

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052 2012

Department of the Treasury Internal Revenue Service

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

| Forc | alendar year 2012, or tax year beginning | 7/01 ,20 | 12, and ending 6 | 730 , 2013 | |
|-----------------|--|---------------------------------------|---|--|---------------------------------------|
| | TCCIMANNI FANTIV FIND | | | A Employer identification no | umber |
| | ISCHMANN FAMILY FUND . BOX 538 | | | 76-0596092 B Telephone number (see the | instructions) |
| GAL | VESTON, TX 77553-0538 | | | | |
| | | | | C If exemption application i | s pending, check here |
| G C | neck all that apply: Initial return | Unitial return of a fo | ormer public charity | | · · · · · · · · · · · · · · · · · · · |
| u | Final return | Amended return | inci public charty | D 1 Foreign organizations, che | eck here ► |
| | Address change | Name change | | 2 Foreign organizations med | eting the 85% test, check |
| Н | Check type of organization: Section 5 | 01(c)(3) exempt private | | here and attach computat | on |
| | Section 4947(a)(1) nonexempt charitable | | | E If private foundation statu | s was terminated |
| 1 | Fair market value of all assets at end of year J A (from Part II, column (c), line 16) | ccounting method: | Cash Accrual | under section 507(b)(1)(A | التحا |
| • | | Other (specify) T, column (d) must be | วัก ตลร์ก็ หลรับ | F If the foundation is in a 60 under section 507(b)(1)(8 | |
| Parl | Analysis of Revenue and | | | | |
| (12 m) 12 m/s | Expenses (The total of amounts in | (a) Revenue and expenses per book | (b) Net investmen income | t (c) Adjusted net income | (d) Disbursements for charitable |
| | columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) | S. CAPONIDOS POR DOSA | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | purposes (cash basis only) |
| | (see instructions).) | | | | Dasis Only) |
| , | Contributions, gifts, grants, etc, received (att sch) | 1 | | | |
| | 2 Ck lift the foundn is not req to att Sch B 3 Interest on savings and temporary | | PAGE ARESIS AND A | | |
| | cash investments | | | | |
| - | 4 Dividends and interest from securities | 4 | | 4. 4. | |
| | 5a Gross rents | | | | |
| R | or (loss) | 899 | | | |
| Ġ | b Gross sales price for all assets on line 6a | | | | |
| \$ | 7 capital gain net income (from Part IV, line 2) | | 899 | | |
| 1 | 8 Net short-term capital gain | | Carrie Control | | |
| ™ @SJARAHED MAR | 9 Income modifications | | | | |
| Ö | returns and allowances | | | | |
| 3 | b Less. Cost of goods sold | | | | |
| AR | c Gross profit/(loss) (att sch) | | MARKET COLORS | | |
| 9 | 11 Other income (attach schedule) | | | | |
| ക | 12 Total. Add lines 1 through 11 | 10.000 | | | |
| - [2 | Compensation of officers, directors, trustees, etc | 10,903. | | 4. | |
| 2014 | 14 Other employee salaries and wages | \ | | | |
| | 15 Pension plans, employee benefits | | | | |
| A | 16a Legal fees (attach schedule) | | | <u> </u> | |
| M | b Accounting fees (attach sch) See . St1 c Other prof fees (attach sch) | 595. | 238 | . 298. | 59. |
| o N | | EIVED | <u></u> | - | |
| O S T R | 18 - | 10 | <u> </u> | | |
| P ST R A T | 19 Depreciation (attach | S | | | |
| 1 1 | sch) and depletion | 1 1 2014 9 | | | |
| N V | 20 Occupancy | | | | |
| A E X | 22 Printing and publications | YEAR HIT | | | |
| Ď ĝ | 23 Other expenses (attach schedule) | >=18, O1 | | | |
| EXPERSES | 24 Total anamating and a list that | | | | |
| Ĕ | 24 Total operating and administrative expenses. Add lines 13 through 23. | 595. | 238 | . 298. | 59. |
| - | 25 Contributions, gifts, grants paid. Part XV. | | | | 4,700. |
| ł | Total expenses and disbursements. Add lines 24 and 25 | | 000 | 000 | 4 750 |
| | | 5,295. | 238 | . 298. | 4,759. |
| } | a Excess of revenue over expenses | | | | |
| | and disbursements | 5,608. | | | 40.04.04.04.04 |
| | b Net investment income (if negative, enter -0-). | | 665. | | |
| BAA Fo | C Adjusted net income (if negative, enter -0-) r Paperwork Reduction Act Notice, see inst | ructions | | 0. 2 A0504L 12/23/12 | Form 990-PF (2012) |
| | | 14-401131 | 166 | JUSTE ICIESTIE | () |

Page 2

| (D | The DE | Balance Sheets | Attached schedules and amounts in the description | Beginning of year | Ena | or year |
|--|----------------|--|--|----------------------------|---|---|
| 200 | | Dalance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | I Cash – non-interest | t-bearing | | | |
| | 2 | | rary cash investments | | 15,406. | 15,406. |
| | 3 | Accounts receivable | = | | | |
| | | Less: allowance for | | | | |
| | 1 4 | Pledges receivable. | | 10.510.00 | | |
| | ` | Less: allowance for | | | | 340000000000000000000000000000000000000 |
| | 5 | | | | | |
| | | | | | | |
| | 6 | disqualified persons (attac | cers, directors, trustees, and other ch schedule) (see instructions) | | 1 | 1 |
| | ١, | | | | | 87 YE 62 A TOM |
| A | | Less: allowance for o | · · · | | | |
| 5 | B | | or use | | | |
| A S S E T | 9 | | nd deferred charges | | | |
| T S | 10 | a Investments - U.S. | - | | | |
| 3 | ۱.۰ | obligations (attach so | chedule) | | | |
| | ł | | stock (attach schedule) | | | |
| | | · · · · · · · · · · · · · · · · · · · | oonds (attach schedule) | | | |
| | - 1 | Investments - land, | | | | Description of the second |
| | 1 | equipment: basis | | | | |
| | 1 | Less: accumulated deprecia | | | | |
| | | (attach schedule) | | ļ <u> </u> | | |
| | - 1 | = | age loans | | | |
| _ | 13 | | (attach schedule) | 2,270. | | |
| | 14 | | equipment: basis ► | | | |
| | 1 | Less: accumulated deprecia (attach schedule) | | | ľ | |
| | 1,5 | | | | | |
| | 16 | Other assets (describ | ompleted by all filers — | | | |
| | ' | see the instructions. | Also, see page 1, item l) | 9,798. | 15,406. | 15,406. |
| Ļ | 17 | Accounts payable and | d accrued expenses | | | |
| Ā | 18 | Grants payable | | | | |
| B | 19 | Deferred revenue | | | | |
| - ! | 20 | Loans from officers, directo | ors, trustees, & other disqualified persons | | | |
| Ĩ | 21 | | payable (attach schedule) | | | |
| Ţ | 22 | Other liabilities (descr | • • • | | | |
| Ė | 1 | <u> </u> | | | | |
| <u> s </u> | 23 | | ines 17 through 22) | 0. | 0. | |
| | | Foundations that folloand complete lines 24 | ow SFAS 117, check here > X 4 through 26 and lines 30 and 31. | | N. P. | |
| NF | 24 | Unrestricted | | 9,798. | 15,406. | |
| EUTN | 25 | Temporarily restricted | | | | |
| D | 26 | Permanently restricted | 1 | | | |
| A B A L A | | Foundations that do r and complete lines 27 | not follow SFAS 117, check here. through 31. | | | |
| ĘĻ | 27 | Capital stock, trust pri | ncipal, or current funds | | | |
| SN | 28 | | r land, building, and equipment fund | | | |
| C O E R S | _ | • • • • | ited income, endowment, or other funds | | | |
| RS | | | nd balances (see instructions) | 9,798. | 15,406. | |
| | | Total liabilities and ne | et assets/fund balances | | | |
| n water | | (see instructions) | | 9,798. | 15,406. | |
| Rar | | Analysis of Change | es in Net Assets or Fund Balance | es | | |
| 1 | Total end-o | net assets or fund bala f-year figure reported of | ances at beginning of year – Part II, colur | mn (a), line 30 (must agr | ee with 1 | 9,798. |
| | | | ne 27a | | | 5,608. |
| | | ncreases not included in line : | | | | |
| | | | | | | 15,406. |
| = | Daa-aa | | | | - | |
| 6 | Total | net assets or fund bala | nces at end of year (line 4 minus line 5) | - Part II, column (b), lin | e 30 6 | 15,406. |
| | | | | | | |

| (a) List and describe | the kind(s) of property sold (e.g., | real estate. | (b) How ac | quired | | (d) Date sold |
|--|--|--|------------|--------------|--|--------------------|
| 2-story brick warehouse; or common stock, 200 shares MLC Company) P - Purc D - Doni | | | | | (month, day, year) | (month, day, year) |
| | D INC SHARES FD CL C | | P | | Various | 7/13/12 |
| | TOTAL MARKET ETF TMW | | P | | Various | 7/13/12 |
| | | | | | | |
| d e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other bas | is | f | (h) Gain or | (loss) |
| (c) Cross sales price | (or allowable) | plus expense of sale | • | | (e) plus (f) m | |
| a 14. | | 20 | | | | -6. |
| b 4,432. | | | 3,527. | | | 905. |
| d d | | <u></u> | | | - | |
| e | | | | - | | |
| | ng gain in column (h) and owned b | v the foundation on 12/31/69 | | | (I) Gains (Colu | mn (h) |
| (i) Fair Market Value | (i) Adjusted basis | (k) Excess of column | (1) | | ain minus column (k) | , but not less |
| as of 12/31/69 | as of 12/31/69 | over column (j), if an | у | tha | an -0-) or Losses (fro | m column (h)) |
| a | | | | | | 6. |
| ь | | | | | | 905. |
| c | | | | | | |
| d | | | | | | |
| e | | anton in Don't line 7 | | | | |
| 2 Capital gain net income or (net | capital loss). | enter in Part I, line 7 ter -0- in Part I, line 7 | [| 2 | | 899. |
| 3 Net short-term capital gain or (I | oss) as defined in sections 1222(5) | and (6): | Ī | | | |
| If gain, also enter in Part I, line | 8, column (c) (see instructions). If | (loss), enter -0- | | | | |
| in Part I, line 8 | | <u> </u> | | 3 | | 0. |
| Part V Qualification Under (For optional use by domestic private | | | | | | |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the foundation does not qualiful and the Enter the appropriate amount in | ion 4942 tax on the distributable am y under section 4940(e). Do not cor | nplete this part | · | | Yes | X No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asse | | | (d) Distribution r nn (b) divided by | |
| 2011 | 3,515. | 10 | 826. | | | 0.324681 |
| 2010 | 3,571. | | 459. | | | 0.422154 |
| 2009 | 1,063. | | 801. | | | 0.136265 |
| 2008 | 5,998. | | 908. | | | 0.868269 |
| 2007 | 1,064. | 13, | 463. | | | 0.079031 |
| 2 Total of line 1, column (d) . | | | .] | 2 | | 1.830400 |
| 3 Average distribution ratio for the | 5-year base period — divide the tot | al on line 2 by 5, or by the | | | | |
| number of years the foundation h | has been in existence if less than 5 | years | · - | 3 | | 0.366080 |
| 4 Enter the net value of noncharita | 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 | | | | | 9,776. |
| 5 Multiply line 4 by line 3 | ble-use assets for 2012 from Part X | , | <u> </u> | | | |
| | ble-use assets for 2012 from Part X | | | 5 | | 3,579. |
| 6 Enter 1% of net investment incor | | | | 6 | | 3,579. 7. |
| 6 Enter 1% of net investment incor 7 Add lines 5 and 6 | | | | \top | | |
| | | | | 6 | | 7. |

| Œ | ant VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instr | uctions) |
|-------------|---|-----------|-----------------------------|
| | 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | 多次 | |
| | Date of ruling or determination letter: (attach copy of letter if necessary – see instrs) | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | 7. |
| | check here. ► X and enter 1% of Part I, line 27b | 200 | ACTA 1 20 1 1 1 1 |
| | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | |
| | _ | İ | |
| • | 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| : | | 3 | 7. |
| - | 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 | 7. |
| é | Credits/Payments: | 133 | |
| | a 2012 estimated tax pmts and 2011 overpayment credited to 2012 | | |
| | b Exempt foreign organizations — tax withheld at source | | |
| | c Tax paid with application for extension of time to file (Form 8868) 6 c | | |
| | d Backup withholding erroneously withheld | | |
| 7 | | 7 | 0. |
| 8 | — · · · · · · · · · · · · · · · · · · · | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 7. |
| 10 | | 10 | ` |
| 11 | 1 | | |
| | TWI A Statements Regarding Activities | لــــــــ | |
| 4041.4 | | | Yes No |
| 1 | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | - 30,020,3 |
| - | | | |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1ы х |
| | | | |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | |
| | c Did the foundation file Form 1120-POL for this year? | | 1c X |
| | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | |
| | (1) On the foundation, ▶\$ () (2) On foundation managers ▶\$ | | 0. |
| | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | |
| | foundation managers ▶ \$ 0. | | |
| 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 | | |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 X |
| | If 'Yes,' attach the statement required by General Instruction T. | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | |
| | By language in the governing instrument, or | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | | |
| | with the state law remain in the governing instrument? | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | |
| | TX | | |
| Ŀ | of 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 | • • • • | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4 for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete the section of the | 942(j) | (5) |
| | for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete | Part > | (ÎV. 9 X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names | | |
| | and addresses | · · · · · | 10 X Form 990-PF (2012) |
| BAA | | | rum 330-FF (2 012) |

| Form 990-PF (2012) FLEISCHMANN FAMILY FUND | 76~05960 | 92 | | 'age |
|---|--------------------|-----------------|----------------|----------|
| Rart VII-A Statements Regarding Activities (continued) | | | , | |
| 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 advisory privileges? If 'Yes,' attach statement (see instructions) | person had | 12 | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemp | otion application? | 13 | Х | |
| Website address ► N/A 14 The books are in care of ► ROBERT FLEISCHMAN Teleph Coated at ► P. O. POV 538 CALVESTON TV | one no ► 409-7 | 63-7 | <u> </u> | |
| Located at ► P.O. BOX 538 GALVESTON TX ZIP + 4 | 4 ► 77553-053 | 38 | <u> </u> | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check he | | | - - | П |
| and enter the amount of tax-exempt interest received or accrued during the year | 15 | | | N/ |
| At any time during calendar year 2012, did the foundation have an interest in or a signature or other author bank, securities, or other financial account in a foreign country? | ity over a | 16 | Yes | No X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name foreign country | of the | | | |
| Part VILB Statements Regarding Activities for Which Form 4720 May Be Required | 3 | | | |
| File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | Yes | No |
| 1 a During the year did the foundation (either directly or indirectly): | m. m. | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(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 XNo | | | |
| (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 XNo | | | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instruction | ın ıs)? | 1 b | N/ | A A |
| Organizations relying on a current notice regarding disaster assistance check here | _ | | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2012? | 's, | 1 c | | 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)): | | | | |
| a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? | . Yes XNo | | e l | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494 all years listed, answer 'No' and attach statement — see instructions.). | 2(a)(2) to | 2 b | N/Z | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20 , 20 , 20 , 20 | s here. | | | |
| a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes X No | | | |
| 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 approvable to 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.) | n ed | 3 b | N/A | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | <u> </u> |
| 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? | | 4 b | | X |
| VA | | n 990- F | | _ |

| Form 990-PF (2012) FLEISCHMANN FAMII | LY FUND | , , | | 596092 | Page |
|--|---|--|--|------------------------|---------------------|
| Part VIEB Statements Regarding Activi | ties for Which For | rm 4720 May Be Re | quired (continued |) | |
| 5 a During the year did the foundation pay or inc | | | · | | |
| (1) Carry on propaganda, or otherwise atten | npt to influence legislat | tion (section 4945(e))? | Yes | X No | |
| (2) Influence the outcome of any specific pu on, directly or indirectly, any voter regist | | | | X No | |
| (3) Provide a grant to an individual for trave | l, study, or other simila | ar purposes? | 📙 Yes | X No | |
| (4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section | X No | | | | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | ous, charitable, scientifion of cruelty to children | fic, literary, or n or animals? | Yes [| X No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or i (see instructions)? | the transactions fail to n a current notice rega | o qualify under the exce ording disaster assistance | ptions e | 5b | N/A |
| Organizations relying on a current notice regi | | | | | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Reg | nsibility for the grant? | | N/A Yes |] No | |
| 6 a Did the foundation, during the year, receive a on a personal benefit contract? | | | ns Yes | XNo | |
| b Did the foundation, during the year, pay prem | | | | | X |
| If 'Yes' to 6b, file Form 8870. | | • | | | |
| 7a At any time during the tax year, was the foun | dation a party to a pro- | hibited tax shelter trans | action? . Yes | X No | |
| b If 'Yes,' did the foundation receive any proces | | | | | |
| Rank Information About Officers, D and Contractors | irectors, Trustees | , Foundation Mana | gers, Highly Paid | Employees, | , |
| 1 List all officers, directors, trustees, foundation | on managers and their | compensation (see ins | tructions). | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | other all | account, owances |
| WILLIAM R. FLEISHMANN, JR. 2020 S. MISSION STREET, PMB-31 MOUNT PLEASANT, MI 48858 | President 1.00 | 0. | 0. | | 0 |
| | | | } | 1 | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | ' | | |
| | | | | i | |
| | • | | | | |
| | | live 3 live demonstration | > 16 | <u> </u> | |
| 2 Compensation of five highest-paid employees (ot | | | | | account |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | |
| None | | | - Componidation | | |
| | | | | 1 | |
| | | | | | |
| | | | | } | |
| | J | | | J | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| | | 1 | | 1 | |
| | | | | | |
| | | | | | |
| | 1 | Į | | 1 | |
| Total number of other amplicant and see \$50,000 | | | | | |
| Total number of other employees paid over \$50,000. | TEEA0306L 12 | | | Form 990-PF | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | | | • |

Page 6

| Form 990-PF (2012) FLEISCHMANN FAMILY FUND Rart VIII Information About Officers, Directors, Trustees, Foun | 76-0 ndation Managers, Highly Paid | 596092 Page 7 Employees, |
|---|---|--|
| and Contractors (continued) | - Auraki- a Marana anta MONE! | |
| 3 Five highest-paid independent contractors for professional services (see in (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | (3) 1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | (0) 55117 |
| | | |
| | | |
| ~ | | |
| ~ | | |
| | | |
| | | j |
| | | |
| | | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | 0 |
| Part XA Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax way. Include religions statistics | l information such as the number of | T _ |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Timornauon such as the number of | Expenses |
| 1 N/A | | • |
| | | - |
| 2 | | |
| | | - |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| ParklX B Summary of Program-Related Investments (see instruction | tions) | |
| | | |
| Describe the two largest program-related investments made by the foundation during the | tax year on lines 1 and 2. | Amount |
| N/A | | |
| N/A | | |
| 2 | | |
| | | |
| All other manner related in return to Co. | | |
| All other program-related investments. See instructions. | } | |
| <u> </u> | | |
| | | |
| otal. Add lines 1 through 3 | ., | 0. |
| | | Form 990-DE (2012) |

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | See Mediations. | | |
|--------------|--|-------------------|-------------|
| 1 Fa | ir market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: verage monthly fair market value of securities | 1 a | 4 |
| b Av | erage of monthly cash balances | 16 | 9,925. |
| c Fa | ır market value of all other assets (see instructions) | 10 | |
| | tal (add lines 1a, b, and c) | | 9,925. |
| | duction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | tach detailed explanation) | | |
| | quisition indebtedness applicable to line 1 assets. | 2 | 0. |
| | btract line 2 from line 1d | 3 | 9,925. |
| | | | |
| (fo | sh deemed held for charitable activities. Enter 1-1/2% of line 3 r greater amount, see instructions) | | 149. |
| 5 Ne | t value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 9,776. |
| 6 Mir | nimum investment return. Enter 5% of line 5 | 6 | 489. |
| Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera | iting f | oundations |
| | and certain foreign organizations check here ► ☐ and do not complete this part.) | | |
| | imum investment return from Part X, line 6 | 1 | 489. |
| 2 a Tax | on investment income for 2012 from Part VI, line 5 | | |
| | ome tax for 2012. (This does not include the tax from Part VI.) 2b | | |
| c Add | I lines 2a and 2b | 2c | 7. |
| | tributable amount before adjustments. Subtract line 2c from line 1 | 3 | 482. |
| | coveries of amounts treated as qualifying distributions | 4 | |
| | I lines 3 and 4 | 5 | 482. |
| | luction from distributable amount (see instructions) | | |
| | tributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | | 482. |
| | | l | |
| RaidXII | Qualifying Distributions (see instructions) | | |
| 4 ^ | and and Control of the Control of th | | |
| a Exp | ounts paid (including administrative expenses) to accomplish charitable, etc, purposes: enses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 4,759. |
| | gram-related investments – total from Part IX-B | 1 b | |
| | punts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| | | | |
| a Suit | ounts set aside for specific charitable projects that satisfy the: ability test (prior IRS approval required) | 3a | |
| | h distribution test (attach the required schedule) | 3Ь | |
| | lifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 4,759. |
| | · · | | 17.00. |
| | idations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | 5 | 7. |
| 6 Adju | sted qualifying distributions. Subtract line 5 from line 4 | 6 | 4,752. |
| Note | - The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun | dation | |
| | qualifies for the section 4940(e) reduction of tax in those years. | | |

BAA

Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2011 | (c) 2011 | (d) 2012 |
|---|--|----------------------------|--------------------|--------------------|
| 1 Distributable amount for 2012 from Part XI, | | | | 482 |
| line 7 | | | | 402 |
| a Enter amount for 2011 only | | | 0. | |
| b Total for prior years: 20 , 20 , 20 | | 0. | | THE PARTY OF THE |
| 3 Excess distributions carryover, if any, to 2012: | | | | |
| a From 2007 | | | | |
| b From 2008 5, 657. | | | | |
| c From 2009 673. | | | | |
| d From 2010 3,152. | | | | |
| e From 2011 2,974. | | | | |
| f Total of lines 3a through e | 12,852. | | | |
| 4 Qualifying distributions for 2012 from Part | | | | |
| XII, line 4: \$ 4,759. | | | | |
| a Applied to 2011, but not more than line 2a | | | 0.1 | z |
| b Applied to undistributed income of prior years (Election required — see instructions) | <u> </u> | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | | | |
| d Applied to 2012 distributable amount | | | | 482. |
| e Remaining amount distributed out of corpus | 4,277. | | | |
| 5 Excess distributions carryover applied to 2012 | 0. | | | 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: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 17,129. | | | |
| E | 17,123. | | | |
| 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 | | | 2.00 | |
| 4942(a) tax has been previously assessed. | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount see instructions | | 0.1 | | |
| e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0 | |
| inc za, razabie amoditi — see insudedona | | | | |
| f Undistributed income for 2012. Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be distributed in 2013. | | | | 0. |
| 7 Amounts treated as distributions out of | The state of the s | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2007 not | | | | |
| applied on line 5 or line 7 (see instructions). | 396. | | | |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a | 16,733. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 20085, 657. | | | | |
| b Excess from 2009 . 673. | | | | |
| c Excess from 2010 3,152. | | | | |
| d Excess from 2011 | | | | |
| e Excess from 2012 . 4,277. | | | | F 000 PF (2010) |
| 3AA | | | | Form 990-PF (2012) |

| Form 990-PF (2012) FLEISCHMANN FAMII | 76-0596092 | Page 10 N/A | | | | | | |
|---|--|---|---|---------------------------|-------------|--|--|--|
| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) | | | | | | | | |
| 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling | | | | | | | | |
| b Check box to indicate whether the foundation | | erating foundation (| | 4942(j)(3) or | 4942(j)(5) | | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | <u> </u> | Prior 3 years | | | | | |
| investment return from Part X for each year listed | (a) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | (e) Total | | | |
| b 85% of line 2a | | | | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | | | |
| 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: | |] | İ | | | | | |
| (1) Value of all assets | | <u> </u> | | <u> </u> | | | | |
| (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 and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | | | | |
| (4) Gross investment income | | | | | | | | |
| Supplementary Information (Cases assets at any time during the | Complete this | part only if the i | foundation had | \$5,000 or more in | | | | |
| Information Regarding Foundation Manager List any managers of the foundation who have colose of any tax year (but only if they have colose.) | rs: | an 2% of the total co | ntributions received b section 507(d)(2).) | y the foundation before | the | | | |
| WILLIAM R. FLEISHMANN, JR. | | | | | | | | |
| b List any managers of the foundation who own 10 a partnership or other entity) of which the for None | 0% or more of the s undation has a 10 | tock of a corporation % or greater interes | (or an equally large st. | portion of the ownership | of | | | |
| | | | | | | | | |
| 2 Information Regarding Contribution, Grant, Check here X if the foundation only makes requests for funds. If the foundation makes g complete items 2a, b, c, and d. | s contributions to p | reselected charitable | organizations and do | | | | | |
| a The name, address, and telephone number or e- | mail of the person | to whom applications | should be addressed | d: | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b The form in which applications should be sub | mitted and inform | ation and materials | they should include | e: | | | | |
| c Any submission deadlines: | | | | | | | | |
| | | | | | | | | |
| d Any restrictions or limitations on awards, such | as by geographi | cal areas, charitable | e fields, kinds of ins | titutions, or other facti | ors: | | | |
| | | | | | | | | |

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year PUBLIC 2,000. NONE GENERAL ISICR C/O FASEB 9650 ROCKVILLE PIKE BETHESDA, MD 20814 1,500. UNIVERSITY OF TEXAS MEDICAL PUBLIC NONE GENERAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555 PUBLIC GENERAL 1,200. GALVESTON ACADEMIC EXCELLENCE NONE P.O. BOX 3493 GALVESTON, TX 77552 4,700. b Approved for future payment Total

Part XVI A Analysis of Income-Producing Activities

| Ente | gross amounts unless otherwise indicated. | Unrelat | ed business income | Exclude | d by section 512, 513, or 514 | T |
|------|---|-------------------------|--------------------------|-------------------------------|----------------------------------|--|
| 1 | Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions.) |
| a | _ | | | 1 0000 | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | <u></u> | |
| e | | | | <u> </u> | | |
| 1 | Fees and contracts from government agencies | <u> </u> | | | | |
| | Membership dues and assessments | | | <u> </u> | | <u> </u> |
| 3 | Interest on savings and temporary cash investments | ļ <u></u> | | <u> </u> | | |
| 4 | Dividends and interest from securities | | | 14 | 4. | |
| 5 | Net rental income or (loss) from real estate: | | MANUSTER S | | | |
| | Debt-financed property [| | | | | |
| | Not debt-financed property | | | | | |
| | Net rental income or (loss) from personal property | | | | | |
| | Other investment income | | | | | |
| | Gain or (loss) from sales of assets other than inventory . | | | 18 | 899. | <u></u> |
| | Net income or (loss) from special events Gross profit or (loss) from sales of inventory . | | | · | · | |
| | Other revenue: | | | 6828 | | |
| a | | ACCES - MANAGERS | | are desirable | CONTROL (14) DESCRIPTION CONTROL | Market Market State of Control of State |
| ь | | | | | | |
| c | | | | | | |
| ď | | | | | | |
| е. | | | | | | |
| | Subtotal. Add columns (b), (d), and (e) | | | | 903. | |
| | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 903. |
| | vorksheet in line 13 instructions to verify calculation | | | | | |
| Part | XVI:B | Accompli | shment of Exempt | Purpo | ses | |
| Line | No. Explain below how each activity for which income | ome is repo | rted in column (e) of Pa | art XVI-A | contributed importantly | v to the |
| * | No. Explain below how each activity for which inco accomplishment of the foundation's exempt pro- | urposes (ot | ner than by providing fu | nds for | such purposes). (See in | structions.) |
| N/ | A | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form 990-PF (2012) FLEISCHMANN FAMILY FUND 76-0596092 Rank XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 | descri | e organization direction 501(bed in section 501(ig to political organi | c) of the Code | engage in any (other than sect | of the following wion 501(c)(3) orga | vith any anızatıo | other organiza ons) or in section | ation on 527, | | | Yes | No |
|--------|--------------------------------|--|--|--|---|--------------------------------|---|-----------------------------------|----------|------------------------------|--|---------------------|
| 9 | | iers from the reporti | | to a noncharitah | le evemnt organi | zation i | nf: | | | | | |
| | | ish | _ | | | | | | ľ | 1 a (1) | | X |
| | | her assets | | | | | | | - | 1 a (2) | ├ | $\frac{\hat{x}}{x}$ |
| h | | transactions: | | | | | | | | | 22332E)* | |
| _ | | iles of assets to a n | oncharitable ei | vomnt organizat | ion | | | | - 1 | 1 b (1) | 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | X |
| | | irchases of assets fi | | | | | | | · ·· } | 1 b (2) | | X |
| | • • | | | • | • | | | | | | | X |
| | | ental of facilities, eq | · - · | | | | | | · ·· | 1 b (3) | | X |
| | | imbursement arrang ans or loan guarant | | | | | | | - | 1 b (4) 1 b (5) | | X |
| | | • | | | | | | | | | | _ |
| | | rformance of servic | | | - | | | | - | 1 b (6) | | X |
| С | Snann | g of facilities, equip | ment, mailing i | usts, other asset | ts, or paid employ | /ees | | | L | 1 c | | X |
| d | If the a the goo any tra | inswer to any of the ds, other assets, or s nsaction or sharing | arrangement, | show in column | (d) the value of t | he goo | ds, other assets | s, or services red | ceived. | | | |
| (a) Li | пе по. | (b) Amount involved | (c) Name | of noncharitable exe | empt organization | (| d) Description of tr | ansfers, transactions | , and sh | arıng arran | gement | <u>s</u> |
| N/A | | | | | | <u> </u> | | | | | | |
| | | | | | | <u> </u> | | | | | | |
| | | | | | | <u> </u> | · | | | | | |
| | | | | | | <u> </u> | | | | | | |
| | | | | | | | <u> </u> | | | | | |
| | | <u></u> | | | | <u> </u> | | | | | | |
| | | | | | | <u> </u> | · | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| | | | 7 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| d | lescribe | undation directly or in ed in section 501(c) complete the follow | of the Code (o | d with, or related ther than section | to, one or more ta n 501(c)(3)) or in | x-exem _i section | ot organizations 527? | | | Yes | ΧN | lo |
| | (a | Name of organizat | tion | (b) Type | e of organization | | (4 | c) Description of | relatio | nship | | |
| N/A | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | _ | | | |
| Sinn | Under p correct, | enaities of perjury, I declaration and complete Declaration | re that I have examin of preparer (other t | ined this return, including than taxpayer) is base | ding accompanying sched on all information of | edules an which pre | d statements, and to eparer has any know | o the best of my knowl rledge. | _ | d belief, it is | | |
| Sign | /. | 11 0 17 | 2.0 | | 12/2/2014 | | | | | this return v preparer sh | vith the | - 1 |
| Here | <i>N.</i> | Man 1C. | eschman | | <u> </u> | | resident | & CEO | [ˈ | (see instruc | tions <u>)? </u> | ı İ |
| | Signa | ture of officer or trustee Print/Type preparer's nar | | Prances's | Date | | tle Date | | , PTI | XY | es | No |
| | | _ | | Preparer's s | | _ | 1-15-14 | Check i | ' | | 01 | |
| Paid | | | LSH, JR. | EDWARI | | JR. | L ʻ | self-employed | | 12047 | 71 | |
| Prepa | | | | | sociates | | | Firm's EIN > 76- | 062 | 995 | | |
| Use O | nly | | .O. Box 5 | | | | | | | | | |
| | | G | alveston, | TX 77553- | 0538 | | | Phone no. (4(| | <u> 763-46</u> | | |
| BAA | | | | | | | | | Fo | rm 990-P | F (20 1) | 2) |

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. 1545-0047

2012

| Name of the organization | | Employer Identification number | | | |
|---|--|---|--|--|--|
| FLEISCHMANN FAMILY FUND | | 76-0596092_ | | | |
| Organization type (check one): | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organizat | 501(c)() (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust no | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | 527 political organization | | | | |
| | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust tre | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | X 501(c)(3) taxable private foundation | | | | |
| | A context production | | | | |
| Check if your organization is covered by | the General Rule or a Special Rule | | | | |
| | 10) organization can check boxes for both the Genera | al Pula and a Special Pula. See instructions | | | |
| | by organization can check boxes for both the Genera | ii Nule and a Special Nule. See instructions. | | | |
| General Rule [X] For an organization filing Form 990, 99 contributor. (Complete Parts I and II | 0-EZ, or 990-PF that received, during the year, \$5,000 or .) | more (in money or property) from any one | | | |
| Special Rules | | | | | |
| For a section 501(c)(3) organization 509(a)(1) and 170(b)(1)(A)(vi) and re (2) 2% of the amount on (i) Form 99 | filing Form 990 or 990-EZ that met the 33-1/3% suppeceived from any one contributor, during the year, a c 0, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Comp | ort test of the regulations under sections contribution of the greater of (1) \$5,000 or lete Parts I and II. | | | |
| total contributions of more than \$1,0 | anization filing Form 990 or 990-EZ that received from an 00 for use <i>exclusively</i> for religious, charitable, scientior animals. Complete Parts I, II, and III. | y one contributor, during the year, fic, literary, or educational purposes, or | | | |
| If this box is checked, enter here the to purpose. Do not complete any of the pa | anization filing Form 990 or 990-EZ that received from an gious, charitable, etc, purposes, but these contributions dial contributions that were received during the year for an ints unless the General Rule applies to this organization be | exclusively religious, charitable, etc, ecause it received nonexclusively | | | |
| religious, charitable, etc, contribution | s of \$5,000 or more during the year | | | | |
| Caution: An organization that is not covered by the Canswer 'No' on Part IV, line 2, of its Form 990; or meet the filing requirements of Schedule | General Rule and/or the Special Rules does not file Schedule B (Form r check the box on line H of its Form 990-EZ or on Part I, line 2, B (Form 990, 990-EZ, or 990-PF). | n 990, 990-EZ, or 990-PF) but it must of its Form 990-PF, to certify that it does not | | | |
| BAA For Paperwork Reduction Act Noti or 990-PF. | ce, see the Instructions for Form 990, 990EZ, | Schedule B (Form 990, 990-EZ, or 990-PF) (2012) | | | |

| FI.ETS | ganization CHMANN FAMILY FUND | 1 ' | oyer identification number - 0596092 |
|---------------|--|-------------------------------|---|
| | Contributors (see instructions). Use duplicate copies of Part I if additional space is nei | | 000002 |
| (a) Number | | (c) Total contributions | (d) Type of contribution |
| 1 | WILLIAM R. FLEISCHMANN | | Person X Payroll |
| | P.O. BOX 538 | 10,000 | (Complete Part II if there is |
| | GALVESTON, TX 77553 | | a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II if there is |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | à noncash contribution.) (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there is |
| (a) Number | (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.) |
| BAA | TEEA0702L 11/30/12 | Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2012) |

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

Page

1 of

1 of Part 1

1 to

1 of Part II

Name of organization
FLEISCHMANN FAMILY FUND

BAA

Employer identification number

76-0596092

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

| Partille | Noncash Property (see instructions). Use duplicate copies of Part 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 |
| | N/A | | |
| | | \$ | |
| (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 |
| | | s | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | <u></u> | |
| | | \$ | |
| (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 |
| | | | |
| —— <u> </u> | | | |
| ĺ | | \$ { | |

TEEA0703L 11/30/12

| | HMANN FAMILY FUND | | | Employer identification number 76-0596092 | |
|---------------------------|---|---|------------------|--|--|
| <u> Part-IIIE</u> | Exclusively religious, charitable, organizations that total more that For organizations completing Part III, enterontributions of \$1,000 or less for the year Use duplicate copies of Part III if addition | n \$1,000 for the year. Comper total of exclusively religious, and the comper total of exclusively religious, and the comper total of the comper to | plete columns (a | a) through (e) and the following line entry. | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | N/A | | | | |
| | Transferee's name, addre | (e) Transfer of gift ess, and ZIP + 4 | | ationship of transferor to transferee | |
| | | | | | |
| (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 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 Rela | | | tionship of transferor to transferee | |
| - - - | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relati | ionship of transferor to transferee | |
| - | | | | | |
| BAA | | | Schedu | le B (Form 990, 990-EZ, or 990-PF) (2012) | |

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

Name of organization

1 of Part III

Page

1 to

Page 1 2012 **Federal Statements** 76-0596092 Client 2555 **FLEISCHMANN FAMILY FUND** 1/13/14 Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees (d) (a) (b) Net (c) Charitable Investment Adjusted Expenses per Books Income Net Income Purposes 595. \$ 595. \$ 238. \$ 238. \$ EDWARD WALSH & ASSOCIATES Total \$

06:03PM

| 2012 Federal Supporting Detail | | Page 1 | |
|---|-----------------------------------|--------------------|--|
| Client 2555 | FLEISCHMANN FAMILY FUND | 76-0596092 | |
| 1/13/14 | | 06:03PN | |
| Other Income Produ Dividends/interest fo | cing Activities om securities. | | |
| | STMENT ACCOUNT | 0. 4. 4. | |
| Balance Sheet Savings and tempor | ary cash investments | * | |
| PNC BANK | Total \$ | 15,406. 15,406. | |

Form **8868** (Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

omb No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

| | are filing for an Automatic 3-Month Extension are filing for an Additional (Not Automatic) 3-N | | | | | > 🗓 |
|---|--|---|---|------------------------------------|---|----------------|
| = | mplete Part II unless you have already been gr | | • | | | |
| Electronic corporation request an Associated | filing (e-file). You can electronically file Form on required to file Form 990-T), or an additional extension of time to file any of the forms listed in I With Certain Personal Benefit Contracts, which filling of this form, visit www.irs.gov/efile and cl | 8868 if you ne (not automation Part I or Part II ch must be ser | ed a 3-month automatic extension of time; 3 3-month extension of time. You can e with the exception of Form 8870, Information to the IRS in paper format (see instruc | ne to file lectroni on Retur | e (6 months for scally file Form on for Transfers | 8868 to |
| Part | Automatic 3-Month Extension of Ti | me. Only su | bmit original (no copies needed) | · | | |
| LESSON BROKENSKY CON | ion required to file Form 990-T and requesting | | | | ete Part I only | ▶ □ |
| • | , , | | | - | _ | |
| income tax | orporations (including 1120-C filers), partnersh returns. | ips, reivilos, a | Enter filer's ident | | | |
| | Name of exempt organization or other filer, see instruction | is. | | Emplo | yer identification ni | umber (EIN) or |
| Type or | | | | | | |
| print | FLEISCHMANN FAMILY FUND | | | 76-0 | 76-0596092 | |
| File by the | Number, street, and room or suite number. If a P.O. box, s | see instructions | | S | ocial security numb | ber (SSN) |
| due date for filing your | P.O. BOX 538 | | | <u> </u> | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign | address, see instri | uctions. | | | |
| | GALVESTON, TX 77553-0538 | · · · | | | | |
| Enter the R | eturn code for the return that this application is | s for (file a se | parate application for each return) | | | . 04 |
| Application Is For | | Return Code | Application Is For | | | Return Code |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990-B | L | 02 | Form 1041-A | | | |
| Form 4720 (i | ndıvıdual) | 03 | Form 4720 | - | | 09 |
| Form 990-P | F | 04 | Form 5227 | | | 10 |
| Form 990-T | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | | 12 |
| Telephon If the org If this is check th | re No. > 409-763-4626 ganization does not have an office or place of for a Group Return, enter the organization's forms box > If it is for part of the group resion is for. st an automatic 3-month (6 months for a corporation). | FAX No business in the our digit Group o, check this bo on required to fi | e United States, check this box Exemption Number (GEN) | this is | for the whole | group, |
| > [| | | | | | |
| 2 If the ta | ax year entered in line 1 is for less than 12 mo ange in accounting period | | | el returr | 1 | |
| 3a If this a nonrefu | application is for Form 990-BL, 990-PF, 990-T, undable credits. See instructions | 4720, or 6069, | enter the tentative tax, less any | 3a\$ | | 0. |
| b If this a paymer | pplication is for Form 990-PF, 990-T, 4720, or ots made. Include any prior year overpayment | 6069, enter ar allowed as a c | ny refundable credits and estimated tax redit | 3ь\$ | | 0. |
| | e due. Subtract line 3b from line 3a. Include yo (Electronic Federal Tax Payment System). Se | | | 3 c \$ | | 0. |
| Caution. If you payment insti | u are going to make an electronic fund withdrawal ructions. | with this Form 8 | 3868, see Form 8453-EO and Form 8879-E0 | O for | | |