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Form **990-PF** Department of the Treasury

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to satisfy state reporting re

OMB No 1545-0052

		1, 2012	, and ending	SEP 30, 201	2
		1, 4014	, and enoung	A Employer identification	
wa	me of foundation			v cuibioset ideutilicatio	in namver
т	HE TRIO FOUNDATION			48-110413	6
_	nber and street (or P O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
5	000 WEST 95TH STREET, SUI	TE 200		(913) 307-	-0910
$\overline{}$	or town, state, and ZIP code			C if exemption application is	pending, check here
	RAIRIE VILLAGE, KS 66207	,			
G	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ıs, check here 🕨 🗀
	Final return	Amended return		2 -	
	Address change	Name change		Foreign organizations m check here and attach or	computation
H (	Check type of organization: $X$ Section 501(c)(3) ex			E If private foundation st	atus was terminated
ᆫ	\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_	Other taxable private founda		under section 507(b)(1	I)(A), check here 🕨 🗀
	ur market value of all assets at end of year   J Accounti	•	Accrual	F If the foundation is in a	
-	rom Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	I)(B), check here . $\blacktriangleright$
_	\$ 2,527,228. (Part I, colu				(4)
JK.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )			N//A	(cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B		<del></del>	23///22	
	Interest on savings and temporary	162.	162.		STATEMENT 1
	cash investments     Dividends and interest from securities	71,139.	71,139		STATION 2
	5a Gross rents		•		
	b Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·		
40	6a Net gain or (loss) from sale of assets not on line 10	63,194.			
ğ	b Gross sales price for all 911,336.			1	
Revenue	7 Capital gain net income (from Part IV, line 2)		63,194.		
Œ	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances	<u> </u>		ļ	
	D Less Cost of goods sold				
	c Gross profit or (loss)  11 Other income	<8,282.	> <8,282.		SHPANDEMIN 3
	12 Total. Add lines 1 through 11	126,213.	126,213.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0
	14 Other employee salaries and wages	52,000.	0.		52,000.
	15 Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·			
Ses	16a Legal fees			RECEIVED	
Expens	b Accounting fees STMT 4	12,566.	0,403.	REUS	6,283
Ĕ	c Other professional fees STMT 5	18,599.	18,599	NIC 1 9 2014	19 0.
and Administrative	17 Interest		55 <b>N</b>	AUG 19 EUR	199
trat	18 Taxes STMT 6	5,781.	55124		4,020.
nis	19 Depreciation and depletion			ODEN	The state of the s
dmi	20 Occupancy		/ <del>**</del>		_
фÞ	21 Travel, conferences, and meetings				
	22 Printing and publications	5,225.	1,271.		3,954
tıng	23 Other expenses STMT 7	5,445.	1,4/1.		3,954
Operating	24 Total operating and administrative expenses. Add lines 13 through 23	94,171.	26,704.		66,257
o	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid		A SHOW WANTED	ERAC N	128,000
	26 Total expenses and disbursements.		1 岁 L かんらびい やい 表面 Metr <u>地面を対象部分。</u>	THE PROMISE	
	Add lines 24 and 25	222,171.	26,704.		194,257.
ᅱ	27 Subtract line 26 from line 12	Secretary and the second	ALCO AND PROPERTY.	Mark Control	, , , , ,
	Excess of revenue over expenses and disbursements	<95,958.	99,509.	10 m	
	b Net investment income (if negative enter -0 )	1 283	99,509.	なができる。	· -
	C Adjusted net income (if negative enter -0-)	84 - 4	The stage of the time of	N/A	

223511

2,170,801. Form **990-PF** (2012)

2,181,931.

11,130.

4

Decreases not included in line 2 (itemize) ► PTP SALE BASIS ADJUSTMENT

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

Add lines 1, 2, and 3

Rart IV Capital Gains a	and Losses for Tax on Ir	vestmen	t Income					<u> </u>
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sha	., real estate, s. MLC Co.)		( <b>b)</b> H	ow acquired Purchase Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
12 PUBLICLY TRADE	D SECURITIES - S	T				VAR	COUS	VARIOUS
b PUBLICLY TRADE	D SECURITIES - L	$\overline{\mathbf{T}}$				VAR		VARIOUS
	NS FROM PASSTHRO	UGHS				VAR		VARIOUS
d 1231 GAINS FROM		,				VAR		VARIOUS
е								
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale							) (g)
a 233,279.			234,79					<1,512.
ь 677,933.			613,19	1.				64,742.
c 124.								124.
d			16	0.				<160.
е								····
Complete only for assets showing	g gain in column (h) and owned by t	he foundation	n on 12/31/69			(I) Gains (I	Col. (h) gaın	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	· · ·	cess of col. (1) col. (j), if any		cc	ıl. (k), but	not less that (from col. (	n -0-) <b>or</b>
a								<1,512.
b			1077		-			64,742.
С								124.
d			<del></del>					<160.
e								
2 Capital gain net income or (net cap 3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c if (loss), enter -0- in Part I, line 8  [Part Val Qualification Ur (For optional use by domestic private	s) as defined in sections 1222(5) and column (c).	n Part I, line d (6): Reduced	7 Tax on Net			come	N/A	63,194.
If section 4940(d)(2) applies, leave thi  Was the foundation liable for the section  If "Yes," the foundation does not qualif  Enter the appropriate amount in each	on 4942 tax on the distributable amo	nplete this pa	rt.					Yes X No
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying disti	rıbutions	Net value of non	(c) icharita	able-use assets		Distrib (col (b) divi	(d) ution ratio ded by col. (c))
2011	530	0,171.		2,	603,133	3.		.203667
2010		9,415.		2,	942,545	5.		.125543
2009	288	8,562.		2,	885,098	3.		.100018
2008	37	7,809.		$\overline{2}$	885,098			.130952
2007	388	3,499.			908,976			.099386
2 Total of line 1, column (d)	•				· · · ·	2		.659566
3 Average distribution ratio for the 5- the foundation has been in existence		n line 2 by 5,	or by the number o	of year:	S	3		.131913
4 Enter the net value of noncharitable	-use assets for 2012 from Part X, In	ne 5				4		2,420,034.
5 Multiply line 4 by line 3	,					5		319,234.
6 Enter 1% of net investment income	(1% of Part I line 27h)					6		995.
7 Add lines 5 and 6	( or r are is into 21 U)					7		320,229.
	Part VII. line 4			-				
8 Enter qualifying distributions from F If line 8 is equal to or greater than Ii See the Part VI instructions	Part XII, line 4 ne 7, check the box in Part VI, line 1	lb, and comp	lete that part using	a 1% i	tax rate.	[_8_]		194,257.
Coo mo r art vi mandellona							<del></del>	

			110413		Page 4
R	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 -	see instr	uctio	ns)
18	a 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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1		1,9	990.
	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).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
	the state of the s	3		1,9	990.
4		4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1.9	990.
6	Credits/Payments:				
	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 871.				
	Exempt foreign organizations - tax withheld at source 6b				
	E Tax paid with application for extension of time to file (Form 8868) 6c 2,500.	}			
	f Backup withholding erroneously withheld 6d	;			
	Total credits and payments. Add lines 6a through 6d	7		3.3	371.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8		- / -	2.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1.3	379.
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11			0.
	Tit VIII-A Statements Regarding Activities				<del></del>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1		Yes	No
	any political comparant	•	1a	1.00	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	•	1b	$\vdash$	X
	If the answer is "Yes" to <sub>1a</sub> or <sub>1b</sub> , attach a detailed description of the activities and copies of any materials published	i or			سنند
	distributed by the foundation in connection with the activities.	. 0.			
c	Did the foundation file Form 1120-POL for this year?		1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				حتنا
Ĭ	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			į.	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			li .	4
	managers. ►\$ 0.			ľ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
_	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	"	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<del>                                     </del>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/			<del> </del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<b>-</b>	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 la	w			
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA, KS				
h	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	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	iar			احتيا
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
	, , , , , , , , , , , , , , , , , , ,		Form <b>990</b>	-PF	

4b

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?

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

LYDA BEARDSLEY - 1069 LAS GALLINAS

AVE, SAN RAFAEL, CA 94903

GRANTS DIRECTOR

40.00

52,000.

0.

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

Ŗ	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	2.55	
a	Average monthly fair market value of securities	1a	2,277,451.
	Average of monthly cash balances	1b	2,277,451. 179,436.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	2,456,887.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,456,887.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	36,853.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,420,034.
6	Minimum investment return. Enter 5% of line 5	6	121,002.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	121,002.
-	Tax on investment income for 2012 from Part VI, line 5		·-···
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,990.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	119,012.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	119,012.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	119,012.
<u> </u>	artixili Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		·
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	194,257. 0.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	·····
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	194,257.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
-	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	194,257.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

## 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,		· · · · · · · · · · · · · · · · · · ·	·	
line 7				119,012.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	i
b Total for prior years:	<u>, , , , , , , , , , , , , , , , , , , </u>			
2010, 2009, 2008		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 194,856.				
bFrom 2008 234,910.				
c From 2009 145, 292.				
dFrom 2010 223,624.				
eFrom 2011 401,996.				
1 Total of lines 3a through e	1,200,678.			•
4 Qualifying distributions for 2012 from	, , , , , , , , , , , , , , , , , , , ,			
Part XII, line 4: ►\$ 194, 257.	j			
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				119,012.
e Remaining amount distributed out of corpus	75,245.			
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:			i e	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,275,923.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_ [	ł	
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line	İ			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2013				0.
7 Amounts treated as distributions out of	J			
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	U•			
8 Excess distributions carryover from 2007	104 056			
not applied on line 5 or line 7	194,856.			
9 Excess distributions carryover to 2013.	1,081,067.			
Subtract lines 7 and 8 from line 6a	1,001,007.			
O Analysis of line 9: a Excess from 2008 234, 910.	i			
445-000	ļ			
b Excess from 2009 145, 292. c Excess from 2010 223, 624.	į		Ì	
d Excess from 2011 401, 996.		.	j	
e Excess from 2012 75, 245.	Į		ļ	j
CLACCOS HUIII 2012 1 1 1 1 2 4 3 -				<u></u>

Part XV Supplementary Information	1 (continued)			
3 Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE STATEMENT 13	NONE	501 (C) (3)		
				128,000.
		<u> </u>		
	<u> </u>	İ		
Total .	<del></del>	<del></del>	▶ 3a	128,000.
<b>b</b> Approved for future payment				
NONE				
	· · · · · · · · · · · · · · · · · · ·			
Total			<b>▶</b> 3b	0.

Part XVI-A: Analysis of Income-Producing Activ
--

Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	741100111	
a			<del>-  </del>		
D	-				
	-				
<u> </u>					<del></del>
f	-	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>
g Fees and contracts from government agencies	-     -				<del></del>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14		162.
4 Dividends and interest from securities			14		71,139.
<ul> <li>5 Net rental income or (loss) from real estate:</li> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>					
6 Net rental income or (loss) from personal property					
7 Other investment income			14		<8,282.
8 Gain or (loss) from sales of assets other than inventory			18		63,194.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
<u> </u>	-		+ +		
d					
e	_				
12 Subtotal. Add columns (b), (d), and (e)	化沙拉烯烯	(		0.	126,213.
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	126,213.
See worksheet in line 13 instructions to verny calculations.)				<del> </del>	<del> </del>

Line No.										to importantly to the accu	imposiment or
▼							ling funds for such				
11	OTHE	R R	EVENUES	ARE	USED	то	SUPPORT	THE	EXEMPT	ACTIVITIES	OF
	THE	ORG	ANIZATI	ON.				•			
		01(0.		<u> </u>						<del></del>	<del></del>
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223621											Form 990-PF (2012)

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all inform Blitter Signature of officer or trustee  Date	May the IDS discuss this
Paid	Print/Type preparer's name  SCOTT SLABOTSKY  Reparer's signature	Date Check of PTIN self- employed P00638703
Prepa Use C	Timonano, Obili Illini, Digo	Firm's EIN ► 34-1874260
	LEAWOOD, KS 66211	Phone no. 913-234-1000

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE						AMOUNT
VARIOUS SOURCES						162.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			162.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FRO	OM SEC	URITIES	STATEMENT 2
SOURCE		GROSS	TOUOMA		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VARIOUS SOURCES	-		71,139	<del>_</del>	0.	71,139.
TOTAL TO FM 990-PF, PART I, I	LN 4		71,139		0.	71,139.
FORM 990-PF	0'	THER I	NCOME			STATEMENT 3
DESCRIPTION		:	(A) REVENU PER BOC		(B) NET INVEST- MENT INCOME	
INCOME FROM PASSTHROUGHS	<b>.</b>		<3	,679.	> <3,679	•>
PREVIOUSLY DISALLOWED PASSIVE LOSSES ROYALTY INCOME	S		<4	,600. <3.		
TOTAL TO FORM 990-PF, PART I,	, LINE	11	<8	,282.	> <8,282	.>
FORM 990-PF	ACC	COUNTI	NG FEES			STATEMENT 4
DESCRIPTION	EXPE	A) NSES BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	12	2,566.		6,283	•	6,283.
TO FORM 990-PF, PG 1, LN 16B	12	2,566.		6,283	•	6,283.
=		<del></del>				

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	18,599.	18,599.		0.	
TO FORM 990-PF, PG 1, LN 16C	18,599.	18,599.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FEDERAL EXCISE TAXES FOREIGN TAX WITHHOLDING FOREIGN TAX WITHHOLDING	4,020. 1,210. 531.	0. 0. 531.		4,020. 0. 0.	
FROM PASSTHROUGH	20.	20.		0.	
TO FORM 990-PF, PG 1, LN 18	5,781.	5,781. 551.		4,020.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE / DELIVERY MEMBERSHIP DUES UTILITIES / PHONE INSURANCE BANK / INVESTMENT FEES OTHER DEDUCTIONS FROM PASSTHROUGHS	775. 114. 1,482. 1,583. 1,096.	0. 0. 0. 0. 1,096.		775. 114. 1,482. 1,583. 0.	
TO FORM 990-PF, PG 1, LN 23	5,225.	1,271.		3,954.	
		=	<del></del>	<del></del>	

FORM 990-PF U.S. AND STATE	/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
RBC DAIN RAUSCHER JP MORGAN	X X		136,678. 81,357.	120,575. 107,786.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	218,035.	228,361.
TOTAL STATE AND MUNICIPAL GOVERNM	ENT OBLIG	ATIONS		
TOTAL TO FORM 990-PF, PART II, LI	NE 10A	=	218,035.	228,361.
FORM 990-PF C	ORPORATE	STOCK		STATEMENT 9
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
RBC DAIN RAUSCHER JP MORGAN ENERY TRANSFER PARTNERS LP ENTERPRISE PRODUCTS PARTNERS KINDER MORGAN ENERGY PARTNERS ONEOK PARTNERS LP PLAINS ALL AMERICAN PIPELINE ENERGY TRANSFER EQUITY LP		-	668,186. 585,272. 0. 0. 0. 0.	845,892. 720,936. 0. 0. 0. 0.
TOTAL TO FORM 990-PF, PART II, LII	NE 10B	-	1,253,458.	1,566,828.
FORM 990-PF CO	ORPORATE	BONDS		STATEMENT 10
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
RBC DAIN RAUSCHER JP MORGAN		_	445,531.	472,273. 0.
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	_	445,531.	472,273.
		=		

11

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

IRWIN BLITT RITA BLITT The Trio Foundation 48-1104136

Form 990-PF Part XV, Line 2 Supplementary Information



## APPLICATION PROCEDURE

Each year the foundation awards approximately twenty-five grants of \$1,000 to \$15,000 in one funding cycle.

The postmark or email deadline for grant applications is July Ist for a November decision.

To apply, please send a letter or an email, no longer than one page, outlining the purpose for which you request funding. There is no application form; the letter is your application. Please include a one sentence summary of your proposed project. The letter should address these basic questions:

- What is the significance of the issue you seek to address and how does it affect young children and their families?
- What are the changes you seek to bring about?
- What project are you proposing to Trio and approximately how much funding are you requesting for it?
- How will this project bring about the changes you seek?

Applicants whose projects best match our funding priorities will be asked to submit a longer proposal.

Send application letters to.

lyda@triofoundation.org

or by mail to:

TRIO Foundation 1563 Solano Avenue #174 Berkeley, CA 94707 510.527.4605

TRIO FOUNDATION		
FIN. 48-1104136		
YEAR ENDING: 9/30/13		ļ
NAME OF ORGANIZATION	ADDRESS	TOTAL
ANN MARTIN CENTER	1375 55TH STREET	\$ 7,500.00
	EMERYVILLE, CA 94608	
BAY AREA HISPANO INST FOR ADVANCEMENT	1000 CAMELIA STREET	7,000 00
	BERKELEY, CA 94710	-
BAY AREA PARENT LEADERSHIP ACTION NETWORK	405 14TH STREET, #811	10,000 00
	OAKLAND, CA 94612	
CHILD CARE LAW CENTER	445 CHURCH STREET	10,000.00
	SAN FRANCISCO, CA 94114	-
COMMUNITY INITIATIVES	354 PINE STREET, SUITE 700	5,000.00
	SAN FRANCISCO, CA 94104	0,000.00
COMMUNITY WORKS WEST	4681 TELEGRAPH AVENUE	15,000 00
	OAKLAND, CA 94609	
EAST BAY CENTER FOR THE PERFORMING ARTS	339 - 11TH STREET	15,000 00
EAST BAT CENTERT OR THE TERRORISMO ARTO	RICHMOND, CA 94801-3105	13,000 00
		<del></del>
FOUNDATION CENTER	79 FIFTH AVENUE, 4TH FLOOR	1,000.00
	NEW YORK, NY 10003	
JEWISH FAMILY & CHILDRENS SERVICES/EAST BAY	2484 SHATTUCK AVENUE, SUITE 210	10,000.00
DEVISIT FAMILI & CHIEDICENS SERVICES/EAST BAT	BERKELEY, CA 94704	10,000.00
LOTUS BLOOM CHILD & FAMILY CENTER	2008 PARK BOULEVARD	7,500 00
	OAKLAND, CA 94606	
DOCO DADI/	2604 BOOSEVELT AVENUE	5 000 00
POGO PARK	2604 ROOSEVELT AVENUE RICHMOND, CA 94804	5,000 00
	THOMMOND, OA 94004	
UJIMA FAMILY RECOVERY SERVICES	1901 CHURCH LANE	10,000 00
	SAN PABLO, CA 94806	
TOTAL GRANTS		\$103,000 00
		<b>4.00,000</b>
PEACE DEVELOPMENT	PO BOX 1280	\$15,000 00
TENDE DEVELOT MENT	AMHERST, MA 01004-1280	Ψ13,000 00
WOMENS RIGHTS INTERNATIONAL/TIDES CENTER	PO BOX 4275	10,000 00
VIONILIAS RIGITIS INTERNATIONALITIDES CENTER	ALBUQUERQUE, NM 87196	10,000 00
TOTAL DONATIONS		\$25,000 00
GRAND TOTAL		\$128,000 00

### Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

If you a Do not confidence of the top of the	tre filing for an Automatic 3-Month Extension, completer filing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-month of file Form 990-T), or an additional (not automatic) 3-month of the forms listed in Part I or Part II with the extension of the forms file and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Times	tension, of an automation and need a not need a not need a ception of per format	complete only Part II (on page 2 of atic 3-month extension on a previous a 3-month automatic extension of tir sion of time. You can electronically for Form 8870, Information Return for (see instructions). For more details of	sly filed Fome to file ( ile Form 8 Transfers on the ele	orm 8868. 6 months for a 868 to reques Associated W	t an extension ith Certain	
Part I only All other c	tion required to file Form 990-T and requesting an autor					<b>&gt;</b> □	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	mployer identification number (EIN) or		
orint	THE TRIO FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  So				48-1104136		
file by the due date for iling your				Social se	ocial security number (SSN)		
eturn See nstructions.	City, town or post office, state, and ZIP code. For a for PRAIRIE VILLAGE, KS 66207						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application	on	Return	Return Application			Return	
s For			Is For			Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07		
orm 990-	BL	02	Form 1041-A			08	
orm 4720	O (individual)	03 Form 4720			09		
orm 990-		04	4 Form 5227			10	
orm 990-	T (sec. 401(a) or 408(a) trust)	05	05 Form 6069				
orm 990	T (trust other than above)	06   Form 8870   1 H WB FAMILY OFFICE - 5000 WEST 95TH STREET,				12	
	oks are in the care of $\triangleright$ SUITE 200 - PRA one No. $\triangleright$ 913-307-0910			S.I. 32	TH STRE	ET,	
If this is	rganization does not have an office or place of business of a Group Return, enter the organization's four digit of the group, check this box	Group Exe	emption Number (GEN) In the names and EINs of	f this is fo	_		
<b>▶</b> [	r the organization's return for:  calendar year or X tax year beginning OCT 1, 2012	, an	d ending SEP 30, 2013		·	1	
2 If th	e tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on:	Fınal retur	n 		
	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	_		3 FAA	
	refundable credits. See instructions.			3a	\$	2,500.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,					0	
	mated tax payments made. Include any prior year overp		<del></del>	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa Ising EFTPS (Electronic Federal Tax Payment System). 3			3с	\$	2,500.	
	f you are going to make an electronic fund withdrawal v				·		
	or Privacy Act and Paperwork Reduction Act Notice,					68 (Rev 1-2013)	

223841 01-21-13

Form 8	3868 (Rev. 1-2013)					Page 2	
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		<u> </u>	
	Only complete Part II if you have already been granted an a						
• If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Parl	II: Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	ed).	
			Enter filer's	identifyi	ng number, se	e instructions	
Type				r identification	number (EIN) or		
print	orint He by the THE TRIO FOUNDATION						
File by ti					48-110	4136	
filing you				Social se	ocial security number (SSN)		
Instruction	City, town or post office, state, and ZIP code. For a for PRAIRIE VILLAGE, KS 66207	oreign add	lress, see instructions.				
		<del></del> -				<del></del>	
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applic	ation	Return	Application			Return	
is For		Code	Is For	F4 (CT) .~ 83.75	15 **** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code	
	90 or Form 990-EZ	01	<b>通知</b> 的一种,		是是可能是影響	79% 艾海路	
Form 9		02	Form 1041-A			08	
	720 (individual)	03	Form 4720			09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870		15 6000	12	
STOP	Do not complete Part II if you were not already granted		Y OFFICE - 5000 WE			<u> </u>	
• The	books are in the care of SUITE 200 - PRA			51 )	III DIKE	GI,	
	ephone No. ► 913-307-0910	111111	FAX No. ►			····	
	e organization does not have an office or place of business	s in the Lir					
	is is for a Group Return, enter the organization's four digit (					up, check this	
box 🕨			ch a list with the names and EINs of				
			Г 15, 2014 .				
		OCT 1	, 2012 , and ending	SEP	30, 203	13 .	
	f the tax year entered in line 5 is for less than 12 months, c	heck reas		Final r			
	Change in accounting period						
	State in detail why you need the extension						
				DRMAT	ION NEC	ESSARY	
<u>-</u>	TO PREPARE A COMPLETE AND ACCU	JRATE	RETURN.				
					<del></del> .		
8a l	fthis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
-	onrefundable credits. See instructions.			8a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-					
	ax payments made. Include any prior year overpayment all	owed as a	credit and any amount paid	经程		•	
_	previously with Form 8868.			8b	\$	0.	
	Salance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			^	
	FTPS (Electronic Federal Tax Payment System). See instru		1 h	8c	\$	0.	
	<del></del>		t be completed for Part II o	-	£ annu lanna da d		
unaer p t is true	enalties of perjury, I declare that I have examined this form, includi , correct, and complete, and that Lam authorized to prepare this fo	ng accomp rm.	anying scredules and statements, and to	tne best o	T My Knowledge a	and belief,	
	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				5115	114	
Sign <u>at</u> uı	e > (ACVI F) MONINARY	$\Delta$	· · · · · · · · · · · · · · · · · · ·	Date	<del></del>	11 7	
	- []				Form 886	8 (Rev. 1-2013)	