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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

Open to Public Inspection

Fo	or ca	lendar year 2012 or tax year beginning		07	/01 <b>, 2012,</b>	and endi	ng		06/30 <b>,20</b> 13
_	Name	of foundation					1	A Employer identifi	cation number
	SPE	RLING FAMILY CHARITABLE FOU	NDATION					04-694842	3
_	Numb	er and street (or P O box number if mail is not delive	ered to street address)			Room/suite	. [	3 Telephone numb	er (see instructions)
								(61	7) 227-1050
	4 M	OORE ROAD						,	,
		town, state, and ZIP code					_		
	,							C If exemption applica	ation is
	พงง	LAND, MA 01778-1410						pending, check here	
_		ck all that apply: Initial return	Initial sa	4	f a farmar a	ممطم مناطن	45.4		
G	Cile	· · · · · · · · · · · · · · · · · · ·			of a former p	ublic char	יע   נ	D 1. Foreign organizat	
		Final return	Amend					2 Foreign organiza 85% test, check h	
_		Address change					-	computation .	
卢	$\neg$	ck type of organization X Section 50	· — · ·					E If private foundation	n status was terminated
1		ection 4947(a)(1) nonexempt charitable trust			vate foundat			under section 507(b	)(1)(A), check here .
ı			counting method			rual		F If the foundation is	in a 60-month termination
		ear (from Part II, col. (c), line	Other (specify)					under section 507(b	(1)(B), check here .
_			t I, column (d) must	be on	cash basis.)				
ŀ	art	Analysis of Revenue and Expenses (T.	<sup>he</sup> (a) Revenue ar	nd	(b) Net inve	stment	(c)	Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	٠	incom		(0)	income	purposes
_		column (a) (see instructions))	books						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		899.					
	2	Check ► if the foundation is not required to attach Sch B	·			Ţ			
	3	Interest on savings and temporary cash investments						,	
	4	Dividends and interest from securities	105,	502.	10	5,502.			ATCH 1
	5a	Gross rents	•						
		Net rental income or (loss)	•						
0		Net gain or (loss) from sale of assets not on line 10	1,079,	997.					- 1
n	b	Gross sales price for all 3, 747, 008							
Revenue	7	Capital gain net income (from Part IV, line 2)			1,07	9,997.			
ď	8	Net short-term capital gain					,		
	9	Income modifications · · · · · · · · · · · · · · · · · · ·						<del></del>	
		Gross sales less returns							
	h	Less Cost of goods sold							
	i	Gross profit or (loss) (attach schedule)						<u>.</u>	
	11	Other income (attach schedule)				+			
	12			398	1.18	5,499.			
-		Total. Add lines 1 through 11	<del>*  </del>	0		,,,,,,,,,			
	13	Compensation of officers, directors, trustees, etc .	-	$\dashv$		<del></del>		•	
98	14	Other employee salaries and wages						<del>-</del>	
ens	15	Pension plans, employee benefits	•						<del></del>
×	16a	Legal fees (attach schedule)	•		-	+			<del> </del>
ė m		Accounting fees (attach schedule)						<u> </u>	
₹	C	Other professional fees (attach schedule)	· -						<del> </del>
stre	17	Interest		- 2 -					
Ë	18	Taxes (attach schedule) (see instructions) $ATCH$ , $2$		232.					35
Ξ	19	Depreciation (attach schedule) and depletion	·						
ĕ	20	Occupancy							
Pul	21 22 23 24	Travel, conferences, and meetings	-						
6	22	Printing and publications							
III.	23	Other expenses (attach schedule) ATCH .3.		945.		945.			
Bra	24	Total operating and administrative expense							
Ö		Add lines 13 through 23 O	. 13,4		<u></u>	945.			35
r	25	Contributions, gifts, grants paid	. 973,0	_					973,000.
	26-	Total expenses and disbursements. Add lines 24 and	986,4	180.		945.			973,035.
Γ									
_	a	Subtractine 26 from line 12  Excess of revenue over expenses and disbursements	5,154,9	918.					1
		Net investment income (if negative, enter -0	1		1,18	4,554.			
	l	Adjusted net income (if negative enter -0-)							

04-6948423

Form 990-PF (2012)

1649888

_	

Part IV Capital Gains	s and Losses for Tax on	Inve	stment Income			
	nd describe the kind(s) of property prick warehouse, or common stock			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
a SEE PART IV SCHE	DULE	_				
<b>b</b>						
С					-	
d						
е	1		(a) Coot or other boss		(1) (2)	
(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	
ab						
c						
d						
e						
Complete only for assets	showing gain in column (h) and	owned	by the foundation on 12/31/69		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 (ı) over col (j), ıf any	col	(k), but not less t Losses (from co	
a	-,					
b				<u> </u>		
С						
<u>d</u>						
e						
2 Capital gain net income o	r (net capital loss)		gain, also enter in Part I, line 7		-	000 000
, -	,		loss), enter -0- in Part I, line 7	2		079,997.
	in or (loss) as defined in section					
_			uctions) If (loss), enter -0- in			0
	Under Section 4040(a) fo		luced Tax on Net Investment I	ncomo		- 0
			section 4940(a) tax on net investi		\	
			utable amount of any year in the b	ase perio	d?	Yes X No
	s not qualify under section 494			- any onte		
1 Enter the appropriate an		ı year,	see the instructions before making	j ariy enu I	(d)	-
Base period years	(b) Adjusted qualifying distribution	ıs i	(c) Net value of nonchantable-use assets	ļ	Distribution r	
Calendar year (or tax year beginning in)	695,50		1,604,293.		(coi (b) divided b	0.433524
2010	175,03		1,107,472.			0.158049
2009	170,00		285,661.			0.595111
2008	1,035,19		731,793.			1.414597
2007	638,19		933,222.			0.683863
		•				
2 Total of line 1, column (c	d)			2		3.285144
3 Average distribution ratio	o for the 5-year base period -	dıvide	the total on line 2 by 5, or by the			
			than 5 years	3		0.657029
4 Enter the net value of no	oncharitable-use assets for 20	)12 froi	m Part X, line 5	4	4	,039,551.
5 Multiply line 4 by line 3				5	2	,654,102.
6 Enter 1% of net investm	ent income (1% of Part I, line 2	27b)		6		11,846.
				_	2	,665,948.
						·
If line 8 is equal to or given Part VI instructions.	reater than line 7, check the	box I	n Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See th

Х

8b

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

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## SPERLING FAMILY CHARITABLE FOUNDATION

3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE	.•
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		-
otal 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 statistics organizations and other beneficianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
	_	
2		
3		
<b>*</b>		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	and 2	Amount
Part IX-B 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		
		1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1  1 NONE		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1  1 NONE		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1  1 NONE		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1  NONE  2		

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundat	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		·-
	purposes		
а		1a	3,699,956.
b	Average of monthly cash balances	1b	401,111.
c		1c	
d	Total (add lines 1a, b, and c)	1d	4,101,067.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	4,101,067.
4	Subtract line 2 from line 1d		
•		4	61,516.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,039,551.
6	Minimum investment return. Enter 5% of line 5	6	201,978.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here	oart.)	
1	Minimum investment return from Part X, line 6	1	201,978.
' 2 а			
2 a b	Income tax for 2012 (This does not include the tax from Part VI)		
C	11001110 107 101 101 101 101 101 101 101	2c	23,691.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	178,287.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	178,287.
6		6	2.0700
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•		7	178,287.
_	line 1		170,207.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а		1a	973,035.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	973,035.
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	973,035.
	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 wi	nether the foundation

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) (a) 2011 2012 Corpus Years prior to 2011 Distributable amount for 2012 from Part XI, 178,287. Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only . . . . . . . . b Total for prior years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 615,143. a From 2007 . . . . . . . 998,718. **b** From 2008 . . . . . . c From 2009 . . . . . . 155,720. **d** From 2010 . . . . . . 120,155. e From 2011 . . . . . . . . . . . . . 622,665. 2,512,401. f Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2012 from Part XII, 973,035. 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) . . . . . . . . . . 178,287. d Applied to 2012 distributable amount . . . . . 794,748. 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: 3,307,149 a 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
instructions f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 ........ 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . 615,143. 9 Excess distributions carryover to 2013. 2,692,006. Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9 998,718. a Excess from 2008 . . . 155,720. b Excess from 2009 . . . 120,155. c Excess from 2010 . . . 622,665. d Excess from 2011 . . .

Form 990-PF (2012)

e Excess from 2012 . . .

794,748

Pa	rt XIV Private Oper	ating Foundations (	see instructions and	Part VII-A, question	19)	NOT APPLICABLE
1 a	If the foundation has	-			iting	
	foundation, and the ruling				, PL 1000	(0) 1 (0) (0) (1)
b	Check box to indicate wh		private operating found		4942(j)	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	I or the minimum investment return from Part X for each					u
	year listed					
ь	85% of line 2a					
С	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					
е	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					
а	"Assets" alternative test - enter					
	<ol> <li>(1) Value of all assets</li> <li>(2) Value of assets qualifying</li> </ol>					
	under section		-			
b	4942(j)(3)(B)(i)		_	-		
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter			· ·		
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	toans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j(3)(B(m))		<del></del>			
	port from an exempt					
	organization		1			<u> </u>
Pa	art XV Supplement	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time	during the year - se	e instructions.)			
1	Information Regardin					
а	List any managers of	the foundation who I	have contributed mor	e than 2% of the tota	il contributions receiv	ed by the foundation
	before the close of an	y tax year (but only if t	ney have contributed	more man \$5,000) (S	ee section 307(d)(2) /	
	ATTACHME	ENT 8			<del></del>	
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partne	rsnip or other entity) o	which the foundation	ii iias a 10% oi greatei	IIILEIESI	
_	N/A	ng Contribution, Gran	O'ff Last Calcalors	him ata Danaman		<del></del>
2	<u> </u>	~				
	Check here ► X If	the foundation only	makes contributions	to preselected char	table organizations a	and does not accept
		for funds. If the found plete items 2a, b, c, ar		ants, etc. (see instruct	tions) to individuals of	r organizations under
	·			an to whom analysation	a should be addressed:	
а	The name, address, a	and telephone number	or e-mail of the perso	on to whom application	s snould be addressed	
b	The form in which app	olications should be su	ibmitted and informati	on and materials they	should include:	
				•		
С	Any submission dead	imes:				
d	Any restrictions or I	limitations on awards	s, such as by geogr	aphical areas, charita	able fields, kınds of	institutions, or other
	factors:					

Page 11

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Control Control	
a Paid during the year				
ATCH 9				
Aren 9				
	1			
Total		<u> </u>	<b>&gt;</b> 2-	973,00
b Approved for future payment	<u> </u>	<del></del>	▶ 3a	973,00
a Approved for fatare payment				
		<u> </u>		
Total			▶ 3b	

Page 12

Enter gross			nues				
-	Part XVI-A Analysis of Income-Produ Enter gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)	
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
_						(CCC IIICII CCICIIIC)	
. —							
е							
f	· · ·						
g Fees	and contracts from government agencies						
•	ship dues and assessments						
	on savings and temporary cash investments				_		
4 Dividend	ds and interest from securities			14	105,502.		
5 Net rent	al income or (loss) from real estate						
a Debt	-financed property						
<b>b</b> Not o	debt-financed property						
6 Net renta	I income or (loss) from personal property .						
7 Other in	vestment income						
8 Gain or (	loss) from sales of assets other than inventory			18	1,079,997.	<del></del>	
9 Net inco	ome or (loss) from special events						
10 Gross p	rofit or (loss) from sales of inventory						
11 Other re	evenue a					_	
ь				ļ	-		
c				<del>-</del>			
d				1		. <u> </u>	
e				<u> </u>	3 305 400		
	Add columns (b), (d), and (e)			<u> </u>	1,185,499.	1 105 400	
	dd line 12, columns (b), (d), and (e)				13	1,185,499.	
Part XVI	heet in line 13 instructions to verify calc  B Relationship of Activities		complishment of Ex	remnt Burn			
Line No.	Explain below how each activit accomplishment of the foundation	-					

	J-PF (20			FAMILIT CHARTI				. 1		ge 10
Part 2	(VII	Information R Exempt Organ		insters To and Ti	ransactio	ons and	d Relationships With Non-	cnari	table —	) 
1 D	id the			engage in any of the	following	with any	y other organization described		Yes	No
							ection 527, relating to political			
0	rganiza	tions?	•							
	_		g foundation to	a noncharitable exer	mpt organi	zation of:		ļ		
								1a(1)		Х
_	-							1a(2)		Х
•	•	ansactions.								
(1	) Sale	s of assets to a no	ncharitable exer	mpt organization				1b(1)		Х
								16(2)		Х
								1b(3)		Х
								1b(4)		Х
								1b(5)		Х
								1b(6)		X
-	-							1c		X
d If	the a	nswer to any of th	ne above is "Ye	s," complete the fol	lowing sch	nedule. C	Column (b) should always show	the	faır m	arket
							If the foundation received less			
V	alue in	any transaction of	r sharing arrang	gement, show in col	umn <b>(d)</b> th	e value o	of the goods, other assets, or s	ervice	s rece	eived
(a) Line	no	(b) Amount involved	(c) Name of r	noncharitable exempt organ	ization	(d) Desc	cription of transfers, transactions, and sha	ng arra	ngeme	nts
		N/A				N/A		_		
		<del></del>								
				- · · · · ·						
		•				•				
			·				· -			
		· · · · · ·								
		<del></del>	†·· <b>-</b>							
		<del></del>	-					-		
		· · · · · ·			İ					
				·			· · · ·			
		<u> </u>							•	
c		ed in section 501(c	) of the Code (c	ther than section 50°			e tax-exempt organizations	Y	es X	] No
		(a) Name of organization	on	(b) Type of or	ganization		(c) Description of relation	ship		
		<del></del>	<u></u>							
				<u></u>			<del></del>			
٠.	Under correct.	penalties of perjury, I dec	lare that I have example for example than	taxbayer) is based on all inform	companying so ation of which p	reparer has a	statements, and to the best of my knowled any knowledge	ge and	belief, it	is true
Sign					·			S discus		return
Here							• • • • • • • • • • • • • • • • • • •	reparer		below
	Sen	ature of officer or trustee		Date		Title	(see instructio	ns)?	Yes	No
	/	/ 						D.T		
Paid	7	Print/Type preparer		Preparer's signatu	re $-1$ .	1		PTIN		
	_[[_]	Donald F.	ANdersos	Senseld	1:15/4	<i>y</i> -+	9/25//9 self-employed	P002	3759	1
Prep			PMG LLP	/			Firm's EIN ▶13-5	5652	07	
Use	Only	Firm's address ▶ 6	O SOUTH STE	REET		/				

Phone no 617-988-1000

BOSTON, MA

02111

1649888

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organizatio

## **Schedule of Contributors**

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

OMB No 1545-0047

SPERLING FAMILY CHARITAI	Employer identification fidinger						
	04-6948423						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
Ε	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation					
Ε	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						
<b>Note.</b> Only a section 501(c)(7), (8) instructions.	ed by the <b>General Rule</b> or a <b>Special Rule</b> . , or (10) organization can check boxes for both the General Rule and a S	Special Rule See					
General Rule							
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II.	or more (in money or					
Special Rules							
under sections 509(a)(1)	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II						
during the year, total cor	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, contribution total to more than \$1 year for an exclusively relapplies to this organization.	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

JSA

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization 'SPERLING FAMILY CHARITABLE FOUNDATION

Employer identification number 04-6948423

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SCOTT M. & LAURENE M. SPERLING  4 MOORE ROAD  WAYLAND, MA 01778-1419	\$4,955,899.	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

04-6948423

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	irt II ir additional space is nee	aea. — ———————
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	SHARES OF SECURITIES	\$4,955,899.	VARIOUS
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b>-</b>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)		_	Page		
Name of o	rganization SPERLING FAMILY CHARIT	ABLE FOUNDATION	<u> </u>	Employer identification number		
				04-6948423		
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.					
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this information o				
	Use duplicate copies of Part III if addition	onal space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relationship				
		İ				

	1						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		,				
	(e) Transfer of gift					

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b></b>		
		(a) Transfer of eith	<u> </u>

(e) Transfer of gift						
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

## From 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

IIIterrial Keveriu	e Service	separate ap	phoadon for each return.	_			
<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension, o	complete o	nly Part I and check th	is box			. <b>X</b>
	filing for an Additional (Not Automatic) 3-Me						
Do not comp	plete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed	Forn	n 8868	
	ling (e-file). You can electronically file Form						
	n required to file Form 990-T), or an addition						
Between for	uest an extension of time to file any of the	torms liste	d in Part I or Part II w	ith the exception of For	m 8	870, li	ntormation
instructions)	Transfers Associated With Certain Personal . For more details on the electronic filing of the	ii Benetit (	contracts, which mus not www.irs.gov/efile.an	t be sent to the IRS I Id click on e-file for Chari	n pa	aper to 2 Nonn	rmat (see vofits
	tomatic 3-Month Extension of Time. Or				.,,,,,	. 110116	
	n required to file Form 990-T and requesting		<del></del>		plete	<del></del>	
					•		
All other cor	porations (including 1120-C filers), partnersh	ups, REMIC	s, and trusts must use i	Form 7004 to request an	exter	nsion o	f tıme
	e tax returns			Enter filer's identifying			
Tuna	Name of exempt organization or other filer, see in	structions		Employer identification nui	mber	(EIN) oi	r
Type or							
print	SPERLING FAMILY CHARITABLE FO			04-6948423	3		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions	Social security number (SS	N)		
filing your	4 MOORE ROAD	<del></del> _		<u>                                     </u>			
return See instructions	City, town or post office, state, and ZiP code For	a foreign ad	dress, see instructions				
	WAYLAND, MA 01778-1410						T -1 -1
Enter the Re	eturn code for the return that this application	is for (file a	separate application for	or each return)			0 4
Application		Return	Application			· I	Return
Is For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	oration)			
Form 990-BI		02	Form 1041-A				08
Form 4720-	(ındivıdual)	03	Form 4720				09
Form 990-PF	= 	04	Form 5227	5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
					•		
<ul> <li>The book</li> </ul>	s are in the care of ▶ SCOTT M. SPERL	ING					
<b>-</b>	N 5 617 007 1050	_					
	e No ▶ 617 227-1050		FAX No. ▶ <u>617 22</u>				. $\square$
	anization does not have an office or place of						. ▶ 🗀
	or a Group Return, enter the organization's fo e group, check this box ▶				$\Box$	If this	
	e names and EINs of all members the extens		int of the group, check	IIIS DOX	a	nd atta	icn
	est an automatic 3-month (6 months for a cor		equired to file Form 990	0-T) extension of time			
until	02/17 , 20 14 , to file the				ove	The ex	tension is
_	organization's return for		,			1110 07	
▶□	calendar year 20 or						
► X	tax year beginning 07/0	<u>1</u> , 20 <u>12</u>	and ending	06/30,	20 1	<u>3</u> .	
			,				
	ax year entered in line 1 is for less than 12 m	ionths, ched	ck reason: [] Initial r	eturn [] Final return	1		
	change in accounting period						
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the	tentative tax, less any	$\neg$		
	undable credits. See instructions.	•	,	· ' '	3a \$	5	18,000.
	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re				
	ted tax payments made. Include any prior yea		•		3ь \$	5	0
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS			
	onic Federal Tax Payment System). See instru				3c \$		18,000.
	u are going to make an electronic fund withdrawa		orm 8868, see Form 8453				
For Privacy A	Act and Paperwork Reduction Act Notice, see Insti	ructions.			Form	8868	Rev 1-2013)

Form 8868	(Rev 1-2013)				Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	I and check this box	. <b>▶</b> X	
Note. On	ly complete Part II if'you have already been gran	nted an aut	tomatic 3-month extension	on a previously filed Form 8868.		
<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, c					
Part II	Additional (Not Automatic) 3-Month Ex	tension o	of Time. Only file the orig	inal (no copies needed).		
			E	nter filer's identifying number, see i		
	Name of exempt organization or other filer, see in	structions		Employer identification number (Ell	N) or	
Type or						
print	SPERLING FAMILY CHARITABLE F	OUNDATI	ON	04-6948423		
	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions	Social security number (SSN)		
File by the due date for	4 MOORE ROAD					
filing your return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		_	
instructions	WAYLAND, MA 01778					
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ach return)	0 4	
Applicati	on	Return	Application		Return	
ls For		Code	Is For		Code	
Form 990	or Form 990-EZ	01	in the same		1.534	
Form 990		02	Form 1041-A		08	
	20 (individual)	03	Form 4720		09	
Form 990		04	Form 5227		10	
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		11	
	0-T (trust other than above)	06	Form 8870		12	
STOP! D	o not complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed Form	8868.	
	ooks are in the care of ▶ SCOTT M. SPE					
	none No. ► 617-227-1050		FAX No. ▶ 617-227	-3514		
	organization does not have an office or place of	— business ir	the United States, check to	his box	. ▶ 🔲	
	is for a Group Return, enter the organization's for				s is	
	hole group, check this box ▶ ☐				ich a	
	he names and EINs of all members the extension					
	guest an additional 3-month extension of time ui		M.A	AY 15,20 14 .		
5 For	calendar year, or other tax year beginni	ing .	JULY 01,20 12 ,ar	nd ending JUNE 30,2	20 13	
	ne tax year entered in line 5 is for less than 12 m		ck reason. Initial re	eturn Final return		
	Change in accounting period			<del></del>		
7 Sta	te in detail why you need the extension ADDIT.	IONAL T	IME IS NEEDED TO	GATHER THE INFORMATIO	N	
	CESSARY TO FILE A COMPLETE AND					
8a If ti	his application is for Form 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the ten	tative tax, less any		
nor	refundable credits. See instructions			8a \$	18,000	
b If t	this application is for Form 990-PF, 990-T,	4720, oi	r 6069, enter any refur	ndable credits and		
est	mated tax payments made Include any pr	ior year o	overpayment allowed as	a credit and any		
am	ount paid previously with Form 8868.			8b \$	18,000	
c Bal	ance Due. Subtract line 8b from line 8a Include	your paym	nent with this form, if requi	red, by using EFTPS		
(Ele	ectronic Federal Tax Payment System). See instru	ictions.		8c \$	NONE	
	Signature and Verific	ation mu	st be completed for F	Part II only.	····	
	alties of perjury, I declare that I have examined this form, prect, and complete, and that I am authorized to prepare this for		companying schedules and stater	ments, and to the best of my knowledg	e and belief,	
Signature I			Title ▶ Tax Man	ager <sub>Date</sub> ▶ 2/12	/2014	

Form **8868** (Rev 1-2013)

KPMG LLP TWO FINANCIAL CENTER, 60 SOUTH STREET, BOSTON, MA 02111

SPERLING FAMILY CHARITABLE FOUNDATION 04-6948423
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F	Property	Description					Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of	Adj basis as of	Excess of FMV over adj basis	D	Gain or (loss)	
expenses or sale	allowable	GENERAL ELE	12/31/69	12/31/69	j auj pasis	D	VAR	VAR
308,542.		150,675.	CIRIC CO.			۲	157,867.	VAR
140.003		REYNOLD AME	RICAN INC.			D		VAR
149,803.		62,617.					87,186.	
1,286,825.		LONG TERM H 451,881.	OLDINGS			D	VAR 834,944.	VAR
'OTAL GAIN(L	oss)			• • • • • • • • • • • • • • • • • • • •			1,079,997.	
SA D 1 000			·					

ATTACHMENT 1

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

	NET	INVESTMENT	INCOME	105,463.	39.	105,502.	
REVENUE	AND	EXPENSES	PER BOOKS	105,463.	39.	105,502.	
				33		TOTAL	
			DESCRIPTION	DIVIDENDS FROM SECURITY HOLDINGS	INTEREST FROM FIDELITY ACCOUNT		

- TAXES

FORM 990PF, PART I

REVENUE

MA ANNUAL FILING FEE FEDERAL EXTENSION PAYMENT DESCRIPTION

EXPENSES PER BOOKS AND

35. 12,500. 12,535.

TOTALS

CHARITABLE PURPOSES

35.

35.

ATTACHMENT 2 PAGE 23

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V 12-7.12

1649888

ATTACHMENT 3

## FORM 990PF, PART I - OTHER EXPENSES

NET	INVESTMENT	INCOME	945.	945.
REVENUE AND	EXPENSES	PER BOOKS	945.	945.
				TOTALS
			FEES	
		DESCRIPTION	BROKERAGE ACCOUNT -	

ATTACHMENT 3 PAGE 24

FORM 990PF, PART II - OTHER INVESTMENTS

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BOOK VALUE ENDING

ENDING FMV

DESCRIPTION

THL CREDIT GREENWAY

178,403.

178,403.

TOTALS

178,403.

178,403.

SPERLING FAMILY CHARITABLE FOUNDATION

04-6948423

ATTACHMENT 5

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

DESCRIPTION

AMOUNT

BASIS ADJUSTMENT FOR SECURITIES SOLD

451,881.

CHANGE OF FMV OF STOCK

136,255.

TOTAL

588,136.

## SPERLING FAMILY CHARITABLE FOUNDATION 04-6948423

## ATTACHMENT 6

## FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR  DATE RETURN IS DUE IF ON EXTENSION  DATE RETURN WILL BE RECEIVED BY THE IRS  NUMBER OF DAYS RETURN IS LATE  NUMBER OF MONTHS RETURN IS LATE  LATE FILING PENALTY	05/15/2014 05/01/2014
LATE PAYMENT PENALTY	5.
TOTAL PENALTIES AND INTEREST	5.

		<b>,</b>		
ATTACHMENT 7	EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0
	COMPENSATION	0	0	10
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF	NAME AND ADDRESS	SCOTT M. SPERLING 4 MOORE ROAD WAYLAND, MA 01778-1410	LAURENE M. SPERLING 4 MOORE ROAD WAYLAND, MA 01778-1410	

## SPERLING FAMILY CHARITABLE FOUNDATION

04-6948423

ATTACHMENT 8

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

SCOTT M. SPERLING LAURENE M. SPERLING ATTACHMENT 9

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

- AMOUNT	TATOOTAL	370,000 -	150,000	125,000	18,000	150,000.	110,000
PURPOSE OF GRANT OR CONTRIBUTION	TOTAL OF CHAIR OF CONTRACTOR	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	TOOLOGISTON OF THE THE	NONE EXEMPT ORGANIZATION	NONE EXEMPT ORGANIZATION	NONE EXEMPT ORGANIZATION	NONE EXEMPT ORGANIZATION	NONE EXEMPT ORGANIZATION	NONE EXEMPT ORGANIZATION
RECIPIENT NAME AND ADDRESS		DUKE UNIVERSITY ANNUAL FUND 324 BLACKWELL ST, STE 920 DURHAM, NC 27708	THE BELL FOUNDATION 60 CLAYTON STREET DORCHESTER, MA 02122	COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110	CHABAD HOUSE AT HARVARD SOLDIERS FIELD BOSTON, MA 02163	BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	CITI PERFORMING ARTS CENTER 270 TREMONT STREET BOSTON, MA 02116

1649888

FOUNDATION
CHARITABLE
FAMILY
SPERLING

04-6948423

GRANTS AND CONTRIBILLIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

50,000 -AMOUNT

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS

NONE

UNRESTRICTED

141 BOSTON POST ROAD WAYLAND, MA 01778

TEMPLE SHIR TIKVA

EXEMPT ORGANIZATION

TOTAL CONTRIBUTIONS PAID

973,000.

PAGE 31 ATTACHMENT 9

V 12-7 12

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