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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c) 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200 000 and total assets less than $500 000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year or tax year beginning 01/01 , 2012 and ending 12/31 , 20 12

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: DANIEL E STUNTZ MEMORIAL FOUNDATION

Number and street (or P O box if mail is not delivered to street address) Room/suite: 6518 Woodlawn Ave N

City or town state or country and ZIP + 4: Seattle WA 98103 5428

D Employer identification number: 91 1286218

E Telephone number: 206 524-2950

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990 EZ or 990-PF)

I Website ▶ www stuntzfoundation org

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☑ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50 000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e postcard) may be required (see instructions) But if the organization chooses to file a return be sure to file a complete return.

L Add lines 5b 6c and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II line 25 column (B) below) are $500,000 or more file Form 990 instead of Form 990-EZ ▶ $ 92,042

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	2,330
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	0
	4	Investment income			4	36,760
	5a	Gross amount from sale of assets other than inventory	5a	52,952		
	b	Less cost or other basis and sales expenses	5b	53 025		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	-73
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0		
	c	Less direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory less returns and allowances	7a	0		
	b	Less cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	0
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d 7c and 8 ▶			9	39 017
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	374
	14	Occupancy, rent utilities and maintenance			14	0
	15	Printing, publications postage, and shipping			15	0
	16	Other expenses (describe in Schedule O) See Schedule O Statement 2			16	3,473
	17	Total expenses Add lines 10 through 16 ▶			17	3 847
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	35 170
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)			19	284 369
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	319 539

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash savings and investments	284 369	22	319 539
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	284 369	25	319 539
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	284 369	27	319,539

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? See Schedule O Statement 3

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts optional for others.)

			Expenses
28	Mushroom Maynia is a one day exhibit at the Burke Museum. This event takes place at, and in conjunction with the Burke Museum on the University of Washington campus. Expenses are shared between the Burke (Continued on Schedule O, Statement 4) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	2,795
29	(Grants $) If this amount includes foreign grants check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	Total program service expenses (add lines 28a through 31a) ▶	32	2 795

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Joanne Young President	1	0	0	0
Judy Roger Secretary	1	0	0	0
Jocelyn Phillips Treasurer	1	0	0	0
Molly Bernstem Trustee	1	0	0	0
Margaret Dilly Trustee	1	0	0	0
Dr Dean Glawe Trustee	1	0	0	0
Hildegard Hendrickson Trustee	1	0	0	0
Marian Maxwell Trustee	1	0	0	0
Dennis Oliver Trustee	1	0	0	0
Richard Sieger Trustee	1	0	0	0
Jennifer Slack Trustee	1	0	0	0
(Continued on Schedule O Statement 5)				

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1 000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No" provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If "Yes" complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation dissolution, termination or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓

41 List the states with which a copy of this return is filed ▶ WA

42a The organization's books are in care of ▶ Jocelyn Phillips Telephone no ▶ 206-524-2950
Located at ▶ 6518 Woodlawn Ave N, Seattle, WA 98103 5428 ZIP + 4 ▶ 98103-5428

			Yes	No
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes" enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes" enter the name of the foreign country ▶	42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c has the organization filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes" complete Schedule C Part I	46		✓

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47–49b and 52 and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100 000 of compensation from the organization If there is none, enter "None"

(a) Name and title of each employee paid more than $100 000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100 000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here
▶ Jocelyn Phillips — Signature of officer — Date 7/15/13
▶ Jocelyn Phillips Treasurer — Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization: DANIEL E STUNTZ MEMORIAL FOUNDATION

Employer identification number: 91 1286218

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11 check only one box)

1 ☐ A church convention of churches or association of churches described in section 170(b)(1)(A)(i)
2 ☐ A school described in section 170(b)(1)(A)(ii) (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)
6 ☐ A federal, state or local government or governmental unit described in section 170(b)(1)(A)(v)
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 ☐ An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the US? Yes	No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 EZ. Cat No 11285F Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any "unusual grants ")	6 800	17 007	51 766	300	2 330	78 203
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total Add lines 1 through 3	6 800	17 007	51 766	300	2 330	78 203
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						78,203

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6 800	17 007	51 766	300	2,330	78 203
8 Gross income from interest, dividends payments received on securities loans rents, royalties and income from similar sources	9,655	7,714	15,816	10,197	36 321	79,803
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						158,006
12 Gross receipts from related activities, etc (see instructions)					12	0

13 First five years If the Form 990 is for the organization's first second third fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here ▶ ☐

Section C Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	49 49 %
15	Public support percentage from 2011 Schedule A Part II line 14	15	56 06 %

16a 33⅓% support test—2012 If the organization did not check the box on line 13 and line 14 is 33⅓% or more check this box and stop here The organization qualifies as a publicly supported organization ▶ ☑

b 33⅓% support test—2011 If the organization did not check a box on line 13 or 16a and line 15 is 33⅓% or more check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a or 16b and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2011 If the organization did not check a box on line 13 16a 16b, or 17a and line 15 is 10% or more and if the organization meets the "facts-and-circumstances" test check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 Private foundation If the organization did not check a box on line 13 16a 16b, 17a or 17b, check this box and see instructions ▶ ☐

6

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

6

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization	Employer identification number
DANIEL E STUNTZ MEMORIAL FOUNDATION	91 1286216

Schedule O Statement 1
Form 990-EZ
Page 1
Line Number

DANIEL E STUNTZ MEMORIAL FOUNDATION
91-1286218

Reasonable Cause Explanations

Explanation

Form 8868 was filed for an automatic 3 month extension Therefore 2012 Form 990 is not late

Schedule O, Statement 2
Form 990 EZ
Page 1
Line Number Part I Line 16

DANIEL E STUNTZ MEMORIAL FOUNDATION
91 1286218

Other Expenses Structured Explanation

Description	**Amount**
Mushroom Maynia Event	2 795
State Tax and License	10
Website	168
Charitable Donation	500
Total	3,473

Schedule O, Statement 3
Form 990 EZ
Page 2
Line Number Part III

DANIEL E STUNTZ MEMORIAL FOUNDATION
91-1286218

Primary Exempt Purpose

Primary Exempt Purpose

The mission of the Daniel E Stuntz Memorial Foundation is to advance mycological research education and appreciation for fungi in the Pacific Northwest.

6

Schedule O Statement 4 | **DANIEL E STUNTZ MEMORIAL FOUNDATION**
Form 990 EZ | **91-1286218**
Page 2
Line Number Part III Line 28

First Program Service Accomplishments Description

Description

and the S untz Foundation with volunteer suppor by the Puget Sound Mycological Society This is a family oriented event with talks species identification cultivation mycophagy and fungal crafts The purpose is to raise awareness of the importance of mushrooms and other fungi in our lives and world

Schedule O Statement 5 | **DANIEL E STUNTZ MEMORIAL FOUNDATION**
Form 990-EZ | **91-1286218**
Page 2
Line Number Part IV

Officers Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Milton Tam	1	0	0	0
Title	Trustee				
Name	Dr Steve Trudell	1	0	0	0
Title	Trustee				
Name	Jean Zalochill	1	0	0	0
Title	Trustee				