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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

_	_		dar year 2012 or tax year beginning N	OV 1	, 2012	, and e	nding	OCT 31, 2013	T Open to pegalo inspection
1	lan	ne of	foundation					A Employer identification	n number
	СН	DI	FOUNDATION, INC.						
	AΤ	TN:	KEN SLUTSKY, TAX EXEMPT INST	RP				73-1683871	
N	lum	ber a	nd street (or P O box number if mail is not delivered to	street	address)		Room/suite	B Telephone number	
	65	LI	VINGSTON AVENUE					973-597-2510	
C	City	or to	own, state, and ZIP code					C If exemption application is	pending, check here
_			AND, NJ 07068						
G	CI	heck	all that apply Initial return		Initial return of a fo	rmer public o	charity	D 1. Foreign organization	is, check here
			Final return		Amended return			2. Foreign organizations m	neeting the 85% test,
		haal.	Address change	2) 614	Name change empt private foundation			1	
Γ		1	type of organization X Section 501(c)(ction 4947(a)(1) nonexempt charitable trust		Other taxable private founda	ition		If private foundation st under section 507(b)(
- <u>- </u>	Fai		· · · · · · · · · · · · · · · · · · ·		ng method X Cash	Accr	nal	1	** *
			Part II, col. (c), line 16)	_	ner (specify)			F If the foundation is in a under section 507(b)(1	
					mn (d) must be on cash l	basis.)			(A)
5	a	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may incressarily equal the amounts in column (a))		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
SY_			necessarily equal the amounts in columns (o), (c), and (d) may the necessarily equal the amounts in column (a))	iot	expenses per books	inco	ome	income	for chantable purposes (cash basis only)
2019	-	1	Contributions, gifts, grants, etc , received		150018130.		••••	N/A	
କ୍ଷ		2	Check If the foundation is not required to attach Sch	В					<u> </u>
es)		3	Interest on savings and temporary cash investments		1381.		1381.		STATEMENT1
<u>_</u>		4	Dividends and interest from securities		32712.		32712.		STATEMENT2
SEP	-		Gross rents			·····			
\bigcirc		_	Net rental income or (loss)			-4	110 110		
삁	e l	ь	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 243848		127515.		······································		
3	Revenue	7	assets on line 6a 2 4 3 6 4 6 Capital gain net income (from Part IV, line 2)	'·			127515.		
SCANNED	₽	8	Net short-term capital gain				12/313,		
Ś		9	Income modifications		i i i i i i i i i i i i i i i i i i i 	' .!!.			·
		10a	Grace calce face returns						
		b	Less Cost of goods sold						
		C	Gross profit or (loss)						
		11	Other income		77643.		0.		STATEMENT3
_	_	12	Total Add lines 1 through 11	_	150257381.		161608		
		13	Compensation of officers (directors mustees elc Other employee salaries and wages]	0.		0.	· · · · · · · · · · · · · · · · · · ·	0.
		14	Other employee salaries and wages Pension plans, employee benefits		-				
	န	15 162	Legal fees SEP 1 8 2014						
	eus	h	Legal fees SEP 1, 8 2014 Accounting fees						
1	χ	C	Other professional-fees DEN, UT						
	ě	17	Interest LUGUEIV, UI]					-
	a	18	Taxes STMT 4	_	5000.		0.		0.
	is l	19	Depreciation and depletion						
	팀	20	Occupancy						
:	Ă	21	Travel, conferences, and meetings						ļ
	ä	22	Printing and publications						
	Ē	23	Other expenses STMT 5		153269125.		0,		153267074.
,	Operating and Administrative Expenses	24	Total operating and administrative expenses. Add lines 13 through 23		153274125.		0.	1	15306707
(ဝီ	25	Contributions, gifts, grants paid		538314.				153267074. 538314.
٠			Total expenses and disbursements.						330314.
			Add lines 24 and 25		153812439		0.		153805388.
_	7	27	Subtract line 26 from line 12		•				
	ļ	а	Excess of revenue over expenses and disbursements		<3555058,	*			
		b	Net investment income (if negative, enter -0-)				161608		
		C	Adjusted net income (if negative, enter -0-)					N/A	

Page 2

E	he	art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year		
	т—		(a) Book Value	(b) Book Value	(c) Fair Market Value		
		Cash - non-interest-bearing					
		Savings and temporary cash investments	47444559.	16203288.	16203288.		
	3	Accounts receivable	4				
		Less allowance for doubtful accounts	 	117 AT - 117 TO			
	4	Pledges receivable ►	1				
		Less allowance for doubtful accounts	 				
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons			······································		
	7	Other notes and loans receivable	_				
		Less allowance for doubtful accounts					
ets	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
⋖	10a	Investments - U S and state government obligations STMT 6	0.	29997178.	29999541.		
	b	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis			, , , , , , , , , , , , , , , , , ,		
		Less. accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 7	2542897.	231932.	225181.		
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation		_			
	15	Other assets (describe			· · · · · · · · · · · · · · · · · · ·		
	16	Total assets (to be completed by all filers)	49987456.	46432398.	46428010.		
	17	Accounts payable and accrued expenses					
	18	Grants payable		7 7 1			
S	19	Deferred revenue					
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
۰,۵	1	and complete lines 24 through 26 and lines 30 and 31.					
čě	24	Unrestricted					
lan	25	Temporarily restricted					
ä	26	Permanently restricted					
Ĕ		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	3000.	3000.			
se	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	49984456.	46429398.			
Š	30	Total net assets or fund balances	49987456.	46432398.			
	-			-			
_	31	Total liabilities and net assets/fund balances	49987456.	46432398.			
P	art	Analysis of Changes in Net Assets or Fund B	Salances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mus	t agree with end-of-year figure reported on prior year's return)		1	49987456.		
2	Enter	amount from Part I, line 27a		2	<3555058.>		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
4	Add I	ines 1, 2, and 3		4	46432398.		
5	Decr	eases not included in line 2 (itemize)		5	0.		
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	46432398.		

Page 3

(a) List and descr	ibe the kind	ses for Tax on In	, real estate,	income	[(b)	How ac	equired (c) Date a		(d) Date sold
	renouse; or	common stock, 200 shs.	. MLC Co.)		<u> b</u>	- Dona	ation	(mo., da		(mo., day, yr.)
1a CLASS ACTION PROCEEDS				·				Vario		Various
b PAYDOWNS ON ASSET BACE	KED SECU	RITIES			-		P	Vario	us	Various
d					╁					
e					 					
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale			•		n or (loss) (f) minus (<u> </u>
a 128297.										128297.
b 2310183.				23109	65.					<782.
C .										
d										
Complete only for assets showing	g gain in co	lumn (h) and owned by the	he foundation	on 12/31/69			(1) (Sains (Co	l. (h) gaın ı	minus
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis s of 12/31/69	(k) Ex	cess of col. (i)			col. (k), but no	t less than rom col. (t	-0-) or
a										128297.
b										<782.
С				··						
d										
е										
2 Capital gain net income or (net cap	pital loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases}$	ın Part I, line ın Part I, line	7 7	}	2				127515.
3 Net short-term capital gain or (los: If gain, also enter in Part I, line 8, o		d in sections 1222(5) and	d (6):		J					
If (loss), enter -0- in Part I, line 8 Part V. Qualification Ui						3			N/A	
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation does not quali Enter the appropriate amount in e	ion 4942 tax fy under sec	x on the distributable amo ction 4940(e). Do not con	nplete this pa	rt.						Yes X No
(a) Base period years Calendar year (or tax year beginnin		(b) Adjusted qualifying distr		Net value of no	(c))	use assets	10	Distribi	(d) ition ratio
2011	<u> </u>		39520823.				72306280.	(col. (b) divided by col. (c)) 1,929581		
2010	1		8387815.				28963396.	-		3.742234
2009		8	32194128.			1	69104581.			.486055
2008			74651249.			2	26002091.			.330312
2007		5	7594695.			2	49510170.	ļ.,		.230831
2 Total of line 1, column (d)			l. al. r					2		6.719013
3 Average distribution ratio for the 5 the foundation has been in existen			n line 2 by 5,	or by the number	of ye	ars		3		1.343803
4 Enter the net value of noncharitable	e-use asset	s for 2012 from Part X, III	ne 5					4		81163464.
5 Multiply line 4 by line 3								5		109067706.
6 Enter 1% of net investment incom	e (1% of Pa	ırt I, line 27b)						6		1616.
7 Add lines 5 and 6								7		109069322.
8 Enter qualifying distributions from	Part XII, lin	ne 4						8		153805388.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, chec	k the box in Part VI, line 1	1b, and comp	lete that part usin	g a 1	% tax r	ate.			
223521 12-05-12-		•							Fo	rm 990-PF (2012)

year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses

10

х

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

				1	<u></u>
2	Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
	(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 account, other allowances
_	NONE	_			
_					
_		_			
_		-			
_		_			
To	otal number of other employees paid over \$50,000				L (

· CHDI FOUNDATION, INC.		
Form 990-PF (2012) ATTN: KEN SLUTSKY, TAX EXEMPT INST GRP	73-1683	3871 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CHDI MGT. INC	DIRECT PROGRAM SRVCS EXCEP	T
350 SEVENTH AVE SUITE 601, NEW YORK, NY 10001	FOR \$271225 OF NON-DIRECT	SERV 19420759
	-	
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	cal information such as the uced, etc	Expenses
1		
SEE STATEMENT 9		133846315
2		
3		· · · ·
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on l	ines 1 and 2	Amount
1 <u>N/A</u>		
2		

Form **990-PF** (2012)

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a]	52613503.
	Average of monthly cash balances	1b	29785953.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	82399456.
	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	82399456
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1235992.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	81163464.
6	Minimum Investment return. Enter 5% of line 5	6	4058173.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations and foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	4058173.
2a	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	1616.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4056557.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4056557.
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	4056557.
P	art XII Qualifying Distributions (see instructions)	·······	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	153805388.
þ	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	
b	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	153805388.
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	1616.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	153803772.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	ie section

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for	or 2012 from Part XI,	······································			4056557.
2 Undistributed income, if an	nv. as of the end of 2012	·		· · · · · · · · · · · · · · · · · · ·	4030337.
a Enter amount for 2011	· .			0.	
b Total for prior years					
3 Excess distributions ca	rryover, if any, to 2012	· '	<u> </u>		· · · · · · · · · · · · · · · · · · ·
a From 2007					
b From 2008	14521856				
c From 2009	75819128.				
d From 2010	108387946.				
e From 2011	139523100.				
f Total of lines 3a through	nh e	338252030.			
4 Qualifying distributions	· ,			•	
Part XII, line 4 ► \$					
a Applied to 2011, but no				0.	
b Applied to undistribute				100-100 II II III III	1100 1100 1100 1100 1100 1100 1100 110
years (Election required	· · · · · · · · · · · · · · · · · · ·		0.		
c Treated as distributions		,			
(Election required - see		153805388.			
d Applied to 2012 distrib			!!!!!!! '' '	Alter tradeciability alife to the contract of	0.
e Remaining amount dist		0.			
5 Excess distributions carryo	over applied to 2012	4056557.	······································	1. 14 14 14 14 14 14 14 14 14 14 14 14 14	4056557.
(If an amount appears in co must be shown in column (olumn (d), the same amount				
6 Enter the net total of e indicated below.	ach column as				
a Corpus Add lines 3f, 4c, at	nd 4e Subtract line 5	488000861.			
b Prior years' undistribut	ted income Subtract				
line 4b from line 2b			0.		
c Enter the amount of pri undistributed income for deficiency has been iss the section 4942(a) tax assessed	or which a notice of sued, or on which		0.		
d Subtract line 6c from li	ne 6b Taxable				
amount - see instruction	ons		0.		
e Undistributed income f	or 2011 Subtract line				
4a from line 2a Taxabl	e amount - see instr			0.	
f Undistributed income f	or 2012 Subtract				
lines 4d and 5 from line	e 1 This amount must				
be distributed in 2013	<u> </u>		nid III min allazamanlı idl	-1:11' -iii	0.
7 Amounts treated as dis					
corpus to satisfy requir	' ' !				
section 170(b)(1)(F) or		0.			
8 Excess distributions ca	-				
not applied on line 5 or		0.	······		
9 Excess distributions ca					
Subtract lines 7 and 8 f	from line 6a	488000861.	······		
10 Analysis of line 9	1				
a Excess from 2008	10465299.				
b Excess from 2009	75819128.				
c Excess from 2010	108387946.				
d Excess from 2011	139523100.				
e Excess from 2012	153805388.				

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3 Grants and Contributions Paid During the Young Recipient	If recipient is an individual			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	Toopen		
a rad ddinig the year				
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE NE49-3077		501C-3	GENERAL FUND PURPOSES	
CAMBRIDGE MA 02139				513314
	-			323322
GODDON DAGRADON GONTEDANGE		5015 3		
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST		501C-3	GENERAL FUND PURPOSES	
KINGSTON, RI 02892				25000
				-
		<u> </u>		
Total	<u> </u>	Τ	▶ 3a	538314.
b Approved for future payment				
none				
				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c	1				
d					· · · · · · · · · · · · · · · · · · ·
			1 -1		
f			1		
· 	-		+ +		
g Fees and contracts from government agencies			+ +		
2 Membership dues and assessments	1		+ +		
3 Interest on savings and temporary cash					
investments			14	1381.	
4 Dividends and interest from securities			14	32712.	
5 Net rental income or (loss) from real estate					······
a Debt-financed property			1 1		
b Not debt-financed property			1 1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	127515,	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a REFUND OF PRIOR YEAR TAXES PAID					77643.
			+		77045.
b	-		+		
<u> </u>			+		
d			+		
e	-				
12 Subtotal Add columns (b), (d), and (e)		<u>C</u>	<u>) </u>		77643.
13 Total. Add line 12, columns (b), (d), and (e)				13	239251.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	Exempt	t Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-			plishment of
the foundation's exempt purposes (other than	by providing tun	as for such purposes)			
			•		
					
	•			•	·_
					
	•	· · · · · · · · · · · · · · · · · · ·			
	.				
		- 			
				·	
		.			

Part)	(VII	Information Re Exempt Organ		s To a	and Transactions a	and Relat	ionships With Noncha	ritable)	<u> </u>
1 Did	the or	ganization directly or indi	rectly engage in any of the	followin	ig with any other organizati	on described	in section 501(c) of		Yes	No
					27, relating to political organ					
a Trai	nsfers	from the reporting found	ation to a noncharitable exi	empt or	ganization of					
(1)	Cash							1a(1)		<u>x</u>
(2)	Other	assets						1a(2)		X
b Oth	er tran	sactions								
		of assets to a noncharita						1b(1)		_X
			ncharitable exempt organiz	zation			•	1b(2)		<u> </u>
		I of facilities, equipment,						1b(3)		Х
		bursement arrangements						1b(4)		<u> </u>
		s or loan guarantees						1b(5)		<u>x</u> _
			embership or fundraising s					1b(6)		<u> </u>
	-		uling lists, other assets, or				a data maayiyab waloo ad bba a a ada y	10		X
		•	•	-	• •	-	e fair market value of the goods, (saction or sharing arrangement, s		eis,	
			other assets, or services re							
(a) Line no	•	(b) Amount involved	(c) Name of noncl	haritable	e exempt organization	(d) Des	cription of transfers, transactions, and	shanng am	angeme	nts
	_		N	/A						
	-									
	+									
	+-									
	1-									
		•			or more tax-exempt organi	zations descr	ibed	_		1
		, ,	r than section 501(c)(3)) o	r ın sect	tion 527?		L	Yes	X	│No
b_lf "Y	es," co	mplete the following sch			(h) Turn of a constant	I	(a) Description of relational			
		(a) Name of org	janization		(b) Type of organization		(c) Description of relations	пр		
		N/A								
					ig accompanying schedules and			the IRS d	ierijee t	hie
Sign	and be	elief, it is true, correct, and cor	mplete Declaration of preparer (other thai	n taxpayer) is based on all inform	,	retu	m with the wn below (prepare	er
Here		Ken VI	IH		910114	11	esidut [Yes	X	7
	Sign	ature of officer or rystee	- 0		Date	Title				
		Print/Type preparer's na	ame Prep	arer's si	ignatur a	Date	Check If PTIN			
		1 parai Car	lam)	/ II	d -	a 411	A self-employed P)149	990)49
Paid		Jenvingor		\mathcal{M}	~ \	11 11.				
Prepa		Firm's name FRPMG	LLP) [)		Firm's EIN ► 13-5565	207		
Use C	אוחע	Firm's address A		<u> </u>	·					
		Firm's address > 345					Dh	0=00		
		NEW	YORK NY 10154				Phone no 212-758	-9/00		

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

Cn	DI FOUNDATION, INC.	
	IN: REN SLUTSKY, TAX EXEMPT INST GRP	73-1683871
Organization type (check of	ue).	
Filers of:	Section:	
riieis oi.	Section.	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
	of pointed organization	
Form 990-PF	x 501(c)(3) exempt private foundation	
	4047/s)(1) panayament aboutable trust treated as a private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chock if your organization i	s covered by the General Rule or a Special Rule .	<u> </u>
	s covered by the deneral ridie of a special ridie . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
,		
General Rule		
X For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo	anay ar proportyl from any and
contributor. Comp		mey or property, normally one
·		
Special Rules		
For a section 5010	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regi	ulations under sections
	(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g	
	(i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edu	
	cruelty to children or animals. Complete Parts I, II, and III.	cational purposes, or
	, , , , , , , , , , , , , , , , , , , ,	
	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib	
	ise exclusively for religious, charitable, etc., purposes, but these contributions did not total	
	ked, enter here the total contributions that were received during the year for an <i>exclusivel</i> omplete any of the parts unless the General Rule applies to this organization because it	• • • • • • • • • • • • • • • • • • • •
• •	le, etc., contributions of \$5,000 or more during the year	► \$
	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B	
	n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, line ∠ of its Form 990-PF, to
	• • • • • • • • • • • • • • • • • • •	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

CHDI FOUNDATION, INC.

ATTN: KEN SLUTSKY, TAX EXEMPT INST GRP

Employer identification number

73-1683871

Part Cont	ributors (see instructions).	. Use duplicate copies o	of Part I if additional space is needed.
-------------	------------------------------	--------------------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VBS HOLDINGS LLC C/O LOWENSTEIN SANDLER, TEIG 65 LIVINGSTON AVE. ROSELAND, NJ 07068	\$143918130.	Person X 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
2	C/O LOWENSTEIN SANDLER, TEIG 65 LIVINGSTON AVE. ROSELAND, NJ 07068	\$6100000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$- <u></u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

CHDI FOUNDATION, INC.

Employer identification number

ATTN: KEN SLUTSKY, TAX EXEMPT INST GRP

73-1683871

Part # 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
		\$	
(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
		\$	

	(Form 990, 990-EZ, or 990-PF) (2012)		Page 4
Name of orga			Employer identification number
	DATION, INC.		
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	e following line entry For organizations on the contributions of \$1,000 or less for the	73-1683871 (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year (Enterthis information once.) \$
(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, an	od ZIP + 4	Relationship of transferor to transferee
(a) No.	T		
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, an	d 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, an	d 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, an	d ZIP + 4	Relationship of transferor to transferee
-			

FORM 990-PF INTEREST ON SAV	INGS AN	ND TEM	PORARY C	ASH :	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
INT INCOME - OTHER					•		.381.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			1	381.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECU	URITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
DIVIDEND INCOME - MONEY FUNDS	s		3739.		0.	3	739.
INT INCOME - ASSET BACKED SECURITY			9130.		0.	9	130.
INT INCOME - US TREASURY OBLIGATIONS			19843.		0.	19	843.
TOTAL TO FM 990-PF, PART I, 1	LN 4		32712.		0.	32	712.
FORM 990-PF	07	THER I	NCOME		(B)	STATEMENT (C)	3
DESCRIPTION		:	REVENUE PER BOOKS		NET INVEST- MENT INCOME	ADJUSTE	
REFUND OF PRIOR YEAR TAXES PA	AID		7	77643.	0),	
TOTAL TO FORM 990-PF, PART I	, LINE	11	7	7643.	0).	
FORM 990-PF		TAX	ES			STATEMENT	4
	(<i>I</i> EXPEN		(B) NET INVE				
DESCRIPTION		BOOKS	MENT THE	COME	NET INCOM	E. DURDUS	F.S
		500KS	MENT INC			E PURPOS:	ES 0.
DESCRIPTION PRIOR YEAR TAXES TO FORM 990-PF, PG 1, LN 18		5000.	MENT INC	0 0	•		

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO				
CONTRACT RESEARCH EXPENSES G & A EXPENSES DIRECT PROGRAM SRVCS EXCEPT FOR \$271225 OF NON-DIRECT	133846315. 2052.		0.		133846	315. 0.
SERVICE EXP'S. SEE PART VIII	19420759.		0.		19420	759.
TO FORM 990-PF, PG 1, LN 23	153269125.	-	0.		153267	074.
	-	: ======				
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKE	r
INVESTMENT IN US TREASURY OBLIGATIONS	x			29997178.	29999	541,
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-		29997178.	29999	541.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS -				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	=		29997178.	29999	541.
FORM 990-PF	OTHER INV	ESTMENTS		,	STATEMENT	7
	777	LUATION			FAIR MARKE	r
DESCRIPTION		ETHOD	BOO	OK VALUE	VALUE	
DESCRIPTION INVESTMENT IN ASSET BACKED SE	M		ВОС	231932.		181.

	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH J SLUTSKY 65 LIVINGSTON AVE ROSELAND, NJ 07068	PRESIDENT/TREA	ASURER 0.	0.	0
ALLEN LEVITHAN 65 LIVINGSTON AVE ROSELAND, NJ 07068	VP/ SECRETARY	0.	0.	0
JOHN L. BERGER 65 LIVINGSTON AVE ROSELAND, NJ 07068	VP/ ASST SECRE	CTARY	0.	0
TRIPLET INVESTMENT COMPANY, 1 65 LIVINGSTON AVE ROSELAND, NJ 07068	L.L.C. MEMBER 8.00	0.	0.	0
ROBI BLUMENSTEIN-PD THRU CHD: INC 305 SEVENTH AVE SUITE 601 NEW YORK, NY 10001	I MGT PRESIDENT CHDI	MGT INC	0.	0
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	0.	0.	0
FORM 990-PF SUMMARY OI	F DIRECT CHARITABLE A	ACTIVITIES	STAT	EMENT 9
ACTIVITY ONE				
MEDICAL (NEURODEGENERATIVE) RES BASIS ON BEHALF AND AT DIRECT WORKSHOPS, CONFERENCES, ADVICE, RESEARCH COMMUNITY. DOES NOT SECTION VIII.	rion of fndn, plus , & dissemination of D	ATA&INFO TO		
			EX	PENSES
TO FORM 990-PF, PART IX-A, L	INE 1			133846315

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT

IN ACCORDANCE WITH TREASURY REGULATIONS SECTION 53.4942(A)-3(D)(2), THE FOUNDATION HEREBY ELECTS TO TREAT \$153,805,388 AS DISTRIBUTIONS OUT OF CORPUS (AS LISTED ON LINE 4C, COLUMN (A) OF THE FOUNDATION'S FORM 990-PF) FOR THE YEAR ENDING OCTOBER 31, 2012, OR, IF DIFFERENT, THE LARGEST AMOUNT THAT MAY FINALLY BE DETERMINED TO BE ELIGIBLE FOR THIS ELECTION.

CHDI FOUNDATION, INC.

Form 8868 (Rev. 1-2013)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month 	Extension,	complete only Part II and check th	is box		▶ X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously	filed Form	8868.	
If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no c	opies nee	eded).
					see instructions
Type or Name of exempt organization or other filer, see inst	tructions				on number (EIN) o
print CHDI FOUNDATION, INC.					
te by the ATTN: KEN SLUTSKY, TAX EXEMPT INST GRP				73-1683	871
tue date for Number street and room or suite no. If a P.O. box	see instruc	tions.	Social se	curity numi	her (SSN)
eturn See 65 LIVINGSTON AVENUE	,			,	-0. (00. 1)
City, town or post office, state, and ZIP code For a	a foreign add	ress, see instructions.	<u> </u>		
ROSELAND, NJ 07068	- · · · · · · · · · · · · · · · · · · ·				
Enter the Return code for the return that this application is for (file a senara	te application for each return)			0 4
and the treatment of the vector that the application is for t	(mo a separa	to application for cach return			لنبنا
Application	Return	Application			Return
s For	Code	Is For			Code
Form 990 or Form 990-EZ	01				- 0000
Form 990-BL	02	Form 1041-A	•••	-	08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor		viously file	d Form 88	
KENNETH J SLUTSKY -					
The books are in the care of LOWENSTEIN SANDLER 6	5 LIVINGS	TON AVE - ROSELAND NJ 0706	8		
The books are in the care of LOWENSTEIN SANDLER 6 Telephone No. > 973-597-2510	5 LIVINGS	TON AVE - ROSELAND NJ 0706 FAX No. ►	B		
	" '	FAX No. >	8		▶ □
Telephone No. ▶ 973-597-2510 If the organization does not have an office or place of business.	ess in the Ur	FAX No. ▶		r the whole	p aroup, check this
Telephone No. ▶ 973-597-2510 If the organization does not have an office or place of busine If this is for a Group Return, enter the organization's four dig	ess in the Ur git Group Exc	FAX No. inted States, check this box emption Number (GEN)	If this is fo		
Telephone No. 973-597-2510 If the organization does not have an office or place of busine If this is for a Group Return, enter the organization's four dig	ess in the Ur git Group Exe	FAX No. inted States, check this box emption Number (GEN)	If this is fo		
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