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## Form 990-PF

Department of the Treasury

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

ction 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012 or tax year beginning 7/1/2012 , and ending 6/30/2013 Name of foundation Employer identification number MYRA FRIEDMAN FAMILY FOUNDATION 45-5400144 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 2816 SILVERLEAF LANE 239-659-1055 City or town, state, and ZIP code C If exemption application is pending, check here **NAPLES** 34105 X Initial return G Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Address change Name change check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method ☐ Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), Other (specify) 1,500,643 Ine 16) ▶ \$ (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1,397,296 2 Check ▶ if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 38,875 Dividends and interest from securities 38,875 38,875 5 a Gross rents **b** Net rental income or (loss) 221 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 221 Capital gain net income (from Part IV, line 2) 221 Net short-term capital gain 221 Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add Imes-1-through 11 1,436,392 39,096 39,317 Compensation of officers directors trustees, etc 13 Expenses Other employee salaries and wages 14 Š 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 4 b Accounting fees (attach schedule) Operating and Administrative c Other profession@ffees[(attachtschedute) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 87,207 Contributions, gifts, grants paid 87,207 26 Total expenses and disbursements. Add lines 24 and 25 87,207 87,207 27 Subtract line 26 from line 12 1,349,185 a Excess of revenue over expenses and disbursements **b** Net investment income (if negative, enter -0-) 39.096 c Adjusted net income (if negative, enter -0-) 39,317

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2012)

45-5400144

D-	-A 11	Delenes Cheste	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	_End c	f year
Pa.	rt II	Balance Sneets	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interes	st-bearing			
	2	Savings and temp	orary cash investments		18,866	18,866
	3	Accounts receivab	_			
		Less: allowance fo	or doubtful accounts			
	4	Pledges receivable	e <b>-</b>			
			or doubtful accounts			
	5	Grants receivable				
	6	Receivables due f	rom officers, directors, trustees, and other			
	-		ns (attach schedule) (see instructions)			
	7		s receivable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
			oubtful accounts			h
s	8	Inventories for sal				
Assets	9		and deferred charges		–	
SS	l		nd state government obligations (attach schedule)	<del></del>		
4	'"		porate stock (attach schedule)			
			porate bonds (attach schedule)			
	11	•				
	''		uildings, and equipment basis			
	۱,,		epreciation (attach schedule)			
	12	Investments—mor			1 220 210	4 404 777
	13		er (attach schedule)		1,330,319	1,481,777
	14		nd equipment basis ▶			
	۱		epreciation (attach schedule)	<u> </u>		
	15	Other assets (des				
	16		be completed by all filers—see the			
			see page 1, item I)		1,349,185	1,500,643
	17		and accrued expenses			
Ś	18	Grants payable .				
ij	19	Deferred revenue	•			
Liabilities	20	Loans from officers, of	directors, trustees, and other disqualified persons			
ā	21	Mortgages and ot	her notes payable (attach schedule) .			
_	22	Other liabilities (de				
	23	Total liabilities (a	add lines 17 through 22)			
		Foundations tha	t follow SFAS 117, check here			
ë			es 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted				
	25	Temporanly restrict	cted			
8	26	Permanently restr				
Net Assets or Fund B		•	t do not follow SFAS 117, check here			
Ţ			nes 27 through 31.			
ō	27		t principal, or current funds			
Ş	28	•	surplus, or land, bldg , and equipment fund			
Se	29	•	s, accumulated income, endowment, or other funds.		1,349,185	
As	30	•	or fund balances (see instructions)		1,349,185	
et	31		nd net assets/fund balances (see		,,	
Z	• •	instructions) .			1,349,185	
Pa	t III		hanges in Net Assets or Fund Balances	<u> </u>		<del></del>
1			palances at beginning of year—Part II, column (a), line	30 (must agree with	1 1	<u> </u>
•			ed on pnor year's return)	/=2. 23.00 *****	. 1	
2		er amount from Part I			2	1,349,185
3					131	1,070,100
4		lines 1, 2, and 3			4	1,349,185
5		reases not included i	- h 2 (da	•		
			palances at end of year (line 4 minus line 5)—Part II, co		6	4 0 4 0 4 0 7
6	i ota	i net assets or fund t	palances at enu or year (line 4 minus line 5)—Part II, d	olumin (b), inte 30		1,349,185

(a) List and describe t 2-story brick wareho	he kind(s) of property sold (e g , real es buse, or common stock, 200 shs MLC (	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1a 1419 111 FPA NEW INCOM	ле		Р	VARIOUS	4/25/2013
b 1363 636 METROPOLITAN	1363 636 METROPOLITAN WEST TOTAL RETURN				4/25/2013
С					
d					
е					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis pense of sale		or (loss) ) minus (g)
<u>a</u> 15,000			15,071		<u>-7</u> 1
<b>b</b> 15,000			14,708		292
С					
d	<u> </u>				
<u>e</u>					·
Complete only for assets sho	wing gain in column (h) and own	ed by the foundati	on on 12/31/69	(I) Gains (Col	(h) gain minus
(i) FM V as of 12/31/69	(j) Adjusted basis	(k) Exce	ess of col (ı)	col (k), but not	less than -0-) or
	as of 12/31/69	over co	ol (j), if any	Losses (fro	om col (h))
					71
b					292
С		<u> </u>			
_d					
_e		<u></u>			
2 Capital gain net income or	(ner capital loss) ( *	also enter in Pa ), enter -0- in Pa	>	2	221
	or (loss) as defined in section				· · · · · · · · · · · · · · · · · · ·
If gain, also enter in Part I,	line 8, column (c) (see instruc	ctions) If (loss), e	enter -0- }		
ın Part I, line 8			J	3	221
Part V Qualification Un	der Section 4940(e) for F	Reduced Tax	on Net Investm	ent Income	
If section 4940(d)(2) applies, keep Was the foundation liable for the If "Yes," the foundation does not be section.	·		• •	e base period? [	Yes X No
1 Enter the appropriate am	ount in each column for each	year, see the ins	structions before m	aking any entries	
(a)	(b)		(c)	<u> </u>	(d)
Base period years Calendar year (or tax year beginning	Adjusted qualifying distributi	ons Net value	of noncharitable-use as	ssets i	ibution ratio
2011	"")		·	(COI (B) di	vided by col (c)) 0 000000
2010					0 000000
2009				-	0 000000
2008					0 000000
2007			<del></del>		0 000000
			· · · · · · · · · · · · · · · · · · ·		
2 Total of line 1, column (d)				2	0 000000
, ,	or the 5-year base period—div	ride the total on I	ine 2 by 5, or by		
	undation has been in existence			3	0 000000
·		•			
4 Enter the net value of none	charitable-use assets for 2012	from Part X, line	5	4	
		,			
5 Multiply line 4 by line 3 .				5	
6 Enter 1% of net investmen	t income (1% of Part I, line 27I	b)		6	
		•			
7 Add lines 5 and 6		•		7	_
8 Enter qualifying distribution				8	
If line 8 is equal to or great the Part VI instructions	er than line 7, check the box in	n Part VI, line 1b	, and complete tha	at part using a 1% ta	x rate See

Pa	ırt	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instru	ctions)	)		
1 8	a I	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
ı	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		782		
	ı	here ▶ ☐ and enter 1% of Part I, line 27b				
•	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
_	of Part I, line 12, col. (b).					
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	-	700		
3	-	Add lines 1 and 2		782		
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		702		
5 6		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  Credits/Payments:		782		
_		2012 estimated tax payments and 2011 overpayment credited to 2012  Exempt foreign organizations—tax withheld at source  6b				
		Tax paid with application for extension of time to file (Form 8868) . 6c				
		Backup withholding erroneously withheld 6d				
7		Total credits and payments Add lines 6a through 6d				
8		Enter any penalty for underpayment of estimated tax. Check here				
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		782		
10	(	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .				
11	ı	Enter the amount of line 10 to be. Credited to 2013 estimated tax ▶ Refunded ▶ 11				
Pa	rt	VII-A Statements Regarding Activities				
		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1	Yes	No	
•		participate or intervene in any political campaign?	1a		Х	
ı	•	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		-		
		Instructions for the definition)?	1b		Х	
		If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials				
		published or distributed by the foundation in connection with the activities	1			
	CI	Did the foundation file Form 1120-POL for this year?	1c	-	Х	
(	ı t	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(	(1) On the foundation. ► \$ (2) On foundation managers ► \$	1			
•	e I	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
		on foundation managers   \$	1 .			
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
		If "Yes," attach a detailed description of the activities				
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
		of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> X</u>	
		Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		X	
_		If "Yes," has it filed a tax return on Form 990-T for this year?	5	-	<u>~~</u> —	
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T	13		<u> </u>	
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			i	
U		By language in the governing instrument, or			i	
		By state legislation that effectively amends the governing instrument so that no mandatory directions				
		that conflict with the state law remain in the governing instrument?	6	χ	- 1	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	×		
		Enter the states to which the foundation reports or with which it is registered (see instructions)		<i></i>		
		PA			1	
t	- ) [	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				
		General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	•	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	(	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"		[		
	(	complete Part XIV	9	Х		
10	ı	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing				
	ŧ	their names and addresses	10	Х		

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Part	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	_	х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<del></del> -	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► N/A	13	Х	
14	The books are in care of ► MYRA FRIEDMAN Telephone no ► 239-659-109	55		
	Located at ► 2816 SILVERLEAF LANE NAPLES FL ZIP+4 ► 34105-3032			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	١	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
Day	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	V	
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	}		
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	-
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
•	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		_	_
	if the foundation had excess business holdings in 2012.)	3b	N/A	<del>                                     </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .	4a		_ X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		 X
	purpose that had not been removed norm jeepardy beliefe the met day of the text jear beginning in 2012.	_ ""	i	L- ^`

Pa	art VII-B · Statements Rega	rding Activit	ies for Which	<u>Form</u>	4720 May Be	Required	(continue	d)			
5a	During the year did the foundation	pay or incur any	amount to								
	(1) Carry on propaganda, or oth			on (sect	tion 4945(e))?	•	Yes	X No			
	(2) Influence the outcome of any						<u> </u>				
	on, directly or indirectly, any	voter registration	n drive?				Yes	X No			
	(3) Provide a grant to an individe	ual for travel, stu	dy, or other similar	purpos	es? .	•	Yes	X No			
	(4) Provide a grant to an organiz										
	in section 509(a)(1), (2), or (			-			Yes	X No			
	(5) Provide for any purpose other educational purposes, or for	•	•		•		Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5)	, did any of the t	ransactions fail to q	ualify u	nder the exceptio	ns described	ın				
	Regulations section 53 4945 or in	a current notice i	regarding disaster a	issistan	ice (see instructio	ns)?			5b	N/A	
	Organizations relying on a current	notice regarding	disaster assistance	check	here		. ▶				
C	If the answer is "Yes" to question t	5a(4), does the fo	oundation claim exe	mption	from the						
	tax because it maintained expendi	ture responsibilit	y for the grant?				Yes	No			
	If "Yes," attach the statement requ	uired by Regulati	ions section 53 494	5-5(d)							
6a	Did the foundation, during the year	r, receive any fur	nds, directly or indire	ectly, to	pay		_	_			
	premiums on a personal benefit co	ontract?			•	•	Yes	X No			
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870	r, pay premiums,	directly or indirectly	y, on a	personal benefit o	ontract? .	•		6b		Х
7a	At any time during the tax year, wa	as the foundation	a party to a prohib	ted tax	shelter transactio	n?	Yes	X No			
b	If "Yes," did the foundation receive	any proceeds o	r have any net inco	me attr	butable to the trai	saction?		<del></del> .	7b	N/A	
P	art VIII Information Ab	out Officers.	Directors, Tru	stees	, Foundation	Manager	s, Highly I	Paid En	ploy	ees,	
	and Contractor		•								
1	List all officers, directors, tru	stees, foundat	ion managers an	d thei	r compensation	(see instr	uctions).				
	(a) Name and address		(b) Title, and averag hours per week devoted to position	(1	c) Compensation if not paid, enter -0-)	employee	tributions to benefit plans d compensation	1 7		se accoi	
MY	RA FRIEDMAN		TRUSTEE		- /				-		
	16 SILVERLEAF LANE NAPLES	, FL 34105-3(	1.	00							
					1			l_			
2	Compensation of five highest enter "NONE."	t-paid employe	es (other than th	iose in	icluded on line	1—see ins	tructions). I	f none,			
			(b) Title, and a	verage			Contributions to				
(a	a) Name and address of each employee pa	aid more than \$50,0		eek	(c) Compensatio	n plan	ployee benefit s and deferred empensation			se accor owance	
NO	DNE										
	<del></del>										
		<del></del>					<del></del>	_			
					-				-		•
Tot	tal number of other employees p	aid over \$50.00	 00 .			<del></del>		<b>-</b>			

MYRA FRIEDMAN FAMILY FOUNDATION

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Form 990-PF (2012) MYRA FRIEDMAN FAMILY FOUNDATION		45-5400144 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees	s, Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (	see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u>-</u>	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant		Expenses
the number of organizations and other beneficiaries served, conferences convened, research p	apers produced, etc	·
1 <u>N/A</u>	••••	}
2		_
3	•	
4		
Part IX-B Summary of Program-Related Investments (see		····
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2	Amount
1 <u>N/A</u>		
2		_
2		
All other program-related investments See instructions		-
3		
Total. Add lines 1 through 3		

qualifies for the section 4940(e) reduction of tax in those years

Part	XIII Undistributed Income (see instruction	s)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years pnor to 2011	2011	2012
	line 7				73,394
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only .				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2012				
а	From 2007 .	]			
b	From 2008 .	]			
С	From 2009	_			
d	From 2010	Ţ			
е	From 2011	_			
f	Total of lines 3a through e .				
4	Qualifying distributions for 2012 from Part				
	XII, line 4 ► \$ 87,207				
	Applied to 2011, but not more than line 2a				
þ	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	:			
	required—see instructions)				73,394
d	Applied to 2012 distributable amount .	13,813			73,354
е 5	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2012	13,013			
3	(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:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	13,813			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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 .			<u> </u>	
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
е	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				
0	not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	13,813			
10		13,013		<u> </u>	
	Analysis of line 9 Excess from 2008				
a h	Excess from 2009	†			
C	Excess from 2010	1			
d	Excess from 2011	1			
	Excess from 2012 13.813	<b>d</b>			

Form 990-PF (2012) MYRA FRIEDMAN FAMILY FOUNDATION
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	ne Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year FEDERATION EARLY LEARNING SERVICES 10700 JAMISON AVENUE		501 C 3	UNRESTRICTED CHARITABLE GIFT	2,000
PHILADELPHIA, PA 19116 TEMPLE SHALOM 4630 PINE RIDGE ROaD		501 C 3	UNRESTRICTED CHARITABLE GIFT	10,450
NAPLES, FL 34119 SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE		501.C 3	UNRESTRICTED CHARITABLE GIFT	300
CLERMONT, FL 34711 MDA (MUSCULAR DYSTROPHY ASSOC) PO BOX 78960		501.C 3	UNRESTRICTED CHARITABLE GIFT	250
PHOENIX, AZ 85062 ACS (AMERICAN COLLEGE OF SURGEONS) 221 N HOGAN ST , #404 JACKSONVILLE, FL 32202		501.C 3	UNRESTRICTED CHARITABLE GIFT	100
JEWISH FAMILY & COMM SRVC SW FLORIDA 5025 CASTELLO DRIVE NAPLES, FL 34103		501 C 3	UNRESTRICTED CHARITABLE GIFT	11,650
AUTISIM SPEAKS 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540		501 C 3	UNRESTRICTED CHARITABLE GIFT	50
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055		501 C 3	UNRESTRICTED CHARITABLE GIFT	50
MAZON 10495 SANTA MONICA BLVD,STE100 LOS ANGELES, CA 90025		501 C 3	UNRESTRICTED CHARITABLE GIFT	200
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102		501 C 3	UNRESTRICTED CHARITABLE GIFT	135
PLANNED PARENTHOOD NAPLES CENTER 1425 CREECH ROAD		501 C 3	UNRESTRICTED CHARITABLE GIFT	100
NAPLES, FL 34103  Total See Attached Statement		<u> </u>	<b>▶</b> 3a	87,207
b Approved for future payment				
Total		<u> </u>	<b>▶</b> 3b	

Part XVI	-A Analysis of Income-Producing Activ	/ities	<del></del>			
_	ss amounts unless otherwise indicated.		siness income	Excluded by section	(e)	
Linter gree	de amounte amous exhammes maisares.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income
1 Progra	ım service revenue	200000 0000	7.0.1001.10		, <b></b>	(See instructions
•						
				<u> </u>		
	<del></del>			<u> </u>		
_						
f				<b>↓</b>		
=	es and contracts from government agencies			ļ		
	ership dues and assessments			<del> </del>		
	st on savings and temporary cash investments .			14	20.075	
	nds and interest from securities			14	38,875	
	ntal income or (loss) from real estate			<del> </del>		
	bt-financed property  t debt-financed property	<del></del>		+		
			<del>_</del>			
	ntal income or (loss) from personal property			<u> </u>		
	or (loss) from sales of assets other than inventory				221	
	come or (loss) from special events					_
	profit or (loss) from sales of inventory					
	revenue a					
			-			
				· -		
е —						
	tal. Add columns (b), (d), and (e)				39,096	_
12 Subtot	Add line 12, columns (b), (d), and (e) .				39,096 <b>13</b>	39,096
12 Subtot 13 Total. (See works	Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculations )					
12 Subtot 13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc	complishmen	t of Exempt F	Purposes	13	
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
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12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
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12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096
12 Subtot 13 Total. (See works Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acc Explain below how each activity for which income	complishment	t of Exempt F	Purposes VI-A contributed in	13	39,096

		Exempt Organize	ations								
i		organization directly of								Yes	No
	organiza	on 501(c) of the Code	(other than se	ection 501(c)(3) orga	nizations) or ii	n sectio	n 527, relating to	political			
_	•				4						
а		rs from the reporting t	roundation to a	a noncnaritable exem	ipt organizatio	on or			1a(1)		ÿ.
	(1) Cas	er assets			•			•	1a(1)		X
b		ansactions	• •	• • •	•		•		14(2)		^
		es of assets to a nonc	charitable exer	mnt organization				_	1b(1)		X
		chases of assets from							1b(2)		X
		ntal of facilities, equip							1b(3)		Х
		mbursement arranger							1b(4)		Х
		ins or loan guarantee:							1b(5)		Х
	(6) Per	formance of services	or membershi	p or fundraising solic	oitations .				1b(6)		Х
Ç	Sharing	of facilities, equipme	nt, mailing list	s, other assets, or pa	nd employees				1c		Х
d	If the ar	nswer to any of the ab	ove is "Yes," o	complete the followin	g schedule. C	olumn (	(b) should always	s show the fair r	narket		
	value of	the goods, other ass	ets, or service	s given by the report	ing foundation	n. If the	foundation receive	ved less than fa	ır marke	et	
	value in	any transaction or sh	aring arrange	ment, snow in colum	n (a) the valu	e or the	goods, other ass	sets, or services	receive	<b>2</b> 0	
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt or	ganization	( <b>d</b> ) De	escription of transfers,	transactions, and sh	aring arra	angeme	ents
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_	1 - 45 - 6-			4 - d db		1000 000					
2a		oundation directly or in ed in section 501(c) o							Yes X	l No	
b		complete the following	•	ner than section of h	(0)(0)) 01 111 30	.01.011 0.	-, .		100 <u>[X</u>	,	
_	,	(a) Name of organization		(b) Type of	organization		(c)	Description of relation	nship		
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				<u>l</u>							
		der penalties of perjury, I declare						ledge and belief, it is true	э,		
Si	gn   🐃	rect, and complete Declaration o	r preparer (other than	taxpayer) is based on all inform.	ation of which prepar	er nas any i	knowledge	May the IRS	discuss th	ıs retur	n
	ere	m m	$\mathcal{N}$		2			with the prepa		_	1
•••	4	1-1 mul / /- )	MMM	m //- L- 12	7 Title.			instructions)?	X Y	es	No
_		Signature of officer or truster Print/Type preparer's n		Date Preparer's signature	1100		Date		PTIN		
Pa	id	rimu Type preparet s ti	ame	Salginature	1 /	A	1	Check I if	' '"		
	eparer	ROBERT D HOAD	G CPA	1/ June ?	1-1 Lond	CKA	10/24/13	self-employed	P0065	1232	
	e Only	I Construence N D	D HOAG AN	D ASSOCIATES, P C	>			Firm's EIN ▶ 2	5-1365	816	
	Firm's address 555 NORTH BELL AVE , SUITE 100, CARNEGIE, PA 15106 Phone no 412-278-1600						00				

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

**2012** 

**Employer identification number** 

MYRA FRIEDMAN FAMILY I	OUNDATION	45-5400144					
Organization type (check or	Organization type (check one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
4947(a)(1) nonexempt chantable trust treated as a private foundation							
	501(c)(3) taxable private foundation						
•	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See					
General Rule							
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or rine contributor. Complete Parts I and II.	nore (in money or					
Special Rules							
sections 509(a)(1) ai	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 2	contribution of the greater					
the year, total contrib	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scien s, or the prevention of cruelty to children or animals Complete Parts I, II, and	tific, literary, or					
the year, contribution total to more than \$1 year for an exclusive applies to this organi	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any as for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions that were receively religious, charitable, etc., purpose. Do not complete any of the parts unless zation because it received nonexclusively religious, charitable, etc., contributions.	butions did not ved during the s the <b>General Rule</b> tions of \$5,000 or more					
990-EZ, or 990-PF), but it me	t is not covered by the General Rule and/or the Special Rules does not file S  ust answer "No" on Part IV, line 2 of its Form 990, or check the box on line H  PE to certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ or on					

Name of organization
MYRA FRIEDMAN FAMILY FOUNDATION

Employer identification number 45-5400144

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	MILLSTEIN CHARITABLE FOUNDATION  322 ARMBRUST ROAD, 2ND FLOOR  YOUNGWOOD PA 15697-1816  Foreign State or Province  Foreign Country:	\$1,397,296	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	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				
	Foreign State or Province. Foreign Country.	\$	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				
	Foreign State or Province Foreign Country	\$	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				
	Foreign State or Province. Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

Name of organization
MYRA FRIEDMAN FAMILY FOUNDATION

Employer identification number 45-5400144

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ice is needed.
(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
		\$	
(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
		\$	

lame of or	ganization EDMAN FAMILY FOUNDATION		-		Employer identification number 45-5400144
Part III	Exclusively religious, charitable, etc total more than \$1,000 for the year. Of For organizations completing Part III, etcontributions of \$1,000 or less for the year Use duplicate copies of Part III if additional contributions.	complete columns (a) to enter the total of exclusive ear (Enter this inform	hrough <b>(e) and</b> th <i>vely</i> religious, ch	ne following aritable, etc	8), or (10) organizations line entry
(a) No. from Part I	(b) Purpose of gift		e of gift	(d)	Description of how gift is held
	Transferee's name, address, a		sfer of gift Relatio	onship of t	ransferor to transferee
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d)	Description of how gift is held
	Transferee's name, address, a		sfer of gift Relatio	onship of t	ransferor to transferee
(a) No. from Part I	For Prov Country  (b) Purpose of gift	(c) Us	e of gift	(d)	Description of how gift is held
·					
		(e) Trans	sfer of gift	<u>l</u>	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of t	ransferor to transferee
(a) No. from Part I	For Prov Country  (b) Purpose of gift	(c) Us	e of gift	(d)	Description of how gift is held
		(e) Trans	sfer of gift	<b>.</b>	· <u>-</u>
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of to	ransferor to transferee
	For Prov Country				

MYRA FRIEDMAN FAMILY FOUNDATION

Part VII-A, Line 10 (990-PF) - Substantial Contributors

		Check "X"				
	Name	if Business	Street	Cıty	State	Zıp Code
-	MILLSTEIN CHARITABLE FOUND		322 ARMBRUST ROAD 2ND FLOOR YOUNGWOOF	YOUNGWOOD	PA	15697-0347

Zip Code

34101

**Foreign Country** 

Amount

100

State

FL

Foundation Status

501 C.3

Street

City

**NAPLES** 

Relationship

PMB132-PO BOX 413005

Purpose of grant/contribution

UNRESTRICTED CHARITABLE GIFT