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Form **990-PF** 

# 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

Department of the Treasury Internal Revenue Service

<u>F</u>	or c	ale	ndar year 2012 or tax year beginning JUI	1, 2012	, and ending	JUN 30, 201	3
I	Van	ne o	foundation			A Employer identification	on number
	G	RE	ENWALD FOUNDATION			38-264044	4
ī	Vum	ber a	and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	<del></del>
_	P	.0	. BOX 8290			970-963-2	476
(			own, state, and ZIP code			C If exemption application is	pending, check here
_	A	SP	EN, CO 81612			_	
G	C	heck	call that apply Initial return	initial return of a f	ormer public charity	D 1. Foreign organization	ns, check here 🕨 🗔
			Final return	Amended return		2	
_			Address change	Name change		Foreign organizations in check here and attach or check here.	computation
H	C	•	type of organization X Section 501(c)(3) e	xempt private foundation		E If private foundation st	atus was terminated
<u>_</u>	_	_		Other taxable private found		under section 507(b)(1	I)(A), check here
1	Fai	r ma	arket value of all assets at end of year   J   Account	•	X Accrual	F If the foundation is in a	60-month termination
	•			ther (specify)	<del></del>	under section 507(b)(1	I)(B), check here
	▶	<del>-</del>	954,223 (Part I, colu	ımn (d) must be on cash	basis)	ļ	7
Ц	Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for chantable purposes (cash basis only)
_		1	Contributions, gifts, grants, etc., received	703,560.		N/A	
		2	Check In the foundation is not required to attach Sch. B				
		3	Interest on savings and temporary cash investments	6.	6.		STATEMENT 1
	ł	4	Dividends and interest from securities	7,863.	7,863.		STATEMENT 2
		5a	Gross rents				
	İ	b	Net rental income or (loss)		,		
	<b>a</b>	6a	Net gain or (loss) from sale of assets not on line 10	275,253.			
	킳	b	Gross sales price for all assets on line 6a 1,136,171.				
	Hevenue	7	Capital gain net income (from Part IV, fine 2)		275,253.		
•	-	8	Net short-term capital gain	n a remain better a 120	n Harmer dan 'Sam ore		
		9	Income modifications Gross sales less returns				ļ
	1	10a	and allowances	-17'	<u>' 1, 1111-1111-1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	<del>                                     </del>	
			Less Cost of goods sold				
	- }		Gross profit or (loss) Other income	626.	626.		STATEMENT 3
	- 1	11 12	Other income Total. Add lines 1 through 11	987,308.	283,748.		Ditti ummin o
_	-+	13	Compensation of officers, directors, trustees, etc	R 0.	0.		0.
	- 1	14	Other employee salaries and wages				<u>-</u>
	- Į		Pension plans, employee benefits			<del></del>	<del></del>
	8		Legal fees				
	e l		Accounting fees STMT 4	5,012.	2,506.		0.
<b>.</b>	and Administrative Expens		Other professional fees STMT 5	2,429.	2,429.		0.
± 1 107 :	9		Interest				
9	<b>a</b>	18	Taxes STMT 6	51.	51.		0.
• ·	וַבַּב	19	Depreciation and depletion	350.	175.		
<u> </u>	≣	20	Occupancy				
Σ :	8	21	Travel, conferences, and meetings	6,551.	0.		3,275.
3	au	22	Printing and publications				
֝֝֝֝֝֡֟֝֞֝֟֝֓֓֓֓֓֓֓֡֟֝	<u>ا چ</u>		Other expenses STMT 7	35,265.	6,307.	· · · · · · · · · · · · · · · · · · ·	11,203.
	perating	24	Total operating and administrative	40.650	11 460		14 470
SCANNED MAR	<b>7</b> 1		expenses. Add lines 13 through 23	49,658.	11,468.		14,478. 103,310.
ัด`			Contributions, gifts, grants paid	103,310.			103,310.
_	-	20	Total expenses and disbursements.	152,968.	11,468.		117,788.
-	+		Add lines 24 and 25	132,300.	11,400.		111,100.
	- [		Subtract line 26 from line 12  Excess of revenue over expenses and disbursements	834,340.		*	
			Net investment income (it negative, enter -0-)		272,280.	Hamilton and American American	
	-		Adjusted net income (if negative, enter -0-)		, <u>,                                  </u>	N/A	
_	_					<del></del>	

1 Càsh - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable 25.	39,568.
1 Càsh - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► 25. Less allowance for doubtful accounts ► 2 4 Pledges receivable ►	1. 1. 8. 39,568.
2 Savings and temporary cash investments 3 Accounts receivable ► 25.  Less allowance for doubtful accounts ► 2 4 Pledges receivable ►	39,568.
3 Accounts receivable ► 25 Less allowance for doubtful accounts ► 2 4 Pledges receivable ►	
4 Pledges receivable ►	25.
4 Pledges receivable ►	
5 Grants receivable	
6 Receivables due from officers, directors, trustees, and other	
disqualified persons	
7 Other notes and loans receivable	1
Less allowance for doubtful accounts	
g 8 Inventories for sale or use	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges	
Tua investments - 0.5 and state government obligations	
b Investments - corporate stock STMT 9 301,753. 846,57	5. 913,657.
c Investments - corporate bonds	
11 Investments - land, buildings, and equipment basis	
Less accumulated depreciation	
12 Investments - mortgage loans	
13 Investments - other	
14 Land, buildings, and equipment basis ► 3,577.  Less accumulated depreciation STMT 10 ► 2,605. 798. 97	
Less accumulated depreciation STMT 10 2,605. 798. 97	2. 972.
15 Other assets (describe ►)	
16 Total assets (to be completed by all filers) 341,782. 887,14	954,223.
17 Accounts payable and accrued expenses 915. 83	8.
18 Grants payable	
9 19 Deferred revenue	_
Deterred revenue  20 Loans from officers, directors, trustees, and other disqualified persons  21 Mortgages and other notes payable	_
21 Mortgages and other notes payable	
22 Other liabilities (describe >)	
23 Total liabilities (add lines 17 through 22) 915.	0
	0.
Foundations that follow SFAS 117, check here	
and complete lines 24 through 25 and lines 30 and 31.	
Unrestricted	_
25 Temporarily restricted	<del>-</del>
26 Permanently restricted Foundations that do not follow SFAS 117, check here	<del> </del>
and complete lines 27 through 31.	
27 Capital stock, trust principal, or current funds 1,031,179. 1,031,17	9.
	0.
Retained earnings, accumulated income, endowment, or other funds  -690, 312144, 87	<u></u>
340, 867. 886, 30	3.
2 100 Total liet assets of fullid paralleles	<del>-</del> -
31 Total liabilities and net assets/fund balances 341,782. 887,14	1.
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	
(must agree with end-of-year figure reported on prior year's return)	1 340,867.
2 Enter amount from Part I, line 27a	2 834,340.
3 Other increases not included in line 2 (itemize)	3 0.
4 Add lines 1, 2, and 3	4 1,175,207.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 8	5 288,904.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	ENWALD FOUNDATION FOR THE PROPERTY OF THE PROP		t Incomo				3	8-264	0444	Page 3
(a) List and descr	ibe the kind(s) of property sold (e g	, real estate,	Lincome	P	' - Purc	mase i				e sold
	rehouse, or common stock, 200 sh	S MLC CO)			) - Don	<del></del>	(1110 , t	Jay, yi j	(mo , d	ay, yi <i>j</i>
1a PUBLICLY TRADER b PUBLICLY TRADER				$\vdash$		P P				
<del></del>	) SECORTITES					F			<del></del>	
<u>c</u>										
е	<del></del>									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					Sain or (loss) s (f) minus (		
a 769,304.			530,84	6.		<del></del>		<del></del>	238	,458.
ъ 366,867.		,	330,07							,795.
С										
<u>d</u>										
<u>e                                      </u>										
Complete only for assets showing	gain in column (h) and owned by							Col (h) gain i		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any					not less than (from col. (f	)))	
<u>a</u>										,458.
<u>b</u>									36	,795.
<u>c</u>										
đ										
е				$\overline{}$						
? Capital gain net income or (net cap	ortal loss) { If gain, also enter ortal loss), enter ortal loss)	in Part I, line - in Part I, line	7 7	}	2	<del></del>		<del></del>	275	253.
, •	s) as defined in sections 1222(5) an	d (6)		ا د						
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	olumn (c)			•	3			N/A		
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me			
For optional use by domestic private	<del></del>									
•					,					
f section 4940(d)(2) applies, leave thi	s part blank									
Was the foundation liable for the secti f <u>"Yes," the foundation does not qual</u> if				iod?					Yes	X No
	ach column for each year, see the in			ntries	<del></del> ;	<del></del>				
(a)	(b)			(c)				Dietrib	(d) ition ratio	<del></del>
Base period years Calendar year (or tax year beginnin	Administration annual Super dise	tributions	Net value of nor		ritable-		L	(col (b) divi	ded by coi	(c))
2011_		5,306.				3,382.				52283
2010		2,487.				6,720.	<u> </u>			55277
2009		3,144.				5,473.				33999
2008		4,859.				9,252.				36588
2007		3,851.	<del></del>		,1/	2,207.	ļ		. 20	57744
N <b></b>									2 20	5891
? Total of line 1, column (d)				-4			2		2.33	77691
the foundation has been in existen	-year base period - divide the total o ce if less than 5 years	on line 2 by 5,	or by the number (	oi ye	ars		3		.47	79178
Enter the net value of noncharitable	e-use assets for 2012 from Part X, I	ine 5					4		464	047.
i Multiply line 4 by line 3							5		222	361.
Enter 1% of net investment income	e/1% of Part I line 27h)						6		2	723.
	, ( or i ult i, iiid 270)								_	084.
Add lines 5 and 6							7			
Enter qualifying distributions from	Part XII, line 4 ine 7, check the box in Part VI, line	1h and come	lete that nart using	1219	% tav r	ate	_8	L	117	788.
See the Part VI instructions	mo 7, chock the DUX III Pait VI, IIIIB	ro, and comp	ioto triat hait neillig	۱ .	,0 (ax I	uto				

	n 990-PF (2012) GREENWALD FOUNDATION			26404			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 494	10(a), 4940(b), 4940(e), or 4	1948	- see ins	tru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and i	enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if ne	cessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ ☐ and enter 1%	_ 1			5,4	46.
	of Part I, line 27b		-777		-, ,,,		
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 49	% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only C	Others enter -0-)	2				0.
3	Add lines 1 and 2		3		5	5,4	46.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			5,4	46.
6	Credits/Payments						
а	2012 estimated tax payments and 2011 overpayment credited to 2012	6a 1,409.					
b	Exempt foreign organizations - tax withheld at source	6b					
C	Tax paid with application for extension of time to file (Form 8868)	6c 6,000.					
đ	Backup withholding erroneously withheld	6d					
7	Total credits and payments Add lines 6a through 6d		_ 7	L	7	7,4	09.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10_		1	L,9	63.
<u>11</u>	Enter the amount of line 10 to be Credited to 2013 estimated tax	1,963 - Refunded ►	11				0.
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	ın			Yes	No
	any political campaign?			1	a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for definition)?		1	b	.,	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials publishe	d or	1			
	distributed by the foundation in connection with the activities						
E	Did the foundation file Form 1120-POL for this year?			1	C		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the						İ
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	s ▶ \$0.		}			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation					Į
	managers > \$O.			İ			İ
2	Has the foundation engaged in any activities that have not previously been reported to the l	RS?			2		X
	If "Yes," attach a detailed description of the activities.						ĺ
3	$\label{thm:condition} \textbf{Has the foundation made any changes, not previously reported to the IRS, in \textit{its} governing}$	instrument, articles of incorporation, o	r			1	l
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			<u> </u>	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		<b>,</b> - ⊢	a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	-	N		b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?		<del> </del>	5		X
	If "Yes," attach the statement required by General Instruction T						
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either					
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the state	law			. ]	l
	remain in the governing instrument?				<u> </u>	X	<del></del>
	Did the foundation have at least \$5,000 in assets at any time during the year?			ļ <u>.</u>	7	X	·
	If "Yes," complete Part II, col. (c), and Part XV.	_				1	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🟲					
	CO,MI	<del></del>					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				, l	
	of each state as required by General Instruction G? If "No," attach explanation			8	<u>D</u>	X	
	Is the foundation claiming status as a private operating foundation within the meaning of se		ndar				v
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," of			9	_		X
10	Did any persons become substantial contributors during the tax year? If Yes, attach a scheduling	ule listing their names and addresses		1	Ul	1	Λ

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Total. Add lines 1 through 3

38-2640444

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 441,297. a Average monthly fair market value of securities 1a 29,817. b Average of monthly cash balances 1b c Fair market value of all other assets 10 471,114. 10 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 2 3 3 Subtract line 2 from line 1d 7,067. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 464,047. 5 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. Minimum investment return. Enter 5% of line 5 6 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here  $\blacktriangleright$  and do not complete this part ) 23,202. 1 Minimum investment return from Part X, line 6 5,446. Tax on investment income for 2012 from Part VI, line 5 2a 2b b Income tax for 2012 (This does not include the tax from Part VI) 2¢ c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1. 3 4 4 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 117,788. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 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 За a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 117,788. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 6 Adjusted qualifying distributions Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2011	(c) 2011	( <b>d)</b> 2012
1 Distributable amount for 2012 from Part XI,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		17.756
line 7		<del></del>		17,756.
2 Undistributed income, if any, as of the end of 2012			0	
a Enter amount for 2011 only		<u> </u>	0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012		······································	4	
1 261 500				
222 252				
204 270				
d From 2009 d From 2010 294,370. 191,941.				
120 255				
	1,109,515.			
f Total of lines 3a through e  4 Qualifying distributions for 2012 from	2/200/0200	······································		
Part XII, line 4 ▶\$ 117, 788.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior	17 17 11 11 1 TV	<u> </u>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<del></del>		
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount		<del></del>	'	17,756.
e Remaining amount distributed out of corpus	100,032.			
5 Excess distributions carryover applied to 2012	0.	ann an an an an an an an an an an an an		0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,209,547.			
b Prior years' undistributed income Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	1
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2013		micostonosionos amendios		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007	261,599.			
not applied on line 5 or line 7	201,399.			
9 Excess distributions carryover to 2013.	947,948.			
Subtract lines 7 and 8 from line 6a	3417310.			
10 Analysis of line 9 a Excess from 2008 222, 250.				
204 270				
b Excess from 2009 c Excess from 2010 294,370.				
d Excess from 2011 139, 355.				
e Excess from 2012 100, 032.				
A PURPOS HALL TO				Form <b>990-PF</b> (2012)

	LD FOUNDATI			38-26	40444 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating	1		
foundation, and the ruling is effective fo	r 2012, enter the date of t	he ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found		ig foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0011	Prior 3 years	111000	
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed			ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,				ļ	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<del> </del>		· <del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon				]	
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		_			
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public			<u> </u>		
and 5 or more exempt organizations as provided in	,				
section 4942(j)(3)(B)(III)		<u>-</u> -			
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	<del> </del>	uctions.)	·		
1 Information Regarding Foundation	-				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the clos	e of any tax
GLENDA GREENWALD	1010 (11411 \$5,000) 1000 30	,ction 507 (a)(2) )			
	n aven 100/ as moss of the	atack of a corporation	/or an aqually large portin	n of the ownership of a sa	rtaarahin ar
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			(or all equally large portio	ii ui tile uwileisilip ui a pa	וט קווופושוווע
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. Pr	rograms:		
Check here ► ☐ If the foundation of			_	nt accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	per or e-mail of the person	to whom applications s	should be addressed		
, , , ,	, , , , , , , , , , , , , , , , , , ,				
SEE STATEMENT 12  b The form in which applications should be	e submitted and informati	on and materials they sl	rould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographical	l areas, charitable fields,	kinds of institutions, or o	tner factors	

	ear or Approved for Future	Payment	<del></del>	
Recipient  Name and address (home or business)	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
a Paid during the year	or substantial contributor	recipient		
ALZHEIMER'S DRUG DISCOVERY FOUNDATION	NONE	501(C)(3)	OPERATING SUPPORT	
1414 AVENUE OF THE AMERICAS, STE 1502 NEW YORK, NY 11019				35
ANIMAL HAVEN 251 CENTRE ST	NONE	501(C)(3)	OPERATING SUPPORT	
NEW YORK, NY 10013				250
ASPEN ART MUSEUM 590 N. MILL ST.	NONE	501(C)(3)	OPERATING SUPPORT	
ASPEN, CO 81611				3,500
ASPEN COUNTRY DAY SCHOOL 3 MUSIC SCHOOL RD.	NONE	501(C)(3)	OPERATING SUPPORT	
ASPEN, CO 81611				1,000
ASPEN FILMFEST 1010 E. HALLAM STREET STE 102	NONE	501(C)(3)	OPERATING SUPPORT	1 571
ASPEN, CO 81611 SEE CON	TINUATION SHEE	T(S)	<b>▶</b> 3a	1,57! 103,310
b Approved for future payment				
NONE				

# Part XVI-A . Analysis of Income-Producing Activities

	Harolated b	ucinace incomo	Former 11	510 510	
nter gross amounts unless otherwise indicated  1. Program service revenue	(a) Business code	usiness income (b) Amount	Excluded to Exclusion code	(d) Amount	(e) Related or exempt function income
a	code		code		
b	-		<del> - -</del>		
C			<del>                                     </del>		<del></del>
d				·	
e	1		$\top$		
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash				_	
investments			14	6.	
Dividends and interest from securities	<del>                                     </del>	<del>,</del>	14	7,863.	<del></del>
Net rental income or (loss) from real estate	ļ				
a Debt-financed property	<del>  -</del>		<del></del>		
b Not debt-financed property	<u> </u>		+		
Net rental income or (loss) from personal					
property Other revestment recome	<del> </del>	<del></del>	14	626.	
Other investment income Gain or (loss) from sales of assets other		<del></del>	1 1 1	020.	
dain or (loss) from sales of assets other than inventory			18	275,253.	
Net income or (loss) from special events			+=-	27072000	
Gross profit or (loss) from sales of inventory	<u> </u>		<del>                                     </del>		<del></del>
Other revenue			<u> </u>		
a					
b	_				
C					
d					
e	_ \				
Subtotal Add columns (b), (d), and (e)		0	•	283,748.	(
Total. Add line 12, columns (b), (d), and (e)				13	283,748
e worksheet in line 13 instructions to verify calculations	)				
art XVI-B Relationship of Activitie	s to the Accom	plishment of E	xempt Po	urposes	
No. 1		Jump (a) of Part VIII	A contributed	importantly to the accomp	lichmoat of
Explain below how each activity for which in the foundation's exempt purposes (other the			A contributed	importantly to the accomp	iisiiment Oi
the foundation o exempt purposes (editor to	ian by providing lands				
				<del> </del>	
			- <del></del>		
					_ <del>_</del>
				<u> </u>	
					<del></del>
		<del></del>			
		<del></del>			

Form 99	0-PF (2012)	GREEN	WALD FOU	INDATIO	<u>N</u>			38	3-2640444	<u>P</u> a	age 13
Part )		rmation Rempt Organ		insfers To	and Trans	actions a	ınd Relatio	onships With I	Voncharitabl	е	
1 Did				ny of the follow	ing with any oth	er organizatio	on described in	section 501(c) of		Yes	No
			)(3) organizations)			-			]		
<b>a</b> Tra	nsfers from the r	eporting founda	ation to a nonchari	itable exempt o	organization of						
(1)	Cash								1a(1)		X
(2)	Other assets								1a(2)		X
b Oth	er transactions										
(1)	Sales of assets	to a noncharital	ble exempt organiz	zation					16(1)		Х
(2)	Purchases of as	ssets from a noi	ncharitable exemp	t organization					1b(2)		X
(3)	Rental of facilities	es, equipment, e	or other assets						1b(3)	<u> </u>	X
(4)	Reimbursement	t arrangements							16(4)	<u> </u>	X
(5)	Loans or loan g	uarantees							1b(5)		Х
(6)	Performance of	services or me	mbership or fundr	raising solicitati	ions				1b(6)	<u> </u>	X_
c Sha	iring of facilities,	equipment, mai	iling lists, other as:	sets, or paid er	mployees				10_	<u> </u>	X
d If th	ne answer to any	of the above is	"Yes," complete the	e following sch	nedule Column (	( <b>b)</b> should alw	vays show the	fair market value of ti	he goods, other as	sets,	
or s	services given by	the reporting fo	oundation If the fo	oundation recei	ved less than fa	ır market valu	e in any transa	ction or sharing arrai	ngement, show in		
coli			other assets, or se								
(a) Line n	o (b) Amour	nt involved	(c) Name		le exempt organ	ization	(d) Descr	ption of transfers, transa	actions, and sharing a	тапдете	nts
				N/A			<u> </u>				
	<u> </u>				··.		<u></u>				
				<del>-</del>			<u> </u>				
	<u> </u>				<u> </u>						
							<del></del>				
							<u> </u>				
							ļ				
							ļ				
							<u> </u>				
							<u> </u>				
	<u></u>										
			ly affiliated with, or than section 501(			empt organiz	ations describ	ed	Yes	X	] No
	es," complete the				<u> </u>				<del> </del>		
		a) Name of orga	anization		(b) Type of o	rganization		(c) Description o	f relationship		
		N/A			ļ		<del></del>				
					ļ <u> </u>						
	<del></del>										
Sign Here	XXXX	perjury, I declare to correct, and com ficer or trustee	hat I have examined to	this return, including preparer (other the	a xa	schedules and sed on all informations	ation of which pre	to the best of my knowled the parer has any knowledge	e May the IRS return with the shown below X Yes	e prepare (see inst	er i
		e preparer's nai		Preparer's	Date /	<del></del>	Date	Check	f PTIN		
	1		NNINGHAM		- /	, ]	2/	şelf- employed			
Paid	CPA	CUI	ATA TIAGUAMI	1/1/	W/1		9/17/20	14	P00233	ឧ០ឧ	
Prepa		ma DATI	BY, WEND	LAND E	CO	.c.	11/00	Firm's EINI	84-07950		
Use C		IIIC - DRILL	JI, MEND.	ביניים מ	CO., P.			LIIDI 2 EIN	0.750	<i>-</i>	
<b>-</b> 55 C		dress D (	O. BOX 1	150				<del>-   </del>			
	1.1111.3 80		ENWOOD S		. CO 816	502-11	50	Phone no	(970) 94	5-8	575
				<u> </u>				1 . 110110 110			

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No 1545-004

2012

Name of the organization **Employer identification number** GREENWALD FOUNDATION 38-2640444 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year 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)

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

Name of organization

Employer identification number

#### GREENWALD FOUNDATION

38-2640444

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

, 41,,,			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD AND GLENDA GREENWALD  218 E. VALLEY RD. STE 104-347  CARBONDALE, CO 81623	\$300,460.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GERALD AND GLENDA GREENWALD  218 E. VALLEY RD. STE 104-347  CARBONDALE, CO 81623	\$ 403,100.	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.)

Employer identification number

## GREENWALD FOUNDATION

38-2640444

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
1		\$\$.	01/31/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		<u> </u>	05/31/13
(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
		_	
			00 QQQ-F7 or QQQ-PF\ (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** GREENWALD FOUNDATION 38-2640444 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	LD FOUNDATION		38-26	40444
Part XV Supplementary Informatio		<del></del>		
3 Grants and Contributions Paid During the	<del></del>	<del></del>	<del></del>	<del>                                     </del>
Recipient  Name and address (home or business)	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
CITIZENS COMMITTEE FOR CHILDREN 105 E. 22 ST.	NONE	501(C)(3)	OPERATING SUPPORT	
NEW YORK, NY 10011		ļ		500
CLASS OF '57 FUND 23 WYCKOFF WAY CHESTER, NJ 07930	NONE	501(C)(3)	OPERATING SUPPORT	15,000
CRESIER, NO 07930	<del>-</del>	<del> </del>		15,000.
CONSCIOUS GLOBAL LEADERSHIP	NONE	501(C)(3)	OPERATING SUPPORT	250.
CRMS SUMMER PROGRAM 1493 COUNTY RD 106 CARBONDALE, CO 81623	NONE	501(C)(3)	OPERATING SUPPORT	15,000.
FOOD BANK OF THE ROCKIES 10700 E. 45TH AVE. DENVER, CO 80239	NONE	501(C)(3)	OPERATING SUPPORT	1,000.
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA, STE 320 ALEXANDRIA, VA 22314	NONE	501(C)(3)	OPERATING SUPPORT	5,000.
INTERNATIONAL MENTAL HEALTH RESEARCH ORGANIZATION P.O. BOX 680	NONE	501(C)(3)	OPERATING SUPPORT	
RUTHERFORD, CA 94573				1,000.
JEWISH COMMUNITY CENTER 350 SOUTH DAHLIA	none	501(C)(3)	OPERATING SUPPORT	
DENVER, CO 80246		<del> </del>		5,000.
JEWISH FEDERATIONS OF NORTH AMERICA P.O. BOX 157 NEW YORK, NY 10268	NONE	501(C)(3)	OPERATING SUPPORT	5,000.
KEEP MEMORY ALIVE 888 W. BONNEVILLE AVE. LAS VEGAS, NV 89106	none	501(C)(3)	OPERATING SUPPORT	3,000.
Total from continuation sheets				96,635.

Part XV Supplementary Informati	ALD FOUNDATION on			40444
3 Grants and Contributions Paid During th		<del></del>		<u> </u>
. Recipient . Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
LOVE HOPE STRENGTH	or śubstantial contributor	recipient 501(C)(3)	OPERATING SUPPORT	
4956 COLPAX AVE.	10112	702(0)(3)	DI LIGHTING BOTTON	
DENVER, CO 80220				11(
MANHATTAN BEACH EDUCATION	NONE	501(C)(3)	OPERATING SUPPORT	
P.O. BOX 1110				,
MANHATTAN BEACH, CA 90267				1,50
OCCUPY SANDY RELIEF	NONE	501(C)(3)	OPERATING SUPPORT	
225 E. 26TH ST.				
TUCSON, AZ 85713				5,000
OX FAM AMERICA	иоив	501(C)(3)	OPERATING SUPPORT	11
226 CAUSEWAY ST., 5TH FLOOR	NOMB	501(0)(3)	OI BASSIINO BOILONI	
BOSTON, MA 02114				5,00
RACE FOR THE CURE - JERRY WILLIS	NONE	501(C)(3)	OPERATING SUPPORT	
5005 LBJ FREEWAY, STE 250				
DALLAS, TX 75244				100
		501/0//2/	ODED MING GUDDOD	
ROCK UNIVERSITY 5101 RT. 42 BLACK HORSE PK.	NONE	501(C)(3)	OPERATING SUPPORT	
TURNERSVILLE, NJ 08012		ļ		50
SANTA FE INSTITUTE	NONE	501(C)(3)	OPERATING SUPPORT	
1399 HYDE PARK RD.				
GANTA FE, NM 87501				50
SMITH COLLEGE ADVANCEMENT	NONE	501(C)(3)	OPERATING SUPPORT	
33 ELM ST				
NORTHAMPTON, MA 10163				_1,87
STATEMENT ARTS	NONE	501(C)(3)	OPERATING SUPPORT	
NEW YORK, NY 10282				400
THE ASPEN INSTITUTE 1000 N. THIRD STREET	NONE	501(C)(3)	OPERATING SUPPORT	
ASPEN, CO 81612				7,550
Total from continuation sheets				

Part XV Supplementary Informati	on			
3 Grants and Contributions Paid During the				
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
		1		
THE HEWITT SCHOOL	NONE	501(C)(3)	OPERATING SUPPORT	
45 E. 75TH ST.				
NEW YORK, NY 10021		<u> </u>		7,350
		,		
WETA - THE BETTER ANGELS SOCIETY	NONE	501(C)(3)	OPERATING SUPPORT	
P.O. BOX 60067	NONE	B01(C)(3)	DPERATING SUPPORT	
FLORENCE, MA 01062				10,000
WOMEN IN NEED	NONE	501(C)(3)	OPERATING SUPPORT	
115 WEST 31ST STREET				1 500
NEW YORK, NY 10001		<del> </del>	<del></del>	1,500.
WORLD BRAIN FORUM FOUNDATION	NONE	501(C)(3)	OPERATING SUPPORT	
P.O. BOX 8290				
ASPEN, CO 81612				4,500.
		1		
		1		
		<del> </del>	+	<del></del>
	}			
Total from continuation sheets				
t didi it ditt anvittingarion angera	<del></del>			

FORM 990-PF INTEREST ON SA	VINGS A	ND TEM	PORARY C.	ASH	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BERNSTEIN					•		6.
TOTAL TO FORM 990-PF, PART	I, LINE	3, CO	LUMN A				6.
FORM 990-PF DIVIDE	NDS AND	INTER	EST FROM	SEC	URITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
BERNSTEIN	•		7,863.		0.	7,8	63.
TOTAL TO FM 990-PF, PART I,	LN 4		7,863.		0.	7,8	63.
FORM 990-PF	O':	THER I	NCOME			STATEMENT	3
DESCRIPTION		:	(A) REVENUE PER BOOKS	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
CASH IN LIEU OTHER INCOME			!	28. 598.	28 598		
TOTAL TO FORM 990-PF, PART	I, LINE	11	(	626.	626		
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
LEGAL & ACCOUNTING	!	5,012.	2	,506	•		0.
TO FORM 990-PF, PG 1, LN 16H	3 !	5,012.	2	,506	•		0.

FORM 990-PF' (	OTHER PROFES	SIONAL FEES	STATEMENT !		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SANFORD C BERNSTEIN & CO., LLC	2,429.	2,429.		0.	
TO FORM 990-PF, PG 1, LN 16C	2,429.	2,429.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES WITHHELD	51.	51.		0.	
TO FORM 990-PF, PG 1, LN 18	51.	51.		0.	
FORM 990-PF	OTHER E	XPENSES	S	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES & SUBSCRIPTIONS OFFICE EXPENSES/SUPPLIES CONTRACT LABOR MEALS OTHER CONTRIBUTIONS TUITION & FEES TELEPHONE	114. 8,497. 23,470. 843. 281. 891. 1,169.			108. 535. 9,388. 0. 281. 891.	
TO FORM 990-PF, PG 1, LN 23	35,265.	6,307.		11,	

FORM 990-PF' OTHER DECREASES IN	NET ASSETS OR F	UND BALANCES	STATEMENT 8
DESCRIPTION			AMOUNT
TO GROSS UP CONTRIBUTION INCOME TO	FMV		288,904.
TOTAL TO FORM 990-PF, PART III, LI	NE 5		288,904.
FORM 990-PF CO	RPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS HELD AT BERNSTEIN & JP	MORGAN	846,575.	913,657.
TOTAL TO FORM 990-PF, PART II, LIN	Е 10В	846,575.	913,657.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER OFFICE JET PRINTER HP COMPUTER COMPUTER EQUIPMENT PRINTER	1,090. 216. 1,278. 469. 524.	1,090. 216. 1,088. 211. 0.	0. 0. 190. 258. 524.
TOTAL TO FM 990-PF, PART II, LN 14	3,577.	2,605.	972.

	LIST OF OFFICERS, DE AND FOUNDATION MANAGE	STATEMENT 11		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
GLENDA GREENWALD P.O. BOX 8290 ASPEN, CO 81612	PRESIDENT 6.00	0.	0.	0.
GERALD GREENWALD P.O. BOX 8290 ASPEN, CO 81612	TREASURER/SECRE	ETARY 0.	0.	0.
SCOTT L. GREENWALD P.O. BOX 8290 ASPEN, CO 81612	VICE-PRESIDENT 0.00	0.	0.	0.
LIZABETH S. GREENWALD P.O. BOX 8290 ASPEN, CO 81612	VICE-PRESIDENT 0.00	0.	0.	0.
BRADLEY J. GREENWALD P.O. BOX 8290 ASPEN, CO 81612	VICE-PRESIDENT 0.00	0.	0.	0.
JOSHUA S. GREENWALD P.O. BOX 8290 ASPEN, CO 81612	VICE-PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.

38-2640444

GREENWALD FOUNDATION

FORM 990-PF' GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED GERALD GREENWALD; 218 E. VALLEY RD, SUITE 104-347; CARBONDALE, CO 81623

TELEPHONE NUMBER

(970) 925-8153

#### FORM AND CONTENT OF APPLICATIONS

A LETTER OF REQUEST AND EXPLANATION OF WHY THE CONTRIBUTION IS NEEDED. DOCUMENTS ABOUT THE ORGANIZATION REQUESTING THE INFORMATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

2012 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	1,090.	216.	1,088.	**************************************		2,605.	
	Current Year Deduction	0	Ď	256.	**	•	350.	
990-PF	Current Sec 179 Expense							
	Beginning Accumulated Depreciation	1,090.	216.	832.	117.		2,255.	
	Basis For Depreciation	1,090.	216.	1,278.	469.	524.	3,577.	
	Reduction In Basis							
	Section 179 Expense							
	Bus % Excl						_, ,	
	Unadjusted Cost Or Basis	1,090.	216.	1,278.	469.	524.	3,577.	
	No o	16	<u>1</u> 6	16	n do	91		
	00=>							
	Life	2.00	5.00	5.00	5.00	5.00		
	Method	SL	75	SL	<b>3</b>	SL		
	Date Acquired	10/22/04 SL	09/25/06 ST	03/11/09	04/03/11	06/19/13		
ORM 990-PF PAGE 1	Description	COMPUTER	3 OPFICE JET PRINTER	4 HP COMPUTER	5 COMPUTER BOUTPMENT	6 PRINTER	* TOTAL 990-PP PG 1 DEPR	
ORM 95	Asset	2	i m'	4	ψ	v		

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

If you a	e filing for an <b>Automatic 3-Month Extension, comple</b>	te only Pa	art I and check this box			► [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 o	f this form)	•	
Do not co	amplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	usty filed Fo	orm 8868.	
lectronic	: filing (e-file): You can electronically file Form 8868 if	you need a	a 3-month automatic extension of ti	ıme to file (	6 months for a	corporation
equired to	file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	868 to reques	t an extension
f time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated Wi	th Certain
ersonal E	lenefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details	on the ele	ctronic filing of	this form,
isit www	rs.gov/efile and click on e-file for Charities & Nonprofits	3				
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eeded).		
corporat	ion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	l complete		
art I only						
	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICs, and t	rusts must use Form 7004 to reque	est an exter	ision of time	
ype or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification	number (EIN) or
le by the	GREENWALD FOUNDATION			ļ	38-264	0444
ue date for ing your	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 8290	ee instruc	tions.	Social se	curity number	(SSN)
turn See structions	City, town or post office, state, and ZIP code. For a for ASPEN, CO 81612	oreign add	lress, see instructions.			
nter the E	Return code for the return that this application is for (file	a senara	te application for each return)			0 4
	tetum code for the return that this application is for this					
pplicatio	n	Return	Application			Return
For		Code	Is For			Code
orm 990 o	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-l	BL	02	Form 1041-A			08
orm 4720	(individual)	03	Form 4720	_		09
orm 990-l	PF	04	Form 5227			10
orm 990-	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-	(trust other than above)	06	Form 8870			12
	DALBY, WENDLANI				aa a	1600
	oks are in the care of $\triangleright$ P.O. BOX 1150,	GLEN			N, CO 8	1602
-	ne No. ► 970-945-8575		FAX No. $\triangleright 970 - 945 - 92$	36		. —
	ganization does not have an office or place of busines					
_	for a Group Return, enter the organization's four digit					
ox 🕨 L	. If it is for part of the group, check this box				ers the extens	ion is for.
	uest an automatic 3-month (6 months for a corporation					
	${ t FEBRUARY 15, 2014}$ , to file the exemp	t organizat	tion return for the organization nam	ed above.	The extension	
is for	the organization's return for:					
	calendar year or		TIDY 20 2012			
	tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013	<u> </u>	<b>_</b> ·	
2 If the	tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, er	nter the tentative tax, less any			
	efundable credits. See instructions.			3a		0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,					•
	nata di kacamananan ang di kalanda nasa nagar sang asawasan	la tnamver	lowed as a credit	3ь	<b>\$</b>	0.
	nated tax payments made. Include any prior year overp			-   05		<del></del>
c Bala	nated tax payments made. Include any prior year overp nce due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System).	yment wit	h this form, if required,	3c	\$	0.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- 1f	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	cion complete cal	U Dart II and aboat +h	in hov	. <b>▶</b> 🛛					
Note. (	on are filing for an Additional (Not Automatic) 3-Mic Only complete Part II if you have already been grand I are filing for an Automatic 3-Month Extension, o	nted an auto	omatic 3-month exte	ension on a previously							
	Additional (Not Automatic) 3-Month E.				os peeded)						
Fall	Additional (Not Automatic) 3-Month L.	X (CIISIOII )	of time. Only life	Enter filer's identifying		notructions.					
	Name of exempt organization or other filer, see in	etructions		Employer identification	<u> </u>						
Type o	or i i	38-2640444	HUSTIDEI (CIM) OI								
print	Greenwald Foundation	Number, street, and room or suite no. If a P.O. box, see instructions.									
File by th	ne l	Social security number	(SSN)								
due date		P.O. Box 8290									
filing you return So instruction	ee   7 01 C1 0	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Aspen, CO 81612									
Enter t	he Return code for the return that this application i	s for (file a	separate application	n for each return) .		04					
Appli	cation	Return	Application			Return					
Is For		Code	is For			Code					
Form	990 or Form 990-EZ	01	的需要数据完全包装件		· 美国 "全线"。	्र व्यक्त					
	990-BL	02	Form 1041-A	<u> </u>	<del>- `</del>	08					
	4720 (individual)	03	Form 4720			09					
	990-PF	04	Form 5227			10					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		···	11					
_	990-T (trust other than above)	06	Form 8870			12					
	Do not complete Part II if you were not already gr	1		xtension on a previous	sly filed Form 8						
<ul> <li>If this for the</li> </ul>	organization does not have an office or place of be is for a Group Return, enter the organization's for whole group, check this box ▶ □ . If the names and EINs of all members the extension.  I request an additional 3-month extension of time. For calendar year, or other tax year beginning the tax year entered in line 5 is for less than 12 in Change in accounting period. State in detail why you need the extension.	ur digit Gro it is for par n is for.  uritil ng 0 months, ch	up Exemption Numb t of the group, chec 5/15 7/01 , 20 12 eck reason: ☐ Ini	this box	. If this  I and att  06/30  I return  gather t	, 20 <u>13</u> .					
	remaining information needed	d to pr	repare a com	plete and ac	curate r	eturn.					
8a	If this application is for Form 990-BL, 990-PF, 99 nonrefundable credits. See instructions.				8a \$ 60 C	000					
b	If this application is for Form 990-PF, 990-T, estimated tax payments made. Include any pricamount paid previously with Form 8868.				8b \$	)					
С	Balance due. Subtract line 8b from line 8a. Include y (Electronic Federal Tax Payment System). See instruc		nt with this form, if req	uired, by using EFTPS	8c \$ 6,	600					
	Signature and Verifica	ation mus	t be completed for	or Part II only.							
	penalties of perjury, I declare that I have examined the dge and belief, it is true, correct, and complete, and that	I am authori	ized to prepare this for		ents, and to the	best of my					
Signatu			AGENT		ate > //4/	13014					
BAD	39074 Dalby, Wendland & Co., P.C. /	PO Box 11	50 / Glenwood Spr	ings, CO 81602	Form <b>8868</b>	(Rev. 1-2013)					

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