

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



Form 990-PF

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

2012

	al Re	venue Service Note. The foundation may reduce 2012 or tax year beginning DEC	be able to use a copy of this	return to satisfy sta and ending	ate reportin	ov 30, 201	Open to public Inspection
		foundation	2 1, 2012	, and ending		Employer identification	
L	ΕO	AND LIBBY NEVAS FAMILY	Y		r	. ,	
		NDATION, INC.		10		06-606884	<u></u>
		nd street (or PO box number if mail is not delivered to street. BOX 299	et address)	Hoom	n/suite B	Telephone number 860–526–9	477
		own, state, and ZIP code STER, CT 06412			C	If exemption application is	pending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	, D	1. Foreign organizatio	ns, check here
		Final return	Amended return			•	
		Address change	Name change			Foreign organizations r check here and attach	neeting the 85% test, computation
H C	heck	type of organization X Section 501(c)(3)	exempt private foundation		E	If private foundation s	tatus was terminated
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda			under section 507(b)(1)(A), check here 🕨 🗀
l Fa	ır ma	arket value of all assets at end of year 📘 Accoun		X Accrual	F		a 60-month termination
-			Other (specify)			under section 507(b)(1)(B), check here
		12,385,246 . (Part I, col	1		<u> </u>		(d) = .
Pa	ert I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investm	nent	(c) Adjusted net income	(1) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	5,000,000.			N/A	
	2	Check In the foundation is not required to attach Sch. B	000			141.15 APRIL 111	riging ministration 4
	3	Interest on savings and temporary cash investments	903,288.	903,2			STATEMENT 1
	4	Dividends and interest from securities	172,148.	172,1	140.		STATEMENT 2
		Gross rents					
	_	Net rental income or (loss)	103,310.		-+		, , , , , , , , , , , , , , , , , , , ,
ine	Da h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 390, 157.	103/310.	·····			
Revenue	7	assets on line 6a	13 to	103,3	310.	· · · · · · · · · · · · · · · · · · ·	" "
æ	8	Net short-term capital gain		······································			···
	g	Income modifications		U			
	_	Gross sales less returns and allowances					
		Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income	1,975.		0.		STATEMENT 3
	12	Total. Add lines 1 through 11	6,180,721.	1,178,			<u> </u>
	13	Compensation of officers, directors, trustees, etc	0.		0.		0
	14	Other employee salaries and wages					
S		Pension plans, employee benefits Legal fees STMT 4	5,059.		0.		5,059
sus(Legal fees STMT 4 Accounting fees STMT 5	3,126.	1.5	563.		1,563
ž	1	Other profession(1) (es) VED	3/1231	- / -			
8	ı	Interest O					
Administrative Expenses	18	- Criver 6	12,689.	2,	752.	_	0
nist	19	Depreciation and depletion					
Ē	20	Occupancy.					
	21	Travel, conferences, and meetings	12,542.		0.	<u> </u>	12,542
and	22	Printing and publications .	00.55				
perating	23	Other expenses STMT 7	28,656.	22,0	600.		6,056
řat	24	Total operating and administrative	62 072	26 (015		25 220
ö		expenses. Add lines 13 through 23	62,072.	20,	915.		25,220 201,600
_	1	Contributions, gifts, grants paid	201,000.				201,000
	20	Total expenses and disbursements. Add lines 24 and 25	263,672.	26.	915.		226,820
	27	Subtract line 26 from line 12	200/0/2	201		,	1 223/320
		Excess of revenue over expenses and disbursements	5,917,049.				
		Net investment income (if negative, enter -0-)		1,151,	831.		***************************************
		Adjusted net income (if negative, enter -0-).		· · · · · · · · · · · · · · · · · · ·		N/A	19 ^{Form} 990-PF (201
	டு						

1;

Form 990-PF (2012) FOUNDATION, INC.

06-6068842 Page 2

Rolance Shoots Attached schedules and amounts in the description	Beginning of year	End of	year	
Part II Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1 Cash - non-interest-bearing	<167,760.	296,909.	296,909.	
2 Savings and temporary cash investments				
3 Accounts receivable ►			in Elektrica (in in i	
Less allowance for doubtful accounts				
4 Pledges receivable ►			: · · · · · · · · · · · · · · · · · · ·	
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				
2 8 Inventories for sale or use		<u></u> -		
9 Prepaid expenses and deferred charges				
10a investments - 0.5 and state government obligations		10 707 040	10 007 705	
b Investments - corporate stock STMT 8	5,335,460.	10,787,840.	12,087,735.	
c Investments - corporate bonds			 	
11 Investments - land, buildings, and equipment basis				
Less: accumulated depreciation			-	
12 Investments - mortgage loans				
13 Investments - other			······································	
14 Land, buildings, and equipment basis				
Less, accumulated depreciation	602	602.	602.	
15 Other assets (describe ► SECURITY DEPOSIT)	602.	002.	602.	
	5 160 202	11 005 251	1 2 385 246	
16 Total assets (to be completed by all filers)	2,212.	2,212.	12,385,246.	
17 Accounts payable and accrued expenses	2,212.	2,212.		
18 Grants payable				
9 19 Deferred revenue	 :		- -	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable		·		
Mortgages and other notes payable				
Cother liabilities (describe				
22 Tatal liabilities (add lease 17 through 22)	2,212.	2,212.		
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	2/2221			
and complete lines 24 through 26 and lines 30 and 31.				
2 24 Unrestricted			3	
25 Temporarily restricted				
26 Permanently restricted				
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances				
and complete lines 27 through 31.			.3	
27 Capital stock, trust principal, or current funds	0.	0.		
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	5,166,090.	11,083,139.		
30 Total net assets or fund balances	5,166,090.	11,083,139.		
31 Total liabilities and net assets/fund balances	5,168,302.	11,085,351.	i:-	
	lalances			
Part III Analysis of Changes in Net Assets or Fund E			,	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		F 166 222	
(must agree with end-of-year figure reported on prior year's return)		1	5,166,090.	
2 Enter amount from Part I, line 27a		2	5,917,049.	
3 Other increases not included in line 2 (itemize)			0.	
4 Add lines 1, 2, and 3		4	11,083,139.	
5 Decreases not included in line 2 (itemize)			0.	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	11,083,139.	

	AND LIBBY NEVAS IDATION, INC.	FAMIL	Y				06-606	8842	Page 3
	and Losses for Tax on In	vestment	Income				,_		
(a) List and descri	be the kind(s) of property sold (e g ehouse, or common stock, 200 shs	, real estate, s. MLC Co)		`P-Pi	acquired irchase onation		te acquired , day, yr)	(d) Date (mo , day	
a VANGUARD					P				
b VANGUARD					P				
; JUNIPER NETWORK	KS				P				
d CAPITAL GAINS I									
e									
(e) Gross sales price	(or allowable) plus expense of sale						Gain or (loss) lus (f) minus (
13,005.									<4.
a 13,005. b 351,810.			273,83	8.				77,	972
c 877.	_ 								877.
d 24,465.								24,	465
е									
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains	(Col (h) gain	minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (I), if any		C		ut not less than es (from col (
a									<4
b								77,	972
C								_ <u>-</u> _	877
d								24,	465
е								<u>, , , , , , , , , , , , , , , , , , , </u>	
Capital gain net income or (net cap	ortal loss) { If gain, also enter or the loss of the l	In Part I, line	7 7	} 2				103,	310
	•		•					<u> </u>	
Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c		u (o)		1					
If (loss), enter -0- in Part I, line 8	olumi (c)] 3			N/A		
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inves	tment in	come			
For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come)					
f section 4940(d)(2) applies, leave thi	s part blank								
Vas the foundation liable for the secti				10 d ?				Yes [X No
f "Yes," the foundation does not qualif	ach column for each year, see the II			ntries					
		istructions bei	ore making any cr					(d)	
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	tributions	Net value of no	(C) ncharitat	le-use asset	s	Distrib (col (b) div	utión ratio ided by col (d	2))
2011		6,647.		5,4	87,33	3.			0416
2010		4,645.	-	<u>-</u> _	75,91				0150
2009		0,895.			35,74				3515
2008		5,012.			99,50		<u> </u>		9384
2007		1,147.			78,71				1475
? Total of line 1, column (d)					-	2		.25	4940
Average distribution ratio for the 5	-year base period - divide the total (on line 2 by 5,	or by the number	of years					
the foundation has been in existen	ce if less than 5 years .					3	 -	.05	0988
Enter the net value of noncharitable	e-use assets for 2012 from Part X,	line 5				4		8,027,	740.
Multiply line 4 by line 3						_ 5		409,	318
Enter 1% of net investment incomi	e (1% of Part I, line 27b)					6		11,	518
' Add lines 5 and 6					<u>-</u>	7		420,	836
Enter qualifying distributions from	Part VII. line 4	•		-		8		226,	
If line 8 is equal to or greater than		 1b, and comp	 lete that part using	g a 1% ta	 ax rate	<u>[8</u>		220,	<u> </u>
See the Part VI instructions									

10450129 755449 LNF001

LEO AND LIBBY NEVAS FAMILY

Form 9	990-PF (2012)	FOUND	ATION,	INC.							6068			Page 4
Par	t VI Exc	ise Tax Base	d on Inves	tment Inc	ome (Sec	<u>xtion 4940</u>	(a), 4	1940(b),	4940(e), or	4948	- see ii	nstru	ictio	ns)
1a E	xempt operatin	ng foundations desc	cribed in section	ı 4940(d)(2), (check here 🕨	and en	ter "N/ <i>F</i>	N" on line 1)			:	:	
[Date of ruling or	r determination lette	er		(attach copy o	f letter if nece	essary-	see instruc	tions)					2.7
b (Domestic found	lations that meet the	e section 4940(e) requiremen	ts in Part V, cl	neck here 🕨		and enter 1	% }	1_1_	ļ		3,0	3/.
	of Part I, line 27													
C /	All other domes	tic foundations ente	er 2% of line 27	b Exempt for	eign organizat	ions enter 4%	of Part	I, line 12, c	ol (b) 丿				•	^
2	Tax under section	on 511 (domestic s	ection 4947(a)(1) trusts and t	taxable founda	itions only. Oth	ners en	ter - 0-)		2	 		3,0	$\frac{0.}{27}$
	Add lines 1 and									3	ļ <u>.</u>		3,0	3/.
		me) tax (domestic s					hers er	iter -0-)		4	<u> </u>		3,0	27
5	Tax based on ir	nvestment income.	Subtract line 4	from line 3 If	zero or less, e	enter -0-			•	5	 		3,0	3/.
	Credits/Paymen						١.	ı						
		tax payments and a			2012		6a	<u> </u>		\dashv				
		organizations - tax				•	6b_			-	}			
		pplication for extens		ile (Form 886)	3) .		60	<u> </u>		-				
	•	ding erroneously w		•	•		6d			┥,	1		-	0.
		d payments Add lin			. — 4 r	- 0000#				8	 			54.
8 1	Enter any pena l	Ity for underpaymen	nt ot estimated	(ax. Check hei	e 11 FOII	11 2220 IS attac टक्स	1160 C.U.	ATEME	אַדע ס י דע	. 9	-	2	3,0	
		total of lines 5 and 8						MILLL		10	+			
		If line 7 is more than				it overhaid			Refunded >		 			
11 1	A VIII. A S	nt of line 10 to be 0	egarding A	<u>a estimateu t</u> Activities	<u> </u>				Neturided		<u> </u>			
		year, did the founda			national state	or local legist	ation o	r did it narti	cipate or interve	ne in			Yes	No
	any political car		tion attempt to	anidonoo uny	mational, otato	, or room region	u	· cra ii pariii	.,			1a		X
h i	ally pullical cal Did it enand mo	ore than \$100 durin	o the year (eith)	er directly or ii	ndirectly) for a	olitical purpos	es (see	nstruction	s for definition)	2		1b		X
		is "Yes" to 1a or												
		the foundation in						· · •	,					
		tion file Form 1120-										1c	ľ	X
		int (if any) of tax on			n 4955) impos	sed during the	year:							
-	(1) On the four	ndation ► \$	pointed or point	Ò. (2) On foundat	ion managers	> \$		C	•				
e	Enter the reimb	oursement (if any) p	aid by the found	dation during	the year for po	litical expendi	ture tax	imposed o	n foundation					
		\$			•									
		tion engaged in any		nave not previ	ously been rep	orted to the IF	352					2	<u> </u>	X
		ch a detailed desc												
3	Has the foundat	ition made any chan	iges, not previo	usly reported	to the IRS, in i	ts governing ii	nstrum	ent, articles	of incorporatio	1, o r				
		er sımılar instrumen										3		X
4a	Did the foundat	tion have unrelated	business gross	income of \$1	,000 or more	during the yea	ľγ			_		4a	<u> </u>	X
þ	If "Yes," has it fi	iled a tax return on	Form 990-T for	this year?			•			1	1/A	4b		
		uidation, terminatio				iring the year?	1					5	ļ	X
		ch the statement i											<u>.</u>	
6	Are the requirer	ments of section 50	8(e) (relating to	o sections 494	11 through 494	45) satisfied er	ther [.]					1		
		in the governing in					_							
		slation that effective		joverning inst	rument so tha	t no mandator	y direct	ions that co	ntlict with the s	tate law		_	X	
		e governing instrum							•			6	X	+
		tion have at least \$5			inng the year?	•••		•		•		7		
		plete Part II, col. (·	/a.amc4								
	CT	s to which the found												
		s "Yes" to line 7, has					ttorney	General (or	designate)				F	
		s required by Gene										8b	X	
		on claiming status a								alendar			.3	v
		ne taxable year begi									•	9	-	$\frac{X}{X}$
10	Did any person	is become substant	ial contributors	during the ta	x year? If "Yes,"	attach a schedu	ile listino	their names	and addresses			10		
											For	m 990	・・・アト	(2012)

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

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

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans account, other allowances

(e) Expense employee compensation

(d) Contributions to employee benefit plans account, other allowances

Form 990-PF (2012)

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

_			
\mathbf{F}	תוחוו	ATION	. INC

06-6068842 Page 7

Part VIII Information About Officers, Directors, Trustees, Founda 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
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		. • 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisf	tical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced	luced, etc	Lapenses
1N/A		
2		
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	lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
		Form 000 DE (0010)

FOUNDATION, INC.

06-6068842

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see 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	7,257,832.
b	Average of monthly cash balances	1b	7,257,832. 892,158.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	8,149,990.
e	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	8,149,990.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	122,250.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,027,740.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	401,387.
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.)	id certain	
1	Minimum investment return from Part X, line 6	1	401,387.
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) 2b		
C	Add lines 2a and 2b	2c	23,037.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	378,350.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	378,350.
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	378,350.
P	art XII Qualifying Distributions (see Instructions)	F	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		226 020
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	226,820.
b	Program-related investments - total from Part IX-B	1b	
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.		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	226 020
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	226,820.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	۸
_	Income Enter 1% of Part I, line 27b	5	226,820.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (quaimes to	or the section
	4940(e) reduction of tax in those years		

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,				
line 7				378,350.
2 Undistributed income, if any, as of the end of 2012				,
a Enter amount for 2011 only	<u> </u>		0.	<u> </u>
b Total for prior years				
	_, <u>,</u>	0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008 47,413.				
c From 2009 22,914. d From 2010 7,617.				
4 ((2)				
	82,606.			
f Total of lines 3a through e 4 Qualifying distributions for 2012 from	02/000.			
Part XII, line 4 ► \$ 226, 820.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior			i	**************************************
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				226,820.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	82,606.			82,606.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		······
e Undistributed income for 2011. Subtract line	1		^	
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				68,924.
be distributed in 2013 7 Amounts treated as distributions out of			·	00/0210
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	.0 .			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				`
c Excess from 2010				
d Excess from 2011	`			
e Excess from 2012				Form QQD_DE (2012)

FOUNDATION, INC

	TON, INC.			00-00	00042 Page IL
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question`9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	•	▶ └	·	
b Check box to indicate whether the found		ng foundation described		J 4942(j)(3) or	42(<u>j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year	(1) 0044	Prior 3 years	(4) 0000	(a) T -4a1
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for			1		
each year listed .			<u> </u>		
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,	ļ		}		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities .					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c				<u> </u>	
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		j			
listed	· · · · · · · · · · · · · · · · · · ·		 	 	
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on				1	
securities loans (section					
512(a)(5)), or royalties)		ļ			
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)		<u> </u>		ļ. <u></u>	···········
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			tributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000) (See s	section 507(d)(2))			
NONE					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🔲 if the foundation o	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions, c	omplete items 2a, b, c, and	<u>d</u>
a The name, address, and telephone num	ber or e-mail of the perso	on to whom applications	should be addressed.		
SEE STATEMENT 11					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on award	e cuch as hy accomplis	al areas shartable fields	kinds of institutions of	other factors	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, Chandadie Helds	, kaius oi iiistituuons, Or	outer factors	
		_			

FOUNDATION, INC.

06-6068842 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year JEWISH JUMPSTART DBS JEWISH LABS 501(C)(3) CHARITABLE 1801 AVENUE OF THE STARS LOS ANGELES, CA 90067 10,000. JEWISH FOUNDATION OF GREATER NEW 501(C)(3) CHARITABLE HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525 35,000. ENCOUNTER PROGRAMS 501(C)(3) CHARITABLE 25 BROADWAY NEW YORK, NY 10004 20,000. 501(C)(3) CHARITABLE AMERICAN JEWISH WORLD SERVICES 45 WEST 36TH STREET NEW YORK, NY 10018 26,500. DONORSCHOOSE, ORG 501(C)(3) CHARITABLE 213 WEST 35TH STREET, 2ND FLOOR EAST 20,000. NEW YORK, NY 10001 SEE CONTINUATION SHEET(S) **▶** 3a 201,600. Total **b** Approved for future payment NONE Tota1

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)	
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code			
a	<u> </u>		 			
b			-			
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
ranaatan aata			14	903,288.		
4 Dividends and interest from securities			14	903,288. 172,148.		
	···			2.2,2100	· · · · · · · · · · · · · · · · · · ·	
5 Net rental income or (loss) from real estate			 			
a Debt-financed property			-			
b Not debt-financed property			1			
6 Net rental income or (loss) from personal						
property .						
7 Other investment income			11			
8 Gain or (loss) from sales of assets other						
than inventory			18	103,310.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a MISC INCOME			01	1,975.		
-	_		+-+			
<u> </u>			+			
d	<u> </u>		-	<u> </u>		
e	ļ	0.		1 100 721	0.	
12 Subtotal Add columns (b), (d), and (e)	Щ		<u> </u>	1,180,721.	1 100 721	
13 Total. Add line 12, columns (b), (d), and (e)	••		-	13	1,180,721.	
(See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities to	o the Acc	omplishment of E	xemp	t Purposes		
Line No. Explain below how each activity for which incor	ne is reported	ın column (e) of Part XVI-A	A contrib	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than t	by providing fu	inds for such purposes)		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
N/A	<u> </u>					
						
						
						
	-	<u> </u>				
						
	·					
						
20221						
223621 12-05-12					Form 990-PF (2012)	

06-60688

Form 990-P	PF (2012) FOUND	ATION, INC.			<u>06-6</u> 068	3842	Page 13
Part XV	Information Re Exempt Organ	egarding Transfers To a izations	and Transactions a	nd Relationsh	ips With Nonchar	ritable	
1 Did the	e organization directly or indi	rectly engage in any of the following	ng with any other organizatio	n described in section	on 501(c) of	Y	es No
)(3) organizations) or in section 52					
a Transi	fers from the reporting found	ation to a noncharitable exempt or	ganization of.				1
	ash					1a(1)	X
	ther assets					1a(2)	X
	transactions						
	ales of assets to a noncharita	ble exempt organization				16(1)	X
		ncharitable exempt organization	•	•		1b(2)	X
	ental of facilities, equipment,		•	•	•	1b(3)	X
	eimbursement arrangements	•	• • •		•	1b(4)	X
	oans or loan guarantees	•	•	•		1b(5)	X
		embership or fundraising solicitation	ons .			1b(6)	X
		iling lists, other assets, or paid em		•	•	10	X
		"Yes," complete the following sche		vavs show the fair m	arket value of the goods o		 }.
	-	oundation If the foundation receiv		•	- · · · · · · · · · · · · · · · · · · ·		-,
	• • •	other assets, or services received					
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and s	shanno arran	gements
,,,,	()	N/A		1			
	-						
				 -			
-							
-							
							
				-			
-				-			
	· -				 .		
							
				<u>-</u>			
	·				· · · · · · · · · · · · · · · · · · ·		
-				· · · · · · · · · · · · · · · · · · ·			
0- 1- 45-	5 d-A dAb	Aboraffiliated with an inlated to an a					
		tly affiliated with, or related to, one		zations described	Г	¬ _∨	X No
		r than section 501(c)(3)) or in sec	11011 5277	•		Yes	LAL IVO
D II Yes	s," complete the following sch (a) Name of org		(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	c) Description of relationsh		
	N/A	janization	(b) Type of organization		b) bescription of relationsh	шр	
	M/A						
				<u> </u>			
	· · · · · · · · · · · · · · · · · · ·						
Tu	nder penalties of penuty. I declare	that I have examined this return, including	ng accompanying schedules and	statements, and to the b	pest of my knowledge		
		mplete Declaration of preparer (other the			has any knowledge. May return	the IRS disc m with the pi	reparer
Here) of hand	$\mathcal{O}_{a,a,b}$	12/14/15	TRUSTE	show	wn below (se	e Instr)?
1 1	Signature of officer or trustee	- Mac	Date	Title	<u>- </u>	Yes	L_ No
	Print/Type preparer's na				Check If PTIN		
	A Limit tabe highers lie	ino riepaiel 5 5	ngnaturo		self- employed		
Paid	ELIZABETH	COLECKI	1~ 1	1/zali/	· · ·)2351 [°]	71
Prepare			MPANY, P.C.,	CDN'S	Firm's EIN ▶ 06-10		
Use On		M, SHAPIRO & CC	MIPMINI, P.C.,	PFA 3	FIRM'S EIN FOOT	1072 U	ر
USE OII	· · · · · · · · · · · · · · · · · · ·	S. MAIN STREET	ר עסם סם ו	72000			
		ST HARTFORD, CT	-	12000	Dhamana SEO F	661-40	000
	WE.	DI HAKIFUKU, CI	. 00127-2000				
					For	m 990-F	rir (2012)

LEO AND LIBBY NEVAS FAMILY FOUNDATION, INC.

06-6068842

3 Grants and Contributions Paid During the Y		· · · · · · · · · · · · · · · · · · ·	,	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
TUST VISION		501(C)(3)	CHARITABLE	}
.616 P ST NW			1	
ASHINGTON, DC 20036	-	 		25,00
.J. MUSTE MEMORIAL INSTITUTE CENTRE		501(C)(3)	CHARITABLE	
OR SECULAR SPACE				
339 LAFAYETTE STREET				
IEW YORK, NY 10012				40,00
NEW ISRAEL FUND		501(C)(3)	CHARITABLE	
30 SEVENTH AVENUE, 11TH FLOOR				ļ
NEW YORK, NY 10012				25,00
JIPIMPDIA HANDINATAN		501(C)(3)	CHARITABLE	
WIKIMEDIA FOUNDATION 149 NEW MONTGOMERY ST, FLOOR 6		BUI(C)(3)	CHARITABLE	
SAN FRANCISCO, CA 94105				10
Thanesto, en 31100		 		
	 	 		
		1		
				

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

Schedule of Contributors ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Internal Revenue Service

Department of the Treasury

Employer identification number Name of the organization LEO AND LIBBY NEVAS FAMILY 06-6068842 FOUNDATION, INC.

Organization type (check one):
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	zation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
=	inization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one. Complete Parts I and II.
Special Rules	
509(a)(1) ar	on 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% unt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contri	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, butions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the cruelty to children or animals. Complete Parts I, II, and III.
contribution If this box in purpose, D	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, ins for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. In schecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively tharitable, etc., contributions of \$5,000 or more during the year
	zation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LEO AND LIBBY NEVAS FAMILY
FOUNDATION, INC.

Employer identification number

06-6068842

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

			·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WESTPORT I TRUST PO BOX 299 CHESTER, CT 06412	\$5,000,000.	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 Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
i		\$	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 Occupate 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 Complete Part II if there is a noncash contribution.)

Name of organization

LEO AND LIBBY NEVAS FAMILY

FOUNDATION, INC.

Employer identification number

06-6068842

'Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 ss	
	Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) (c) FMV (or estimate) (c) FMV (or estimate)

ochedule b	(FOITH 990, 990-LZ, OF 990-FT) (2012)			raye -					
Name of orga	nization			Employer identification number					
LEO AN	D LIBBY NEVAS FAMILY								
FOUNDA	TION, INC.			06-6068842					
Part III	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc	following line entry. For organizations.	completing Part III enter						
	Use duplicate copies of Part III if additiona	space is needed.	your (Eller his minimation one	.,					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
- 4									
			_						
 ·			_ 	·					
			_						
	<u> </u>	(e) Transfer of gift							
		(c) Transier of gift							
	Transferee's name, address, an	4 7ID ± 4	Relationship of tra	nsferor to transferee					
<u> </u>	Transferee 3 name, adaress, an	9 Z.II + 4	, , , , , , , , , , , , , , , , , , ,						
•									
] •									
'			· · · · · · · · · · · · · · · · · · ·						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
'			-						
.			_						
'			_						
	(e) Transfer of gift								
	(0)								
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee						
	,								
,									
} '									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
[]									
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee					
1.									
].									
! .									
				· · · · · · · · · · · · · · · · · · ·					
(a) No. from	(h) Dumana of sift	(a) line of wift	(d) Door	reinting of how wift in hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
1.			_						
} .									
		(e) Transfer of gift		-					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee					
1 '		····							

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
INTEREST INCOME			-	903,28	88.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	DLUMN A	- - =	903,28	38.
FORM 990-PF DIVIDEN	DS AND INTER	REST FROM SEC	URITIES	STATEMENT	2
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A))
VANGUARD INVESTMENTS		196,613.	24,465.	172,14	
TOTAL TO FM 990-PF, PART I,	LN 4	196,613.	24,465.	172,14	18.
FORM 990-PF	OTHER 1	NCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON	
MISC INCOME	_	1,975.	0	•	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	1,975.	0	•	
FORM 990-PF	LEGAI	FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
LEGAL FEES	5,059.	. 0	•	5,05	 59.
TO FM 990-PF, PG 1, LN 16A	5,059.	. 0	•	5,05	 59.

FORM 990-PF	ACCOUNTI	NG FEES	S:	FATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	3,126.	1,563.		1,563.	
TO FORM 990-PF, PG 1, LN 16B	3,126.	1,563.		1,563.	
FORM 990-PF	TAX	ES	S	FATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID ON DIVIDENDS REAL ESTATE - WINCHESTER REAL ESTATE - WESTPORT EXCISE TAX	2,752. 9,336. 309. 292.	2,752. 0. 0. 0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	12,689.	2,752.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE & INTERNET ACCESS INVESTMENT MANAGEMENT FEES RENT DUES MISCELLANEOUS EXPENSE PAYROLL EXPENSE	924. 19,448. 5,380. 2,050. 108. 746.	462. 19,448. 2,690. 0. 0.		462. 0. 2,690. 2,050. 108. 746.	
TO FORM 990-PF, PG 1, LN 23	28,656.	22,600.		6,056.	

FORM 990-PF		CORPORATE ST	OCK 		STAT	EMENT	
DESCRIPTION			BOOK V	/ALUE		MARKE	T
			10,78	37,840.	12	,087,7	35.
TOTAL TO FORM 990	-PF, PART II, I	INE 10B	10,78	87,840.	12	,087,7	35.
FORM 990-PF	INTERE	ST AND PENAL	TIES		STAT	EMENT	9
TAX DUE FROM FORMUNDERPAYMENT POLITIES PAYMENT IN	ENALTY	VI					37. 54. 87.
TOTAL AMOUNT DUE						23,6	78.
FORM 990-PF	LA	TE PAYMENT I	NTEREST		STAT	EMENT	10
DESCRIPTION	DATE	TUUOMA	BALANCE	RATE	DAYS	INTER	EST
TAX DUE DATE FILED	04/15/14 02/15/15	23,037.	23,037. 23,624.	.0300	306	5	87.
TOTAL LATE PAYMEN	T INTEREST					5	87.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 11 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JO-ANN PRICE P.O. BOX 299 CHESTER, CT 06412

TELEPHONE NUMBER

860-526-9477

FORM AND CONTENT OF APPLICATIONS

NO SPECIAL FORMAT IS REQUIRED. THE REQUIRED INFORMATION THAT NEEDS TO BE SUBMITTED IS THE PURPOSE OF THE CHARITABLE ORGANIZATION AND AN EXPLANATION OF HOW THE FUNDS WILL BE USED.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A

Form 8868

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

itemal Rev	enue Service	File a sepa	rate appl	ication for each return.		<u> </u>	
lf you	are filing for an Aut	omatic 3-Month Extension, complet	te only Pa	rt I and check this box			► X
		litional (Not Automatic) 3-Month Ex			his form).		
Do not d	complete Part II un	less you have already been granted a	an automa	tic 3-month extension on a previously	y filed Fo	m 8868.	
lectron	nic filing <i>(e-file)</i> , Yo	u can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (6	months for a co	poration
equired	to file Form 990-T),	or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file	e Form 88	368 to request an	extension
f time to	o file any of the form	ns listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Ti	ransfers /	Associated With O	Certain Certain
ersonal	Benefit Contracts,	which must be sent to the IRS in pap	er format ((see instructions). For more details or	n the elec	tronic filing of the	s form,
isit www		ick on e-file for Chanties & Nonprofits		·····			
Part I	Automati	c 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
corpor	ation required to file	Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and c	omplete		_
Part I on!	y						▶ ∐
		ding 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request	an exten	sion of time	
o file inc	ome tax returns.	· · · · · · · · · · · · · · · · · · ·					
уре ог	I	t organization or other filer, see instru	ctions.		Employe	ridentification nur	nber (EIN) or
rint	1	LIBBY NEVAS FAMILY				06 60600	
lie by the	FOUNDATI	ON, INC.				06-60688	142
ue date for		and room or suite no. If a P.O. box, so	ee instruct	tions.	Social se	curity number (SS	in)
iing your sturn. See	P.O. BOX						
Stuctions		st office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	CHESTER,	CT 06412					
_							
nter the	Return code for th	e return that this application is for (file	a separat	te application for each return)			0 4
Application Return Application						Tax	
Applicat —	ion		Application			Return	
s For			Code	Is For	Cod		
	0 or Form 990-EZ		01	Form 990-T (corporation)			07
om 990			02	Form 1041-A			08
	20 (individual)		03	Form 4720			09
orm 990			04	Form 5227			10
	0-T (sec. 401(a) or 4		05	Form 6069		· · · · · · · · · · · · · · · · · · ·	11
om 990	0-T (trust other than	JO-ANN PRICE	06	Form 8870			12
		of ▶ P.O. BOX 299 -	CHEC	ቦቹው <i>ር</i> ሞ ለ6 <i>4</i> 12			
	ooks are in the care hone No. ► 860		Ches.				
			Ab - (1-	FAX No.			
	_	not have an office or place of business rn, enter the organization's four digit (-	abook this
×ıı uns xx.►		t of the group, check this box		· · · · · · · · · · · · · · · · · · ·			
		c 3-month (6 months for a corporation				ers are extension	13 101.
. ,,,	JULY 15,		•	tion return for the organization name		The extension	
ıs f	for the organization		· • · · · · · · · · · · · · · · · · · ·				
▶	_ `						
	X tax year begin		. an	dending NOV 30, 2013			
-						 -	
2 If t	he tax vear entered	I in line 1 is for less than 12 months, c	heck reas	on: Initial return F	inal retur	n	
	Change in acco	·					
_		· • • • • • • • • • • • • • • • • • • •					
3a Ift	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069. ea	nter the tentative tax, less any			
	nrefundable credits				3a	\$	0.
		r Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	* *	ats made. Include any prior year overp	-		3ь	\$	259.
		t line 3b from line 3a. Include your pa			1		
		tronic_Federal Tax Payment System).	-	•	3c	S	0.
		make an electronic fund withdrawal v					
		d Paperwork Reduction Act Notice,					Rev. 1-2013)

223841 01-21-13

	868 (Rev. 1-2013)					Page	2
	u are filing for an Additional (Not Automatic) 3-Month Ex		•			▶ <u> X</u> j	
	Only complete Part II if you have already been granted an			led Form	B868.		
	u are filing for an Automatic 3-Month Extension, comple			ol /po o	onice no		_
Part	Additional (Not Automatic) 3-Month E	xtensio					_
			Enter filer's			see instructions	
Type o		uctions		Employe	dentificati	on number (EIN) o	or
print	LEO AND LIBBY NEVAS FAMILY		,		06-60	068842	
File by the				0 1			_
P.O. BOX 299					cunty numb	xer (SSN)	_
Instruction	City, town or post office, state, and ZIP code. For a for CHESTER, CT 06412	oreign add	dress, see instructions.				
							_
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	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 2000	. <u> </u>	<u> 1923 - 22 18 4</u>	ئ
Form 9	90-BL	02	Form 1041-A			08	_
Form 4	720 (individual)	03	Form 4720			09	_
Form 990-PF 04 Form 5227						10	
Form 9	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	_
	90-T (trust other than above)	06	Form 8870			12	_
STOP	Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	iously file	d Form 88	58	—
	JO-ANN PRICE	CHEC	mpp cm 05412				
	books are in the care of P.O. BOX 299 -	CHES					
	ephone No. ► 860-526-9477		FAX No. ▶			_ [
	e organization does not have an office or place of busines				 - 44		
_	is is for a Group Return, enter the organization's four digit	_					,
box P			ach a list with the names and EINs of BER 15, 2014.	anmenic	ers the exte	alsion is lor.	-
	request an additional 3-month extension of time until		, 2012 , and ending	. NOV	30. 2	2013	
	For calendar year, or other tax year beginning f the tax year entered in line 5 is for less than 12 months, o			Final		.013	•
6		check reas	on. Initial fetom	FIII 60 1	elulli		
7	Change in accounting period State in detail why you need the extension						
	THE INFORMATION NECESSARY TO	3.11 3	A COMPLETE AND ACC	URATE	RETUE	N IS NOT	_
	YET AVAILABLE.						_
•							_
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any				_
	nonrefundable credits. See instructions.	0, 0000, 0	and the temative tax, loss ary	8a	\$	0	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	. enter any	refundable credits and estimated	4.80			_
	ax payments made. Include any prior year overpayment al			A. 8			
	previously with Form 8868.		·	8b	\$_	259	-
•	Balance due, Subtract line 8b from line 8a. Include your pa	ayment w	th this form, if required, by using				_
[EFTPS (Electronic Federal Tax Payment System) See instr	ructions		8c	\$	0	•
	Signature and Verifica	tion mu	st be completed for Part II o	only.			
Under p	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this f	ding accomp	panying schedules and statements, and to			. 1	
Signatu				Date	N 41	עו/וו	
Signatt	Tulie -		······································	Date	Form	8868 (Rev 1-201:	3/
	//				10111	0000 (100 1°2010	٠,