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## **Return of Private Foundation**

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

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Reveaue Service

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

Open to Public Inspection

F	or cal	lendar year 2012 or	tax year beginning		, 2012,	and ending			, 20
	Name	of foundation					Α	Employer identifi	cation number
	VOL	CKMANN FAMILY	FOUNDATION					91-214327	2
	Numb	er and street (or PO box	number if mail is not delivered	to street address)	to street address) Room/suite		В	B Telephone number (see instructions)	
		_						(65	0) 851-5088
_	2086	63 STEVENS CRE	EK BLVD #480				┷		
	City or	town, state, and ZIP code					_		
							C	If exemption application pending, check here	ation is
_		ERTINO, CA 950		<u> </u>			4		
G	Che	ck all that apply	Initial return	<del></del>	of a former p	oublic charity	D	1. Foreign organizat	
		Ļ	Final return	Amended re				<ol><li>Foreign organiza</li><li>85% test, check h</li></ol>	
_			Address change	Name chang			4		
H	$\overline{}$		on X Section 501(			t	E	If private foundation	n status was terminated
<u>_</u>		ection 4947(a)(1) none		Other taxable pr			$\dashv$	·	)(1)(A), check here .
ı		market value of all a		unting method X C	ash Acc	ruai	F		in a 60-month termination
		ear (from Part II, col ( ▶ \$ 2:		ther (specify) column (d) must be or	ooch bosis )		-	under section 507(b	)(1)(B), check here .
		<del> </del>	ue and Expenses (The	<u> </u>	l casii basis j	ſ			(d) Disbursements
ı	art i	total of amounts in col		(a) Revenue and	(b) Net inve	estment	(c)	Adjusted net	for charitable
		may not necessanly e	qual the amounts in	expenses per books	Incon	ne		ıncome	purposes (cash basis only)
-		column (a) (see instruc							(Cash basis only)
	1	if the fou	c, received (attach schedule) .undation is not required to	· · · · · · · · · · · · · · · · · · ·					
	2		ch B	265		265.			
<u>m</u>	3		emporary cash investments						· ·
2013	4		t from securities	·					
83	!			· · · · · · · · · · · · · · · · · · ·	,				
0	l	Net rental income or (loss Net gain or (loss) from sa	· <del></del> ,			·			
AUG Sevenue	°a	Gross sales price for all assets on line 6a	die of assets not on line 10						
₹ %	7		ne (from Part IV, line 2)					ź	1
O R	8	Net short-term capital	gain	``					,
SCANNED	9	Income modifications							ļ
Ž	10 a	Gross sales less returns and allowances · · · ·							,
⋖	ь	Less Cost of goods sold	1						,
တိ	С	Gross profit or (loss) (a	attach, schedule)						
	11	Other income (attach							
_	12	Total. Add lines 1 thro	ough 11	265		265.			
	13	Compensation of officers	directors, trustees, etc						
ø	14	Other employee salan							
nse	15	Pension plans, employ			ļ				
99	16 a	Legal fees (attach scho	edule)	0.770		1 205			1 205
Administrative Expenses	b	Accounting fees (attach	ch schedule)ATCH 1	2,770	<b>.</b>	1,385.			1,385
ţį	C	Other professional fee	s (attach schedule)						
tra	17	Interest	·/ (** * )		ļ				60
<u> </u>	18		see instructions)ATCH 2	60	·				60
<u>Έ</u>	19	Depreciation (attach s	schedule) and depletion.					-	;
¥	20	Occupancy	•					•	
and	21	Travel, conferences, a	and meetings						
9	22		ons	265	<del>                                     </del>	120			145
ifi	23		h schedule) ATCH . 3 .	265		120.			145
Operating	24		administrative expenses.	2 005		1 505			1 500
ő		-	23	3,095 35,750	·	1,505.			1,590 35,750
	25		rants paid			1 505			35,750
_	26		ements Add lines 24 and 25	38,845	•	1,505.			31,340
	27	Subtract line 26 from		_20 500	-				de c
		•	enses and disbursements	-38,580	•	0			-
	b	Net investment incon	ne (if negative, enter -0-)		<u> </u>	<del>Ч</del>			d

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

JSA For Paperwork Reduction Act Notice, see instructions.

2E1410 1 000 7FS 6BW M200 5/16/2013 1:22:26 PM V 12-4.6F

Part II		Palance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End End	nd of year		
	art II	Balaince Sileets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
Ī	1	Gash - non-interest-bears	ing	4,296.	451			
-	2	Savings and temporary	cash investments	57,060.	22,325	. 22,325		
	3	Accounts receivable ▶				70 7 80 F		
-			btful accounts ▶					
1	4							
١			btful accounts ▶					
	5		<del></del> - [					
	6		officers, directors, trustees, and other					
1	•		tach schedule) (see instructions)					
١	7		receivable (attach schedule)					
	•		btful accounts ▶					
တ	8		se			<u> </u>		
ssets	9		eferred charges			-		
			1					
			re government obligations (attach schedule)					
			e stock (attach schedule)					
- [	11 <sup>C</sup>	Investments - land, building:	e bonds (attach schedule)					
		(attach schedule)	ation >		<del></del>	<del> </del>		
	12		loans			<del>                                     </del>		
	13 14	Land, buildings, and	ach schedule)					
1		equipment basis Less accumulated deprecia	ation •					
ı		(attach schedule)						
	15		<b>-</b>					
	16		completed by all filers - see the	61,356.	22 776	22,776		
$\dashv$		<del></del>	page 1, item I)		22,110	22,110		
	17		accrued expenses					
	18					-		
ies	19	Deferred revenue				_		
Ħ	20		ors, trustees, and other disqualified persons			-		
Liabilities	21		otes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·			
7	22	Other liabilities (describe	e ▶)					
				0				
4	23	······································	es 17 through 22)	0		4		
			llow SFAS 117, check here ▶					
es		and complete lines	24 through 26 and lines 30 and 31.					
ü	24	Unrestricted			<u> </u>			
ala	25	Temporarily restricted				;		
d E	26	•				4		
<b>Net Assets or Fund Balances</b>		Foundations that do	not follow SFAS 117,			· ·		
ř		check here and com	plete lines 27 through 31. $\blacktriangleright X$					
S	27	Capital stock, trust prin	cipal, or current funds					
set	28	Paid-in or capital surplus, o	or land, bldg , and equipment fund					
As	29	Retained earnings, accum	ulated income, endowment, or other funds	61,356.	22,776			
let	30	Total net assets or fund	d balances (see instructions)	61,356.	22,776	5.		
_	31	Total liabilities and	net assets/fund balances (see					
		instructions)	<u> </u>	61,356.	22,776	5.		
			anges in Net Assets or Fund					
1	Tota	I net assets or fund b	palances at beginning of year - Part	II, column (a), line 30	(must agree with			
	end-	of-year figure reporte	d on prior year's return)		<u> </u>			
2		er amount from Part I,			_	-38,580		
			I - I - I - I - O (d) b	· · · · · · · · · · · · · · · · · · ·				
						22,776		
5	Dec	reases not included in	line 2 (itemize) ▶		5			
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (t	o), line 30 6	22,776		
<u> </u>	. 5.0		and the second of the second o	27 . 2 00.0	,,			

(a) List ai	s and Losses for Tax on Inventor of the kind(s) of property sold (exprise warehouse; or common stock, 200 series.	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )
1a			D - CONGUCKI		
b	<del></del>				
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
<u> </u>			<del></del>		
_d					
	<u> </u>		<b>.</b>		
Complete only for assets	s showing gain in column (h) and owned			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
<u>a</u>			-		
_b			<b></b>		
С					
_d			<del> </del>		
е					
<ul><li>2 Capital gain net income o</li><li>3 Net short-term capital ga</li></ul>	or (not conitol loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 22(5) and (6)	2		
If gain, also enter in Pa	art I, line 8, column (c) (see instr	ructions) If (loss), enter -0- in $\}$	3		
	Under Section 4940(e) for Red		ncome		
	r the section 4942 tax on the distrib s not qualify under section 4940(e)		ase perio	d?	Yes X No
	nount in each column for each year,		anv entr	ies	
(a)	(b)	(c)	J J	(d)	
Base period years Calendar year (or tax year beginning in)	Advicated available distabilitions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2011	39,830.	47,797.		·	0.833316
2010	58,337.	56,160.			1.038764
2009	65,076.	85,469.			0.761399
2008	45,600.	117,684.			0.387478
2007	75,489.	136,073.			0.554768
2 Total of line 1, column (d	d)		2		3.575725
3 Average distribution ratio	o for the 5-year base period - divide	the total on line 2 by 5, or by the			
_	ndation has been in existence if less		3		0.715145
·					
4 Enter the net value of no	oncharitable-use assets for 2012 fro	m Part X, line 5	4		54,357.
		• • • • • • • • • • • • • • • • • • • •			
5 Multiply line 4 by line 3			5		38,873.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
<b>7</b> Add lines 5 and 6			7		38,873.
8 Enter qualifying distribut If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4	n Part VI, line 1b, and complete	8 that part	using a 1% ta	37,340. x rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			į
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			-
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here  and enter 1% of Part I, line 27b			1
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	-		0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u> </u>
6	2012 estimated tax payments and 2011 overpayment credited to 2012			:
a b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868)  6c			;
d	Backup withholding erroneously withheld			į
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			v
	definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			ė.
_	distributed by the foundation in connection with the activities	4-		X
Ç	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		
d	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			<b>.</b>
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	if "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict  with the elected law service in the programment?    Conflict   Co	<u>-</u>	- X	
7	with the state law remain in the governing instrument?	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>		
Ju	CA,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
-	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		-	
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		X

Pa	rt 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	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► NORMA UENAKA Telephone no ► 408-252	-790	2	
	Located at ▶20833 STEVENS CREEK BVD#480 CUPERTINO CA ZIP+4 ▶ 95014-2	154		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16			Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			(
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)? Yes X 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)		`	/
(	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-	A- A
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		ļ
	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?	1c		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))			l .
•	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?  Yes. X No.			<b> </b> ` `
	ca, various,			
	If "Yes," list the years ▶,,,,,,,			
•				
	(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)	2b		A77 A144
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			-
	The provisions of section 4342(a)(2) are seing applied to any of the years instea in 2a, list the years note		× .	
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
•	at any time during the year?			
1	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 )	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

orm 9	990-PF (2012) VOLCKMANN FAMI				2143272	Page 6
Pari	t VII-B Statements Regarding Activities for	r Which Form 47	720 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influen	ice legislation (section	4945(e))?	. Yes X No	.	
	(2) Influence the outcome of any specific public elec					
	directly or indirectly, any voter registration drive?				.	
	(3) Provide a grant to an individual for travel, study, or other					
	(4) Provide a grant to an organization other than a					:
				1 1 11		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s				' l	1 ;
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children o					
b	If any answer is "Yes" to $5a(1)$ -(5), did any of the			ceptions described in	1	
	Regulations section 53 4945 or in a current notice regard	ing disaster assistand	e (see instructions)?	<i></i>	5b	
	Organizations relying on a current notice regarding disast	er assistance check h	ere			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta	× — —		40000
	because it maintained expenditure responsibility for the gi	ant?		. Yes No	,	
	If "Yes," attach the statement required by Regulations sect	ion 53 4945-5(d)				44
6a	Did the foundation, during the year, receive any fund	ls, directly or indire	ctly, to pay premium	s		
	on a personal benefit contract?			1   1   1   1   1   1   1   1	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
h	Did the foundation, during the year, pay premiums, direct				6b	X
	If "Yes" to 6b, file Form 8870	,,,				
7.0	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No		1
	If "Yes," did the foundation receive any proceeds or have				7b	
	t VIII Information About Officers, Directors	Trustees. Foun	dation Managers.	Highly Paid Emplo		
	and Contractors					
1	List all officers, directors, trustees, foundation n	nanagers and their (b) Title, and average	(c) Compensation (see	(d) Contributions to		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all	
ATC			_			
			0	d		0
			0	d		0
			0	d		0
			0	C		0
			0	c		0
			0	c		0
			<u>C</u>	C		0
		(other than the	e included on lin	1 - see instruction	ons) If n	
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see instruction	ons). If no	
2			se included on line	(d) Contributions to	-	one, enter
2	Compensation of five highest-paid employees	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred	-	one, enter
2	Compensation of five highest-paid employees "NONE."	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter
2	Compensation of five highest-paid employees "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	one, enter

Form **990-PF** (2012)

Total number of other employees paid over \$50,000 . . . .

## VOLCKMANN FAMILY FOUNDATION

Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NOT APPLICABLE Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	55,185.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	55,185.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e	1 _ 1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	55,185.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
-	instructions)	4	828.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	54,357.
6	Minimum investment return. Enter 5% of line 5	6	2,718.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	2,718.
2а			
b	Income tax for 2012 (This does not include the tax from Part VI)	1 1	
		2c	
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	<del></del>	2,718.
4	Recoveries of amounts treated as qualifying distributions	4	·
5	Add to a O and A	5	2,718.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1 · · · · · · · · · · · · · · · · · ·	7	2,718.
_		<del></del>	<del></del>
Pa	Qualifying Distributions (see instructions)	<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		0.7.040
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	37,340.
þ		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,340.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,340.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating who	ether the foundation

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Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2011 2011 2012 Corpus Distributable amount for 2012 from Part XI, 2,718. Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only b Total for pnor years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 From 2007 . . . . . . 68,707 39,728. From 2008 . . . . . . 60,803. c From 2009 . . . . . . 55,529. **d** From 2010 . . . . . . From 2011 . . . . . . 262,207. Qualifying distributions for 2012 from Part XII, 37,340. line 4 ▶ \$ a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) . . . . . c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . 2,718. d Applied to 2012 distributable amount . . . . . 34,622. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 296,829. Corpus Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 . . . . . . . . . . . . . . . . Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not 68,707 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. 228,122 Subtract lines 7 and 8 from line 6a . . . . . . Analysis of line 9 39,728 a Excess from 2008 . . . 60,803. b Excess from 2009 . . . 55,529 c Excess from 2010 . . . 37,440. d Excess from 2011 . . . 34,622. e Excess from 2012

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CONTRIBUTIONS TO QUALIFIED 501(C)(3) ORGANIZATIONS

Part XV Supplementary Information (continued)						
3 Grants and Contributions Paid During the Year or Approved for Future Payment						
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)	or substantial contributor	recipient	Contribution			
a Paid during the year						
ATCH 6						
		1				
		]				
		1				
Total			▶ 3a	35,750.		
b Approved for future payment	<u> </u>	<del></del>	Ja	337,333		
<b>b</b> Approved for future payment						
		ŀ				
			1			
Total	J	ı				
Total	<u> </u>	<u></u>		- 000 PF (00 to		

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Part XVI-A · Analysis of Income-Produ			T= :	. 540 540 544	(0)
Enter gross amounts unless otherwise indicated	Unrela (a)	(b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b			<del> </del>		<del></del>
c					<del></del>
d			<del></del>		
e					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	265.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			<u> </u>		
b Not debt-financed property			<del> </del>		<del></del>
6 Net rental income or (loss) from personal property			-		· · · · · · · · · · · · · · · · · · ·
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events			·   · · · · · · · · · · · · · · · · · ·		
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a					
b					
С					
d					<del></del>
e	<del></del>			265.	
12 Subtotal Add columns (b), (d), and (e)		L		1	265.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities		complishment of Ex	cempt Purp	oses	
Line No. Explain below how each activity					uted importantly to the
▼ accomplishment of the foundation					
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	<del></del>	<del></del>			
		<del>.</del>			
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-				<u>.                                    </u>	·
		· · · · · · · · · · · · · · · · · · ·			·· -
		·-··		<del></del>	·

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1		e organization direc									Yes	No
		ion 501(c) of the C	ode (other than	section 501(c)(3)	) organization:	s) or ın s	ection 527, re	elating to	political			
	_	zations?										
а		ers from the reports	-									
		sh								1a(1)		X
		ner assets								1a(2)		X
b		transactions.										
· · · · · · · · · · · · · · · · · · ·								1b(1)		$\frac{x}{x}$		
										1b(2)		X
		ntal of facilities, equ								1b(3)		X
		imbursement arrang								1b(4)		X
		ans or loan guarante								1b(5)		X
		rformance of servic								1b(6)		X
		g of facilities, equip								1c	<u> </u>	
a		answer to any of t of the goods, other										
		in any transaction c										
(a)	ne no	(b) Amount involved		noncharitable exempt			cription of transfe					
(4) -	ine no	N/A	(b) Maine on	TOTOTIA TRADEC CACITIFE	organization.	N/A						
												-
			<del></del>									
	i			-								
						-						
				- <del></del>								
					<del> </del>							
2a		foundation directly	•				-	-				_
		bed in section 501(d		other than section	501(c)(3)) or	ın sectio	n 527?		l	Y	es X	No
<u> </u>	If "Yes	s," complete the follo					-					
		(a) Name of organizati	on	(b) Type	of organization		(	c) Descript	ion of relations	ship		
								<del>.</del>				
							<del>_</del>			G.		
						-						
			<del></del> .		<u> </u>	-	·			-	<del>.</del>	
	Unde	r penalties of perjury, I dec	clare that I have exam	lnned this return includir	no accompanying S	hedules and	statements and t	o the best of	of my knowled	ne and l	belief it	ıs true
Sigi		ct and complete Declaration	of preparer (other than	taxpayer) is based on all in	nformation of which	preparer has	any knowledge			<b>J</b>		,
Her		Sant of the	os arus	1/2/1	5/13	VE	-	<b>△</b>		S discus		retum below
He		nature of officer or trustee	- TOPL	Date		Title	<u> </u>		(see instruction	reparer		No
	"	<u></u>		24.5					(See Instruction	13),	] .e.	
		Print/Type preparer	's name	Preparer's sigi	nature 🚜 .		Date	Chi	eck If	PTIN		
Paid		MICHAEL J. S.	AGER	Much	all/1	101	7-14-		f-employed	P000	8280	9
Pre	parer		EILER LLP	1. / Junio	-	7		Firm's Ell				
Use	Only	Firm's address ▶ T		N DRIVE, STE	: 400							
		1	EDWOOD CITY			94	065	Phone no	650-3	65-4	646	
	-									orm 99	0-PF	(2012)

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# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	1,385.	1,385.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,385.	1,385.
REVENUE AND EXPENSES PER BOOKS	2,770.	2,770.
		TOTALS
DESCRIPTION	TAX PREPARATION FEE	

ATTACHMENT 2

- TAXES PART I FORM 990PF,

VOLCKMANN FAMILY FOUNDATION

EXPENSES PER BOOKS REVENUE AND

.09

CHARITABLE PURPOSES

60.

DESCRIPTION

STATE FILING FEES

TOTALS

60.

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ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

INVESTMENT INCOME

PURPOSES 120. CHARITABLE

BANK FEES
REGISTRATION FEES

DESCRIPTION

120.

265.

TOTALS

145.

ATTACHMENT 3

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	HMENT 4	.
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
CHERYL NEAL VOLCKMANN 20863 STEVENS CREEK BLVD #480 CUPERTINO, CA 95014-2154	PRESIDENT 5.00	0	0	0	
NORMA K. UENAKA 208 <b>6</b> 3 STEVENS CREEK BLVD #480 CUPERTINO, CA 95014-2154	SECRETARY 5.00	0	0	0	
JOHN E. VOLCKMANN 208 <b>6</b> 3 STEVENS CREEK BLVD #480 CUPERTINO, CA 95014-2154	CFO 5.00	0	0	0	
	GRAND TOTALS	0	0	0	

## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

JOHN E. AND CHERYL NEAL VOLCKMANN 20863 STEVENS CREEK BLVD, STE 480 CUPERTINO, CA 95014 408-252-7902

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MENLO PARK PRESBYTERIAN CHURCH	NONE	UNRESTRICTED	16,500.
MENLO PARK, CALIFORNIA	PUBLIC		
VILLAGE ENTERPRISE FUND	SINON	UNRESTRICTED	500.
SAN CARLOS, CALIFORNIA	PUBLIC		
~			
ECUMENICAL HUNGER PROGRAM	NONE	UNRESTRICTED	1,000.
EAST PALO ALTO, CALIFORNIA	PUBLIC		
SAN FRANCISCO FOOD BANK	NONE	UNRESTRICTED	5,000.
SAN FRANCISCO, CALIFORNIA	PUBLIC		
SPORTS CHALLENGE	NONE	UNRESTRICTED	500.
PORTOLA VALLEY, CALIFORNIA	PUBLIC		
JOBTRAIN, INC.	NONE	UNRESTRICTED	6,000.
MENLO PARK, CALIFORNIA	PUBLIC		

19281

ATTACHMENT 6 (CONT'D).

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STANFORD GRADUATE SCHOOL OF BUSINESS PALO ALTO, CALIFORNIA	NONE	UNRESTRICTED	2,500.
PATHWAYS HOSPICE FOUNDATION SUNNYVALE, CALIFORNIA	NONE	UNRESTRICTED	100.
BREAST CANCER CONNECTION RIDGEWOOD, NEW JERSEY	NONE	UNRESTRICTED	300.
GLOBAL AIDS INTERFAITH ALLIANCE SAN FRANCISCO, CALIFORNIA	NONE PUBLIC	UNRESTRICTED	200.
CITY OF INDIAN WELLS INDIAN WELLS, CALIFORNIA	NONE PUBLIC	UNRESTRICTED	500.
VERBO CHRISTIAN MINISTRIES KENNER, LOUISIANA	NONE PUBLIC	UNRESTRICTED	750.

ATTACHMENT 6 (CONT'D)-

19281

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		`
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BREAD OF LIFE EAST PALO ALTO EAST PALO ALTO, CALIFORNIA	NONE PUBLIC	UNRESTRICTED	500.
PACIFIC AUTISM CENTER FOR EDUCATION SANTA CLARA, CALIFORNIA	NONE PUBLIC	UNRESTRICTED	500.
PANELS FOR PROGRESS SAN FRANCISCO, CALIFORNIA	NONE	UNRESTRICTED	300.
MENDING THE SOUL PHOENIX, ARIZONA	NONE PUBLIC	UNRESTRICTED	100.
CHRONICLE SEASON OF SHARING FUND SAN FRANCISCO, CALIFORNIA	NONE	UNRESTRICTED	500.

TOTAL CONTRIBUTIONS PAID

## Form **8868** (Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Internal Revenue									
		Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box		<b>→</b> X		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not comp	lete Part II u	inless you have already been gran	ited an aut	omatic 3-month extens	sion on a previously file	ed Form 8868	3.		
a corporation 8868 to req Return for Instructions)	n required to uest an ext Transfers A For more o	You can electronically file Form 8 to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	al (not aut forms liste Benefit ( is form, vis	omatic) 3-month exten d in Part I or Part II wi Contracts, which must it www.irs.gov/efile.and	ision of time. You can the the exception of F to be sent to the IRS d click on e-file for Cha	electronicall form 8870, I in paper fo	y file Form nformation ormat (see		
		-Month Extension of Time. On							
A corporatio	n required t	to file Form 990-T and requesting	an automa	itic 6-month extension	<ul> <li>check this box and co</li> </ul>	omplete	F1		
Part I only .							▶ 🔲		
All other cor	porations (	including 1120-C filers), partnershi	ps, REMIC	s, and trusts must use F	Form 7004 to request a	n extension c	of time		
o file income tax returns Enter filer's identifying number, see instructions									
Name of exempt organization or other filer, see instructions.  Employer identification not be a seen or seen o							r		
Type or VOI.CKMANN FAMILY FOUNDATION 91-21432									
File by the	Volument Third Tooks Time								
due date for	ate for				Social security number (	SSN)			
filing your	208 <b>6</b> 3 STEVENS CREEK BLVD #480								
return See Instructions	I	or post office, state, and ZIP code For	a toreign add	iress, see instructions.					
	CUPERT	INO, CA 95014-2154							
Enter the Re	turn code f	for the return that this application i	s for (file a	separate application fo	or each return)		0 4		
Application			Return	Application	<u> </u>		Return		
ls For			Code	Is For			Code		
Form 990 or	Form 990-	EZ	01	Form 990-T (corporat	tion)		07		
Form 990-BL	_		02	Form 1041-A			08		
Form 4720-	(indıvidual)		03	Form 4720			09		
Form 990-PF	<u> </u>		04	Form 5227			10		
Form 990-T	(sec. 401(a	a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other	r than above)	06	Form 8870			12		
Telephone If the orga If this is for the whole a list with the until for the	e No  anization do  anization do  ar a Group I  e group, che  e names ar  est an autor  organizatio  calendar yo  tax year be  ax year ente	care of NORMA UENAKA  408 252-7902  Des not have an office or place of the Return, enter the organization's found EINs of all members the extensionatic 3-month (6 months for a corollar of the construction of the extension of th	ousiness in ur digit Gro it is for pa on is for poration re exempt org	rup Exemption Number ( int of the group, check ( integration for the ganization return for the ganization and ending	this box	. If the and att	ach		
		ıs for Form 990-BL, 990-PF, 99	O-T 4720	or 6069, enter the	tentative tay loss on	<del></del>			
		edits. See instructions.	U-1, <del>4</del> 720	, or coos, enter the	tomative tax, 1000 all	3a \$	0		
		n is for Form 990-PF, 990-T,	4720 or	6069, enter any re	efundable credits an		<u>_</u>		
		ments made Include any prior yea				3ь \$	0		
		tract line 3b from line 3a. Include					<del></del>		
				5 uno tottit, ii 16	-quive, by doing in its	1 1	0		
	(Electronic Federal Tax Payment System). See instructions 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								
For Privacy A	ct and Pape	erwork Reduction Act Notice, see Instr	uctions.			Form 8868	(Rev 1-2013)		