 18 | 7,498. | 11,159. |
| c | Int & Div fr Psps | | | 14 | 149. | |
| C | Int Note Receivable | | | 14 | 68,210. | |
| e | | | | | | |
| 12 | Subtotal Add columns (b), (d), and (e) | | -4,785. | . [] | 198,669. | 13,659. |
| | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 207,543. |
| (See | worksheet in line 13 instructions to verify calculate | ons) | | | | <u> </u> |

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 contribut accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | ed importantly to the oses) (See instructions) |
|---------------|--|--|
| 11a | Cancelled/Returned Grant | |
| | Income from partnerships that make environmentally-friendly pr | oducts. |
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| BAA | TEEA0502L 12/23/12 | Form 990-PF (2012) |

Form 990-PF (2012) Livingry Foundation 85-0480537 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| describe relating a Transfer (1) Casi (2) Other b Other tra (1) Sale (2) Puro (3) Reni (4) Rein (5) Loar (6) Perf | ed in section 501(c) of to political organizations from the reporting the error assets ansactions. The error assets to a none chases of assets from tall of facilities, equipmbursement arrangements or loan guarantees formance of services. | of the Code (other cons? foundation to a charitable exempt a noncharitable ment, or other a ments s or membership | e exempt organization issets or fundraising solicita | (3) organization t organization t | ons) or in section 5 | n 527, | 1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X |
|---|---|---|--|-------------------------------------|---|---|--|
| J | . , . | | , other assets, or paid | | | • | 1c X |
| d If the an the good | iswer to any of the at s, other assets, or sen | bove is 'Yes,' co vices given by the | mplete the following reporting foundation | schedule. Colu If the foundation | ımn (b) should alw n received less than | rays show the fair r fair market value in | narket value of |
| any tran | saction or sharing ar (b) Amount involved | rangement, sho | w in column (d) the v | alue of the god | ods, other assets, | or services receive sfers, transactions, and | <u>d.</u> |
| N/A | (b) Amount mvoiveu | (C) Name of the | ionchantable exempt organi | Zauon | (a) Description of trans | siers, transactions, and | snarmy arrangements |
| 1/A | | | | | | - | |
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| | | | | - **- | | | |
| describe | undation directly or inded in section 501(c) o | of the Code (other | with, or related to, one or than section 501(c) | or more tax-exe (3)) or in secti | mpt organizations ion 527? | | Yes X No |
| (a) | Name of organization | on | (b) Type of org | anızatıon | (c) |) Description of rela | ationship |
| N/A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Under | penalties of periury. I declare | e that I have examine | d this return, including accor | npanving schedules | and statements, and to | the best of my knowledge | e and belief, it is true. |
| Sign lere | and complete Declaration | of preparer (other tha | n taxpayer) is based on all i | nformation of which | Title | edge | May the IRS discuss this return with the preparer snown below (see instructions)2 |
| 2 Joigh | Print/Type preparer's name | ne | Prepa e s Augua fure | WAR | Date | Check If | PTIN |
| Paid | Carol Duffie | | Carol Duff | ield | 0/21/13 | self-employed | P01257136 |
| raio Preparer | | ontanello, | | | | | 420474 |
| Jse Only | | | ry Street, Su | | | | |
| | _ | an Francis | | | | Phone no (415 |) 983-0200 |
| BAA | | | | | | | Form 990-PF (2012) |

| 20 | 1 | 2 |
|----|---|---|
| | | |

Page 1

Livingry Foundation

85-0480537

| Statement 1 | D-41 11 44 |
|--------------|-----------------|
| Form 990-PF, | Part I, Line 11 |
| Other Income | |

| | - | Rev | (a) venue Books | (b) Net Investment <u>Income</u> | (c) Adjusted <u>Net Income</u> |
|--|---------|----------|---|--|--------------------------------------|
| Cancelled Grant Income frm Psps Int & Div fr Psps Int Note Receivable | Total 3 | \$ \$ | 2,500. 13,872. 149. 68,210. 84,731. | 149. 68,210. | .\$ 0. |

Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees

| | (a) Expenses per Books | | (c) Adjusted Net Income | (d) Charitable Purposes |
|-----------------|------------------------------|--------------|-------------------------------|-------------------------------|
| Tax Preparation | \$ 3,133 \$ 3,135 | 5. \$ 1,567. | | \$ 1,568. \$ 1,568. |

Statement 3 Form 990-PF, Part I, Line 16c Other Professional Fees

| | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted <u>Net Income</u> | (d) Charitable <u>Purposes</u> |
|--|------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| Grant Management & Supporting Svcs Investment Management | \$ 20,000. 15,254. | \$ 7,000. 15,254. | | \$ 13,000. |
| Total | \$ 35,254. | \$ 22,254. | | \$ 13,000. |

Statement 4 Form 990-PF, Part I, Line 18 Taxes

| | (a) | (b) Net | (c) | (d) |
|----------------------------------|-----------|----------------|------------|------------------|
| | Expenses | Investment | Adjusted | Charitable |
| | per Books | <u> Income</u> | Net Income | <u> Purposes</u> |
| Withholding on Foreign Dividends | \$ 34. | \$ 34. | | |
| Total | \$ 34. | \$ 34. | | \$ 0. |

| 2012 | 20 | 1 | 2 |
|------|----|---|---|
|------|----|---|---|

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| Statement 5 | |
|---------------------------|----|
| Form 990-PF, Part I, Line | 23 |
| Other Expenses | |

| | (a) Expense <u>per Bool</u> | | (c) Adjusted <u>Net Income</u> | (d) Charitable Purposes |
|---|--|----------------------------|--------------------------------------|--|
| Bank Fees Insurance Licenses & Filing Fees Membership & Dues Partnership Expenses Payroll Fees Postage & Delivery | \$ 22 1,32 3,03 2,40 58 1,46 16 Total \$ 9,20 | 5. 2. 0. 7. 8. | | \$ 229. 1,325. 3,032. 2,400. 587. 1,468. 190. \$ 9,231. |

Statement 6 Form 990-PF, Part II, Line 7 Other Notes and Loans Receivable

| | | | Fair Market | Doubtful Accounts |
|---|--|------------|--------------|----------------------|
| Notes and Loans Reporte | <u>d Separately</u> . | Book Value | <u>Value</u> | <u> Allowance</u> |
| Borrower's Name: Borrower's Title: | Santa Fe Tortilla LLC | | | |
| Date of Note: | 3/11/2003 | | | |
| Maturity Date: Repayment Terms: Interest Rate: Security Provided: Purpose of Loan: | 3 Years Convertible 12.00% N/A General | | | |
| Borrower Relationship: Consideration: | N/A | | | |
| Consideration FMV: Original Amount: Balance Due: Doubtful Acct. Allow.: | \$ 100,000. | \$ 28,800. | \$ 28,800. | \$ 0. |
| Borrower's Name: Borrower's Title: Date of Note: Maturity Date: Repayment Terms: Interest Rate: Security Provided: Purpose of Loan: Borrower Relationship: Consideration: Consideration FMV: Original Amount: Balance Due: Doubtful Acct. Allow.: | Columbia Investors LP 2/01/2002 2/01/2014 10 Years 10.00% N/A General N/A \$ 500,000. | 500,000. | 500,000. | 0. |
| Borrower's Name: Borrower's Title: Date of Note: Maturity Date: Repayment Terms: | Earthstone 3/01/2011 3/01/2014 3 Years | | | |

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|----|----|---|
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Statement 6 (continued)
Form 990-PF, Part II, Line 7
Other Notes and Loans Receivable
Interest Rate:
```

12.00% Security Provided: N/A Purpose of Loan: General Borrower Relationship:

Consideration:

N/A

Consideration FMV:

Original Amount: \$ 100,000.

100,000. \$ 100,000. Balance Due: Doubtful Acct. Allow.:

Growstone, Inc Borrower's Name:

Borrower's Title: Date of Note: 7/13/2012 3/31/2013 Maturity Date: Repayment Terms: 1 Year

Interest Rate: 10.00% Security Provided: N/A Purpose of Loan: General Borrower Relationship:

Consideration:

N/A Consideration FMV:

\$ 55,000. Original Amount:

55,000. 55,000. Balance Due: Doubtful Acct. Allow .:

Growstone, Inc

Borrower's Name: Borrower's Title:

Date of Note: 9/11/2012 Maturity Date: 3/31/2013 Repayment Terms: 1 Year 10.00% Interest Rate: Security Provided: N/A Purpose of Loan: General

Borrower Relationship:

Consideration:

Consideration FMV:

Original Amount: \$ 10,000.

10,000. 10,000. Balance Due: Doubtful Acct. Allow .:

Borrower's Name: Seamless Medical Systems LLC

N/A

N/A

Borrower's Title:

Date of Note: 9/20/2012 9/20/2015 Maturity Date: Repayment Terms: 3 Years 8.00% Interest Rate: Security Provided: Purpose of Loan: Borrower Relationship: N/A General

Consideration:

Consideration FMV: \$ 50,000. Original Amount:

Balance Due:

50,000. 50,000. Doubtful Acct. Allow .: 0.

> Total \$ 743,800. \$ 743,800.

2012

Federal Statements

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Statement 6 (continued)
Form 990-PF, Part II, Line 7
Other Notes and Loans Receivable

Allowance for Doubtful Accounts \$ 0. Net Other Notes/Loans Rec. - Book Value \$ 743,800.

Statement 7 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

| Corporate Stocks | Valuation <u>Method</u> | Book Value | Fair Market Value |
|--|---|--|---|
| Orgorate Stocks 3M Company, 200 Sh Oracle Corp, 1,000 Sh Chk Point Software Tech, 700 Sh American Wtr Wks Co Inc, 1,000 Sh Ecolab Inc, 300 Sh Enterprise Products PPtns, 900 Sh Johnson & Johnson, 300 Sh Kinder Morgan Energy Partners, 600 Sh Plains All American Pipeline, 800 Sh Qualcomm Inc, 400 Sh Vodafone Group, 1,500 Sh Novozymes Series B, 625 Sh Banco Bradesco SA, 1,500 Sh Google Inc, 40 Sh LKQ Corp, 1,100 Sh Apple Inc, 70 Sh Concho Res Inc, 300 Sh Cummins Inc, 250 Sh Praxair Inc, 250 Sh Thermo Fisher Scientific Inc, 500 Sh CVS Caremark Corp, 500 Sh DirecTV Com, 600 Sh First Rep Bank, 900 Sh Kraft Foods Group Inc, 433 Sh Mondelez Intl Inc, 700 Sh Stanley Black & Decker Inc, 300 Sh | Mkt Val | 18,570. 33,320. 33,348. 37,130. 21,570. 45,072. 21,030. 47,874. 36,192. 24,744. 37,785. 17,375. 26,055. 28,295. 23,210. 37,252. 24,168. 27,088. 27,363. 31,890. 24,175. 30,096. 22,127. 19,689. 17,817. 22,191. | \$ 18,570. 33,320. 33,348. 37,130. 21,570. 45,072. 21,030. 47,874. 36,192. 24,744. 37,745. 17,375. 26,055. 28,295. 23,210. 37,252. 24,168. 27,088. 27,363. 31,890. 24,175. 30,096. 22,127. 19,689. 17,817. 22,191. |
| | Total § | \$ 735,426. | \$ 735,426. |

Statement 8 Form 990-PF, Part II, Line 11 Investments - Land, Buildings, and Equipment

| Category | | Basis | Accum. Deprec. | | Book Value | Fa | ir Market <u>Value</u> |
|-------------------------------|-------|------------------|------------------------|----------|-----------------|-----------|---------------------------|
| Machinery and Equipment Total | \$ \$ | 3,649. 3,649. | \$ 3,649. 3,649. | \$ \$ | <u>0.</u> 0. | <u>\$</u> | 0. |

| 7 | ^ | 4 | 1 |
|---|---|---|---|
| Z | U | | Z |

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| Statement 9 | | |
|-----------------------|------|----|
| Form 990-PF, Part II, | Line | 13 |
| Investments - Other | | |

| | Valuation <u>Method</u> | Book Value | Fa | air Market Value |
|--|---|---|----|---|
| Other Publicly Traded Securities | <u></u> | | | |
| Harbor International Invest, 812.097 Sh Harding Loevner Emerg Mkt, 1,006.543 Sh Matthews Asian Grwth & Inc, 1,602.552 Sh Vanguard Intermed TRM, 5,732.624 Sh MFS Emerging Markets Debt, 3,631.74 Sh Vanguard Short Term Invst, 4,518.161 Sh Health Care REIT Inc, 400 Sh | Mkt Val | \$ 49,985. 48,787. 29,823. 59,161. 59,306. 48,931. 24,516. | \$ | 49,985. 48,787. 29,823. 59,161. 59,306. 48,931. 24,516. |
| | Total | \$ 320,509. | \$ | 320,509. |

Statement 10 Form 990-PF, Part II, Line 15 Other Assets

| | Book Value | Fair Market Value |
|--|--|----------------------|
| Interest Receivable PRI - Biochar Engineering Corp PRI - Earthstone Pref Series B PRI - Earthstone Ser Pref Series PRI - Growstone LLC Pref Series B PRI - Growstone LLC Pref Series C PRI - Santa Fe Tortilla | \$ 76,542. 10,229. 1,775,501. 313,618. 83,905. 118,969. 20,734. Total \$ 2,399,498. | 10,229. |

Statement 11 Form 990-PF, Part III, Line 3 Other Increases

Net Unrealized Gains or Losses on Investments

Total \$ 34,427.

Statement 12 Form 990-PF, Part III, Line 5 Other Decreases

Change in FMV of PRIs

Total \$ 16,493.

Livingry Foundation

85-0480537

Statement 13 Form 990-PF, Part IX-B, Line 1 Summary of Program-Related Investments

Growstone Inc,

Growstones are breakthrough, high-performance growing mediums that are 100% recycled glass and 100% American made. Our highly porous, chemical and toxin-free hydroponic growth mediums and soil aerators are engineered to deliver proper air and water balance in the roots without the danger of overwatering. They can be customized to fit a wide range of plants and climates as well as different growing systems.

Statement 14 Form 990-PF, Part IX-B, Line 2 Summary of Program-Related Investments

Growstone Inc,

Growstones are breakthrough, high-performance growing mediums that are 100% recycled glass and 100% American made. Our highly porous, chemical and toxin-free hydroponic growth mediums and soil aerators are engineered to deliver proper air and water balance in the roots without the danger of overwatering. They can be customized to fit a wide range of plants and climates as well as different growing systems.

Statement 15 Form 990-PF, Part IX-B, Line 3 Summary of Program-Related Investments

Seamless Medical Systems LLC

Seamless Medical's vision is to improve the patient experience by enhancing engagement, and health literacy to improve patient outcomes.

Patient and family engagement is critical to optimizing the healthcare process, reduce costs and improve provider performance. In order to deliver on our mission, we created SNAP Practice, a cloud-based patient engagement platform, that can either stand alone or integrate to your EMR.

SNAP Practice places mobile technology in the hands of patients to enhance their experience and engagement with both their health and their medical practice. SNAP® Practice engages a patient or family member when they first enter the provider's office, starting with registration in the waiting room, extending to the exam room while connecting patients and practice via any mobile device outside of the office.

By combining social and workflow tools, SNAP Practice empowers patients to be more informed and active in their or their loved ones' care, improving compliance, emotional wellbeing and health outcomes.

50,000.

Total \$ 50,000.

| 012 | Federal Sta | tements | | Page : |
|--|-----------------------|---------------------------|--|-----------|
| | Livingry Fou | ndation | | 85-048053 |
| Statement 16 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | |
| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
| Tides Foundation The Presidio, PO Box 29903 San Francisco, CA 94129 | N/A | | General Support for the Arimathea Fund for Orphans of the World, the Creare Fund and the Backyard Fund | \$ 11,000 |
| Collective Heritage Institute 1607 Paseo de Peralta, Ste 3 | N/A | 509(a)(1) | General Support | 8,000 |
| Santa Fe, NM 87501 | | | | |
| Drug Policy Alliance 70 W. 36th Street, 16th Floor New York, NY 10018 | N/A | 509(a)(1) | General Support | 5,000 |
| Lensic Performing Arts Center 211 West San Francisco Street Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | 2,500 |
| Love Serve Remember Foundation 23852 Pacific Coast Highway #762 Malibu, CA 90265 | N/A | 509(a)(1) | General Support | 2,500 |
| The Storydancer Project PO Box 31099 Santa Fe, NM 87594 | N/A | 509(a)(1) | General Support | 2,500 |
| Think New Mexico 1227 Paseo de Peralta Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | 2,500 |
| WildEarth Guardians 312 Montezuma Avenue Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | 2,000 |
| Earth Care International 1235 Siler Road, Suite D Santa Fe, NM 87507 | N/A | 509(a)(1) | General Support | 2,000 |
| GROW Santa Fe Community College Found. 6401 Richards Avenue Santa Fe, NM 87508 | N/A | 509(a)(1) | Sustainable and local food program | 5,000 |

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Livingry Foundation

85-0480537

Statement 16 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|--|-----------------------|---------------------------|--|-----------|
| Littleglobe 223 N. Guadalupe, #427 Santa Fe, NM 87501 | N/A | 509(a)(1) | Coal Project | \$ 2,000. |
| New Mexico Recycling Coalition PO Box 24364 Santa Fe, NM 87502 | N/A | 509(a)(1) | General Support | 1,000. |
| Prajna Mountain Buddhist Order 1404 Cerro Gordo Road Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | 2,500. |
| Rainforest Action Network 221 Pine Street, 5th Floor San Francisco, CA 94104 | N/A | 509(a)(1) | General Support | 1,000. |
| Santa Fe Community Farm 1829 San Ysidro Crossing Santa Fe, NM 87507 | N/A | 509(a)(1) | General Support | 2,000. |
| Santa Fe School for the Arts and Science 5912 Jaguar Drive Santa Fe, NM 87507 | N/A | School | General Support | 5,000. |
| Marion Institute 202 Spring Street Marion, MA 02738 | N/A | 509(a)(1) | Future Primitive project | 1,000. |
| New Energy Economy 343 East Alameda Street Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | 2,500. |
| New Mexico Environmental Law Center 1405 Luisa Street, Ste 5 Santa Fe, NM 87505 | N/A | 509(a)(1) | General Support | 5,000. |
| Santa Fe Independent Film Festival 1614 Paso De Peralta Santa Fe, NM 87504 | N/A | 509(a)(1) | Sponsorship of Santa Fe Independent Film Festival | 1,500. |
| Southwest Learning Centers, Inc. PO Box 8627 Santa Fe, NM 87504 | N/A | 509(a)(2) | General Support | 1,000. |

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Page 9

Livingry Foundation

85-0480537

| Statement 16 (| (continued) | |
|----------------|------------------|---|
| | Part XV, Line 3a | |
| Recipient Paid | I During the Yea | r |

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|--|-----------------------|---------------------------|--|--------------|
| Center for Contemporary Arts of Santa Fe 1050 Old Pecos Trail Santa Fe, NM 87505 | N/A | 509(a)(1) | Cinematheque Seat Campaign | \$ 1,000. |
| Empower New Mexico 119 W. Sunlit Drive Santa Fe, NM 87508 | N/A | 509(a)(1) | General Support | 2,500. |
| Free Speech for People 89 South Street, Ste 700 Boston, MA 02111 | N/A | 509(a)(1) | Free Speech for People | 1,000. |
| Friends of Tony Price 502 West Cordova Road, Ste 1 Santa Fe, NM 87505 | N/A | 509(a)(1) | General Support | 1,000. |
| Fund for the Republic 175 Andover Street Danvers, MA 01923 | N/A | 509(a)(1) | Republic's art > MONEY Project | 1,000. |
| Global Exchange 2017 Mission Street, 2nd Fl San Francisco, CA 94110 | N/A | 509(a)(1) | Javier Sicilia's Caravan for Peace project | 5,000. |
| League of Conservation Voters 1920 L Street, NW, Ste 800 Washington, DC 20036 | N/A | 509(a)(1) | Public education and accountability efforts | 10,000. |
| Multidisciplinary Assoc Psychedelic Stdy 1215 Mission Street Santa Cruz, CA 95060 | N/A | 509(a)(1) | General Support | 2,000. |
| Oxfam America 226 Causeway Street, 5th Fl Boston, MA 02114 | N/A | 509(a)(1) | Tom's Next Step project | 1,000. |
| Reel Fathers 6 Torneo Court Santa Fe, NM 87508 | N/A | 509(a)(1) | General Support | 1,000. |
| Santa Fe Alliance 222 South Black Avenue Bozeman, MT 59715 | N/A | 509(a)(1) | General Support | 2,500. |
| Santa Fe Art Institute P.O. Box 24044 Santa Fe, NM 87502 | N/A | 509(a)(1) | General Support | 2,500. |

| 2012 | Federal Stat | tements | | Page 10 |
|---|------------------------------|---------------------------|----------------------------------|------------|
| | Livingry Foundation | | | 85-048053 |
| Statement 16 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | |
| Name and Address | Donee <u>Relationship</u> | Found- ation Status | Purpose of Grant | Amount |
| Santa Fe Canyon Preservation Association 1714 Canyon Road Santa Fe, NM 87501 | N/A | 509(a)(1) | General Support | \$ 1,000 |
| Santa Fe Institute 1399 Hyde Park Road Santa Fe, NM 87501 | N/A | 509(a)(1) | Science on the Screen program | 1,000 |
| · | | | Total | \$ 100,000 |
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2012

Federal Supplemental Information

Page 1

Livingry Foundation

85-0480537

Statement 17
Form 990-PF, Part VII-B
Statements Regarding Activities for Which Form 4720 May Be Required

The Executive Director were reimbursed a total of \$8,164 for expenses incurred on behalf of the Foundation.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

| _ | e filing for an Automatic 3-Month Extension, col | • | | - form) | ► X | |
|--|--|---|--|----------------------------------|--|--|
| _ | e filing for an Additional (Not Automatic) 3-Mon | | | - | -0 | |
| | plete Part II unless you have already been grante | | | | | |
| corporation request an ex Associated \ | iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m ling of this form, visit www.irs.gov/efile and click | t automatic) I or Part II v iust be sent |) 3-month extension of time. You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instruct | ctronically fil Return for Tr | e Form 8868 to ansfers | |
| Part I | Automatic 3-Month Extension of Time | Only sul | omit original (no copies needed). | | | |
| | on required to file Form 990-T and requesting an | | | | t I only | |
| All other con | rporations (including 1120-C filers), partnerships, returns | REMICs, a | nd trusts must use Form 7004 to request | an extensioi | of time to file | |
| | | | Enter filer's identi | <u> </u> | <u>. </u> | |
| T | Name of exempt organization or other filer, see instructions | | | Employer identi | ification number (EIN) or | |
| Type or print | | | | | | |
| • | Livingry Foundation Number, street, and room or suite number. If a PO box, see in | nstructions | | 85-0480537 | | |
| File by the due date for | | india dellong | | Social security number (SSN) | | |
| filing your return See | 525 Camino Militar City, town or post office, state, and ZIP code For a foreign add | lress, see instru | ictions | <u> </u> | | |
| instructions | Santa Fe, NM 87501 | | | | | |
| | | | | | | |
| Enter the Re | eturn code for the return that this application is fo | or (file a sep | parate application for each return) | | 04 | |
| Application Is For | | Return Code | Application Is For | | Return Code | |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporation) | | 07 | |
| Form 990-Bl | L | 02 | Form 1041-A | *** | 08 | |
| Form 4720 (II | ndıvıdual) | 03 | Form 4720 | | 09 | |
| Form 990-Pf | | 04 | Form 5227 | | 10 | |
| | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | 12 | |
| Telephon If the org If this is check the exter I reque until The exter Z If the t | nsion is for st an automatic 3-month (6 months for a corporation | FAX No siness in the digit Group check this be required to anization re | e United States, check this box Exemption Number (GEN) ox I and attach a list with the nainal state of time turn for the organization named above. Ing ightharpoonup , 20 eason: Initial return Fin | | | |
| nonref b If this | undable credits See instructions application is for Form 990-PF, 990-T, 4720, or 6 | 069, enter a | any refundable credits and estimated tax | 3a \$ | 2,958. | |
| <u></u> | ents made Include any prior year overpayment al ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System) See | | | 3b \$ | 2,958. | |
| | (Liectionic i ederal Tax Payment System) See | การแนะแบกร |) | 3c \$ | 0. | |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

| Note. Only complete Part II II you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Past II Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed). Enter filer's identifying number, see instructions Innew of seeing arginists on or other lite, see instructions Innew original (no copies needed). | | 3 (Rev 1-2013) | | | ······································ | Page 2 | |
|--|---|--|---------------------------------------|---|--|--------------|--|
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | | | - 🗓 | |
| Return Code Form 990-EZ Dispose Code Co | | | | | ısly filed Form 8868 | | |
| Type or print Type o | | | | | | | |
| Name of seempt againstation or other tiles, see instructions Employer identification number (EM) or or print | Part II | Additional (Not Automatic) 3-Month E | xtension | of Time. Only file the origina | al (no copies neede | ∌d). | |
| Type or print Livingry Foundation 85-0480537 Social security number (SSN) Find the printing of the p | | | | Enter filer's i | | · | |
| S-048057 Social security number (SSN) | | Name of exempt organization or other filer, see instructions | | | Employer identification numb | xer (EIN) or | |
| Find by the Forman Security Number, it and 0 to the number of the security number, it and 0 to the security number, it and 0 to the number of the security number, it and 0 to the number of the security number, it and 0 to the number of the security number, it and 0 to the number of | Type or | | | | | | |
| Fine by the water of the process of | print | Livingry Foundation | | | | | |
| Fontanello, Duffield & Otake, LIP Interviews Interv | File by the | Number, street, and room or suite number, If a P O box, see instructions. | | | Social security number (SSN | 9 | |
| A4 Montgomery Street, Sulte 2019 | extended due date for | | Duffield & Otake, LLP | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application Is for Return Signary 10 or form 990-EZ Output Porm 990 or Form 990-EZ Output Porm 990 or Form 990-EZ Output Porm 990-EZ Output Outp | filing your return See | 44 Montgomery Street, Suite 2019 | | | | | |
| Application is for the return that this application is for (file a separate application for each return) Application is for Code Form 990 or form 990-E2 O1 Form 1041-A O8 Form 4720 O9 90-PF O4 Form 5227 O7 10 Form 990-PF O4 Form 592-T (rust other than above) O6 Form 8870 O7 Form 6069 | instructions | 1 | ess, see instruct | ions | | | |
| Application is for Code Return Code Return Return Code Return Code Return Code Return Return Code Return Code | | San Francisco, CA 94104 | ····· | | | | |
| Application is for Code Return Code Return Return Code Return Code Return Code Return Return Code Return Code | | 5 | | | | | |
| Separation Sep | Enter the | Return code for the return that this application is t | for (file a se | parate application for each return) | | 04 | |
| Separation Sep | | | η | | | | |
| Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 O4 Form 5227 O6 Form 990-PF O6 Form 990-T (section 401(a) or 408(a) trust) O5 Form 6069 O6 Form 8870 O7 Title section 401 Title section 501 Title section 401 Title sec | Application | n | | Application | | | |
| Form 990-BL O2 Form 1720 (individual) O3 Form 4720 (individual) O3 Form 990-F O4 Form 5227 10 O5 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6059 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. * The books are in care of * Tides Foundation Telephone No. * 415-561-6400 FAX No. * * If the organization does not have an office or place of business in the United States, check this box 11 this is for the whole group, check this box 11 this is for the whole group, check this box 11 this is for the whole group, check this box 11 this is for the whole group, check this box 11 this is for part of the group, check this box 12 this is for the whole group, check this box 13 this is for the whole group, check this box 14 trequest an additional 3-month extension of time until 11/15 20 13 **End of the tax year entered in line 5 is for less than 12 months, check reason: 1 Initial return Final return 1 Change in accounting period 7 State in detail why you need the extension The Organization requires additional time to compile the information pecessary to file a complete and accurate texturn. 8a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonretundable credits. See instructions. Balance due, Subtract line 8b from line 8a, Include your payment with this form, if required, by using the payments and tention to the payment System). See instructions. Signature and Verification must be completed for Part II only. **United Papentiles of Papury, I declare that I have examined this form, including accompanying schedules and slatements, and to the best of my knowledge and belief, it as the, correct, and compiles, and that I am admirated to prepare this form Signature > 11 this is for form 12 the form including accompanying schedules and slatements, and to the best of my knowledge and belief, | | | 4 | | | | |
| Form 4720 (individual) 03 | | | | | # 8 P | | |
| Form 990-PF Form 990-T (section 401(a) or 408(a) trust) 05 | | | | | | | |
| Form 990-T (section 401(a) or 408(a) trust) O5 Form 980-T (trust other than above) O6 Form 8870 112 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in care of Fildes Foundation Telephone No. F 415-561-6400 FAX No. F If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the group, check this box If this is for part of the group, check this box If this is for the whole group, check this box If the extension is for. If the extension of time until 11/15 For calendar year 2012 If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period The information necessary to file a complete and accurate return. Ba if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonerlundable credits. See instructions. Bit this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any environments and entitled any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Signature and Verification must be completed for Part II only. Under penalties of parjury, I decise that I am sulhorized to prepare this form Signature Final return frequired, by using effect the part of parjury, I decise that I am sulhorized to prepare this form Signature Final return frequired, by using effect the storm of the part of the part of the best of my knowledge and belief, it as true, correct, and complete, and that I am sulhorized to prepare this form Date Final return frequency in the part of the part II only. | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Form 990-T (trust other than above) O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in care of Files Foundation Telephone No. F415-561-6400 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the sextension is for. If an additional 3-month extension of time until 11/15 For calendar year 2012, or other tax year beginning For calendar year 2012, or other tax year beginning For calendar year 2012, or other tax year beginning Final return Change in accounting period State in detail why you need the extension. The Organization requires additional time to compile the information necessary to file a complete and accurate return. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Character bat I have examined this form, including accompanying schedules and statements, and | | | | | | | |
| The books are in care of * Tides Foundation FAX No. * If the organization does not have an office or place of business in the United States, check this box * If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box * If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this is for part of the group, check this box * If this application and this part of the group check this box * If the tax year entered in line 5 is for less than 12 months, check reason: Initial return * Ini | | | · · · · · · · · · · · · · · · · · · · | | | | |
| The books are in care of ► Tides_Foundation Telephone No. ► 415-561-6400 FAX No. ► If the organization does not have an office or place of business in the United States, check this box | LO1111 330. | (trust other than above) | 1 06 | Form 8870 | | | |
| 4 I request an additional 3-month extension of time until 11/15 | If the control of this is a second or the control of this is a second or the control of the | one No. $\sim 415-561-6400$ organization does not have an office or place of bustons for a Group Return, enter the organization's foundation. | usiness in th ir digit Group | e United States, check this box Exemption Number (GEN) | If th | | |
| 5 For calendar year 2012 , or other tax year beginning , 20 , and ending , 20 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period 7 State in detail why you need the extension . The Organization requires additional time to compile the information necessary to file a complete and accurate return. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8368. 8b \$ 1,408. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete, and that I am authorized to prepare this form Signature ► CPA Date ► 8/9/13 | members | the extension is for. | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Signature Title CPA Date 8 a \$ 0. Date 8 b \$ 1,408. | 5 For 6 6 If the | calendar year 2012 , or other tax year beginning tax year entered in line 5 is for less than 12 more change in accounting period and detail why you need the extensionThe_ | ng nths, check r Organiz | , 20, and ending _ eason: | Final return | mpile | |
| payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title CPA Date 8/9/1/3 | nonr | efundable credits. See instructions | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | 0. | |
| Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title CPA Date 8/9/13 | pavn | ients made, include any prior year overpayment a | illowed as a | credit and any amount paid previou | usiv L | 1,408. | |
| Onder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Date 8/9/13 | ¢ Bala EFTF | nce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See | ur payment v instructions | with this form, if required, by using | 8c \$ | 0. | |
| Signature - Lisa Menese Title - CPA Date - 8/9/13 | | • | | · | - | | |
| | | 1: | CPA | edules and statements, and to the best of my kr | • | 19/15 | |
| | BAA | onen involves little | | 01/21/13 | Date ► S | (Pay 1 2012) | |