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Form 990-PF

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

2013

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

BAA For Paperwork Reduction Act Notice, see instructions.

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013, or tax year beginning , 2013, and ending Name of foundation Employer identification number The Allyn Foundation, 23-7025589 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) 539 Princeton Road (978) 887-2464 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. Hinsdale 60521 Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here . . . Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation Ε X Cash Fair market value of all assets at end of year Accounting method Accrual (from Part II, column (c), line 16) Other (specify) F If the foundation is in a 60-month termination **►** \$ (Part I, column (d) must be on cash basis) 5,849,951. under section 507(b)(1)(B), check here . . Part I | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc, received (att sch) -0 X if the foundn is not req to att Sch B Interest on savings and temporary 25 25 Dividends and Interest from securities 170,944. 170,944. 170,944. 5 a Gross rents 0. 0. 0. b Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a . . . Capital gain net income (from Part IV, line 2) . . 95,472. Net short-term capital gain Income modifications 0. 10 a Gross sales less returns and allowances . . b Less Cost of goods sold . c Gross profit/(loss) (att sch) 0. 0. 11 Other income (attach schedule) . . . Total. Add lines 1 through 11. 170,969. 266,441. 170,969. 13 Compensation of officers, directors, trustees, etc . 0. 0. Ω. 0. 14 Other employee salaries and wages 0. 0. 0. 0. 15 Pension plans, employee benefits . . 0. 0. Ο. 0. 16 a Legal fees (attach schedule). 0. 0. 0. 0. ADMINISTRAT **b** Accounting fees (attach sch). 0. 0. 0. 0. c Other prof fees (attach sch) . L-16c Stmt. 568. 0. 0. 568. 0. 0. 0. 0. Taxes (attach-schedule)(see instrs) - \$00-Line_18-\$tm 652. 127. 127. 0. Depreciation attach EVED 0 0. Λ Ō. 0. Ō. 0. Travel Conferences, and meetings Printing and publications 21 Ō. 0. Ô. 0. 399. 399. <u> 399.</u> Ō. Other expenses (attach schedule) = See Line 23 Stmt Com 1 1 460 230 230 230. Total operating and administrative expenses. Add lines 13 through 23 . 2,079 756. 756 798. Contributions, gifts, grants paid 275,000. 275,000. Total expenses and disbursements. Add lines 24 and 25 277,079 756 756 275,798. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -106,110. b Net Investment income (if negative, enter -0-). . 265,685 C Adjusted net income (if negative, enter -0-) . . 170,213

TEEA0301 10/18/13

		Attached schedules and amounts in the description	beginning of year	Eng of	year	
Part II B		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	1,529.	4,831.	4,831.	
	2	Savings and temporary cash investments	42,318.	37,528.	37,528.	
	3	Accounts receivable		,		
ļ	_	Less: allowance for doubtful accounts	0.	0.	0.	
	4	Pledges receivable				
ļ		Less: allowance for doubtful accounts	0.	0.	0.	
j	5	Grants receivable	0.	0.	0.	
	6	Receivables due from officers, directors, trustees, and other				
	-	disqualified persons (attach schedule) (see instructions)	0.	0.	0.	
	7	Other notes and loans receivable (attach sch)				
S		Less: allowance for doubtful accounts	0.	0.	0.	
S	8	Inventories for sale or use	0.	0.	0.	
E	9	Prepaid expenses and deferred charges	0.	0.	0.	
s	10 a	Investments – U.S. and state government			•	
		obligations (attach schedule)	0.	0.	0.	
		Investments — corporate stock (attach schedule) . L=10b. Stmt	981,105.	971,955.	4,367,417.	
	C	Investments — corporate bonds (attach schedule) . L=10,c. Stmt	1,312,692.	1,312,692.	1,440,175.	
Í	11	Investments — land, buildings, and equipment, basis				
		Less accumulated depreciation				
		(attach schedule)	0.	0.	0.	
	12	5 5	0.	0.	0.	
	13	Investments - other (attach schedule)	0.	0.	0.	
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation (attach schedule)	0.	0.	0.	
	15	Other assets (describe)	0.	0.	0.	
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	2,337,644.	2,327,006.	5,849,951.	
Ŀ	17	Accounts payable and accrued expenses	0.	0.		
Å	18	Grants payable	0.	0.		
В	19	Deferred revenue	0.	0.		
Ł	20	Loans from officers, directors, trustees, & other disqualified persons	0.	0.		
Ţ	21	Mortgages and other notes payable (attach schedule)	0.	0.		
į	22	Other liabilities (describe	0.	0.		
E S	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here b and complete lines 24 through 26 and lines 30 and 31.		·		
NF	24	Unrestricted				
ΕU	25		1			
T N D	26					
A S B S A E L T A		Foundations that do not follow SFAS 117, check here . Figure 27 through 31.				
ĒĹ	27		2,337,644.	2 327 006		
TA	28		2,337,644.	2,327,006.		
С	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.		
O E R S	30	Total net assets or fund balances (see instructions)	2,337,644.	2,327,006.		
•	31					
Par	 	Analysis of Changes in Net Assets or Fund Balance	2,337,644.	2,327,006.		
	Tota	I net assets or fund balances at beginning of year - Part II. column	(a), line 30 (must agree w	ıth		
_		of-year figure reported on pnor year's return)			2,337,644.	
2		er amount from Part I, line 27a			-106,110.	
3		r increases not included in line 2 (itemize) · · · · • Gain on sale of			95,472.	
4	_	lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·			2,327,006.	
5	Decre	eases not included in line 2 (itemize)		5		
6	ı ota	in het assets or rund palances at end of year (line 4 minus line 5) — F	rart II, column (b), line 30	6	2,327,006.	

<u> </u>	(a) List and describe t 2-story brick warehouse	(b) How acc P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)		
1 a	1453 shares Mondele	z International		5		12/08/93	11/13/13
b	1200 shares Pfizer	Inc.		Р		05/09/86	11/13/13
С	Vanguard Long-Term In	vest Grade Bond Fund cap	<u>ital gain distrib</u>	P		<u>07/01/89</u>	<u>03/28/13</u>
d	Apartment Investmen	t & Mgmt Co cap gain di	strib			12/08/93	11/29/13
9				1			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			(h) Gain or (e) plus (f) mi	
a	48,558.			5,093.			42,465.
b			 	3,057.			35,306.
C			· - · · · · · · · · · · · · · · · · · ·	0.			13,879.
d				0.			3,822.
е							
	Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/31/69	-		(I) Gains (Co	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any			ain minus column (k an -0-) or Losses (fr	
a							42,465.
b							35,306.
							13,879.
d	·						3,822.
е			_			T	·
3	If gain, also enter in Part I, line 8 in Part I, line 8	ss) as defined in sections 1222(5) and column (c) (see instructions). If (loss), enter (see instructions). If (loss)), enter -0-		3		95,472.
•	ction 4940(d)(2) applies, leave this	oundations subject to the section 4940 s part blank	.(-,,,,,,,,,,	,			
	s,' the foundation does not qualify	on 4942 tax on the distributable amour y under section 4940(e). Do not comple each column for each year; see the in	ete this part.			· · · · Tyes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(colu	(d) Distributior imn (b) divided l	
	2012	253,592.	5,16	5,051.			0.049098
	2011	235,854.		8,555.			0.049049
	2010	215,830.	4,44	0,886.			0.048601
	2009	190,806.		2,858.			0.048516
	2008	233,526.	4,70	2 <u>,</u> 301.			0.049662
2	Total of line 1, column (d)				2		0.244926
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total of has been in existence if less than 5 ye	on line 2 by 5, or by the ars		3		0.048985
4	Enter the net value of nonchanta	able-use assets for 2013 from Part X, I	ine 5		4		5,529,996.
5	Multiply line 4 by line 3				5		270,887.
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		2,657.
7	Add lines 5 and 6				7		273,544.
8		m Part XII, line 4			8		275,798.
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, line	1b, and complete that part	using a 1%	6 tax	rate. See the	

395.

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0.

10

Refunded . . .

Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed

Enter the amount of line 10 to be Credited to 2014 estimated tax

BAA

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . .

Part VII-A Statements Regarding Activities			
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
participate or intervene in any political campaign?	1 a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		х
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
(1) On the foundation * \$ (2) On foundation managers * \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
foundation managers • \$			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		<u> </u>	
of incorporation, or bylaws, or other similar instruments? If Yes,' attach a conformed copy of the changes	_3_		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	<u>. </u>	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
By language in the governing instrument, or			1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		ļ	
with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	ļ
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	i		
See States Registered In	i		
b 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	8 b	X	₩
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (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

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		Regarding Activities						
11 A	t any time during the year, ithin the meaning of section	did the foundation, directly in 512(b)(13)? If 'Yes', attac	or indirectly, own a controlle	ed entity		11		
12 D	id the foundation make a	distribution to a donor advis-	ed fund over which the found ructions)	dation or a disqualified pe	erson had			×
		•	quirements for its annual ret				x	
. U	/ebsite address		N/A	amo ano oxompaon appa				
14 T	he books are in care of	Tohn W Allen	1 ₂		2 no > /079\	007	246	
	ncated at 110 Pa	co Uill Bood	Doutord	Telephone	01021	00/-	240	-
15 S	ection 4947(a)(1) noneye	not charitable trusts filing F	Jr. Boxford, orm 990-PF in lieu of Form	1041 — Check bere	01921			
а	nd enter the amount of tax	exempt interest received o	or accrued during the year.	·····	• 15			<u>Ц</u>
16 A	t any time dunng calenda ank, securities, or other fir	year 2013, did the foundat ancial account in a foreign	ion have an interest in or a s country?	ignature or other authorit	y over a	16	Yes	No X
fo	reign country		ents for Form TD F 90-22 1. I					
Part '	VII-B Statements	Regarding Activities	for Which Form 4720	May Be Required				
F	lle Form 4720 if any item	is checked in the 'Yes' co	olumn, unless an exception	n applies.			Yes	No
1 a C	uring the year did the four	ndation (either directly or inc	directly).					<u>-</u>
(I) Engage in the sale or e	xchange, or leasing of prop	erty with a disqualified perso	on?	Yes X No			,
(2	2) Borrow money from, le disqualified person? .	nd money to, or otherwise e	extend credit to (or accept it f	from) a	Yes X No			:
(:	3) Furnish goods, service	s, or facilities to (or accept t	hem from) a disqualified per	son?	Yes X No			Ì
(4	1) Pay compensation to,	or pay or reimburse the expe	enses of, a disqualified perso	on?	Yes X No			į
(5) Transfer any income o	assets to a disqualified per	rson (or make any of either a	available				ļ
	for the benefit or use o	a disqualified person)?	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Yes X No			
(foundation percent to m	alca a arant ta ar ta amalas.	official? (Exception. Check 'I the official for a period after s.)	An	Yes XNo		İ	
b If	any answer is 'Yes' to 1a any answer is 'Yes' to 1a	(1)-(6), did any of the acts fa 1(d)-3 or in a current notice	ail to qualify under the excep regarding disaster assistand	otions described in ce (see instructions)?		1 b		
C	Organizations relying on a	current notice regarding dis	aster assistance check here		► 🗍			
c E	old the foundation engage nat were not corrected bef	in a prior year in any of the ore the first day of the tax ye	acts described in 1a, other the acts beginning in 2013?	han excepted acts,		1 c		
2 T	axes on failure to distribution	e income (section 4942) (do n defined in section 4942(j)(oes not apply for years the fo (3) or 4942(J)(5)):	oundation was a				
			ny undistributed income (line					
	f 'Yes,' list the years ►	20 , 20 , 20	, 20	• • • • • • • • • • • • • • • • • • • •	∐Yes ⊠No			į
							1	
(relating to incorrect valuat	on of assets) to the year's u	on is not applying the provision is not applying the provision is not in the provision is not in the provision is not in the provision in the provision is not in the provision in the provision in the provision is not in the provision in	lying section 4942(à)(2) t	0	2 b		
			d to any of the years listed in			20	\dashv	<u> </u>
	20,20,20	- · · · · · · · · · · · · · · · · · · ·	d to arry or the years listed if	1 2a, list tile years liere.				
3 a [old the foundation hold mo	re than a 2% direct or indire	ect interest in any business		Yes X No			
t (or disqualified persons afte by the Commissioner unde 3) the lapse of the 10-, 15	r May 26, 1969; (2) the laps r section 4943(c)(7)) to disp -, or 20-year first phase hold	is a result of (1) any purchas se of the 5-year period (or lor lose of holdings acquired by ding penod? (Use Schedule ings in 2013)	nger period approved gift or bequest, or C. Form 4720. to		3 b		x
			n a manner that would jeopa					
(charitable purposes?	· · · · · · · · · · · · · · · · · · ·				4 a		X
ı	eopardize its charitable pu	roose that had not been rer	r (but after December 31, 19 noved from jeopardy before	the first day of		4 b		x
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)

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Part VII-B Statements Regarding Activities		4720 May Be Req	uired (continued)					
5 a During the year did the foundation pay or incur ar	-			}				
(1) Carry on propaganda, or otherwise attempt to	influence legislation (se	ction 4945(e))?	· · · · Yes X	No				
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?								
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other than a chantable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)								
(5) Provide for any purpose other than religious, educational purposes, or for the prevention o	charitable, scientific, lite f cruelty to children or ar	rary, or iimals?	Yes X	No				
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								
Organizations relying on a current notice regarding								
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible	foundation claim exempt lity for the grant?	on from the	· · · · Yes	No				
If 'Yes,' attach the statement required by Regulat	ions section 53.4945-5(d	").						
6 a Did the foundation, during the year, receive any f on a personal benefit contract?		<i></i>]No				
b Did the foundation, during the year, pay premium	s, directly or indirectly, o	n a personal benefit con	tract?	6 b	X			
If 'Yes' to 6b, file Form 8870			п., п					
7 a At any time dunng the tax year, was the foundation				J				
b If 'Yes,' did the foundation receive any proceeds								
Part VIII Information About Officers, Diand Contractors	rectors, i rustees,	Foundation Manag	gers, Hignly Paid E	-mpioyees	i,			
1 List all officers, directors, trustees, foundatio	n managers and their o	omnoncation /coo inct	ructions)					
List all officers, directors, trustees, foundation	(b) Title, and average		(d)Contributions to	(a) Eyponso	account			
(a) Name and address	hours per week devoted to position	(c)Compensation (If not pald, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances				
Cynthia A. Stuhley								
1216 Casey Key Road	President, Dir.							
Nokomis FL 34275	4.00	0.	0.		0.			
	Vice Pres., Dir.							
Boxford MA 01921	3.00	0.	0.		0.			
Sharon A. Taylor								
539 Princeton Road	Director							
Hinsdale IL 60521	2.00	0.	0.	<u> </u>	0.			
				<u> </u>				
2 Compensation of five highest-paid employee				nter '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 other all	e account, lowances			
None				 				
				 				
				 				
			ļ	 				
	l							
				1				
		 		 				
			<u> </u>	<u> </u>				
Total number of other employees paid over \$50,000			<u> </u>		None			
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Part VIII Information About Officers, Directors, Trustees, Foundard and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
		
Total number of others receiving over \$50,000 for professional services		None
		1,0110
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 None		
222222222222222222222222222222222222222		
~		0.
2		
3		
4		
	·	
Part IX-B Summary of Program-Related Investments (see instruc	ctions)	
Describe the two largest program-related investments made by the foundation during		A
1 None	the tax year on lines 1 and 2.	Amount
None		
		0
2		0.
*		
~		
All other program-related investments. See instructions		
3		
~		
Total. Add lines 1 through 3		None
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	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	41	
ě	Average monthly fair market value of securities	1 a	_ 5,500,374.
t	Average of monthly cash balances	1 b	113,835.
•	Fair market value of all other assets (see instructions)	1 c	0.
•	l Total (add lines 1a, b, and c)	1 d	5,614,209.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,614,209.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	84,213.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,529,996.
6	Minimum investment return. Enter 5% of line 5	6	276,500.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	
	and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	276,500.
2 :	Tax on investment income for 2013 from Part VI, line 5	,,	
	Income tax for 2013 (This does not include the tax from Part VI.)	ŀ	
	Add lines 2a and 2b	2 c	2,657.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	273,843.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	273,843.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	273,843.
Ра	rt XII Qualifying Distributions (see instructions)	_	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc, purposes		
	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		275,798.
	Program-related investments — total from Part IX-B	L	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	. <u> </u>
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	275 700
-		 •	<u>275,798.</u>
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 (see instructions)	5	2,657.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	273,141.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years	undatio	on

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				273,843.
2 Undistributed income, if any, as of the end of 2013				2737013.
a Enter amount for 2012 only			2,378.	
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2013				,
a From 2008				
b From 2009 0 .				
c From 2010 0 .				
d From 2011 0 .				1
e From 2012 0 .				
f Total of lines 3a through e	0.			ļ
4 Qualifying distributions for 2013 from Part				
XII, line 4: ► \$ 275,798.				1
a Applied to 2012, but not more than line 2a			2,378.	
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 2013 distributable amount				273,420.
e Remaining amount distributed out of corpus				2,0,1201
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed 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.		
Undistributed income for 2012 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2013. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2014				423.
7 Amounts treated as distributions out of				123.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,			-	
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).	. 0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				11.11
a Excess from 2009 0				
b Excess from 2010 0 .	7			
c Excess from 2011 0 .			1	
d Excess from 2012 0 .			[
e Excess from 2013 0 .	1			
BAA			· · · · · · · · · · · · · · · · · · ·	Form 000 DE (2012)

Form 990-PF (2013) The Allyn Foundat.	ion, Inc.			23-7025589	Page 10
PartXIV Private Operating Foundation		N/A			
1 a If the foundation has received a ruling or deter is effective for 2013, enter the date of the rulin	g	<i></i>		· · · · · · · · • \	r
b Check box to indicate whether the foundation		ing foundation descri		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1	4
investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		1	ļ		
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, tine 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
(2) Support from general public and 5 or more exempt organizations as provided					
in section 4942(j)(3)(B)(iii)			 		
(4) Gross investment income				 	
Supplementary Information assets at any time during the			foundation ha	d \$5,000 or more	in
Information Regarding Foundation Managers List any managers of the foundation who have close of any tax year (but only if they have convolved in the c	ers: e contributed more	than 2% of the total	contributions receivion 507(d)(2)	red by the foundation b	pefore the
	400/		-10	70	
b List any managers of the foundation who own a partnership or other entity) of which the foundation	ndation has a 10%	ne stock of a corpora or greater interest.	tion (or an equally is	arge portion of the own	ersnip of
None					
2 Information Regarding Contribution, Grant Check here X if the foundation only mai requests for funds. If the foundation makes gi complete items 2a, b, c, and d.	kes contributions t fts, grants, etc (se	o preselected charita e instructions) to indi	ible organizations ar viduals or organizat	ions under other condi	solicited tions,
a The name, address, and telephone number o	r e-mail of the per	son to whom applica	tions should be add	ressed.	
h The form in which applications should be suit	mitted and info	otion and materials 45	المناحة المناحة		
b The form in which applications should be sub N/A	midea and informa	allon and materials tr	ney snould include:		
c Any submission deadlines: N/A					
d Any restrictions or limitations on awards, such N/A	n as by geographic	cal areas, charitable	fields, kınds of institu	utions, or other factors:	:
BAA		TEEA0310 07/10/13			om 990-DE (2012)

,

Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
ACCION USA				
56 Rowland Street, Suite 300				
Boston MA 02129		Exempt	Micro finance programs	1,000.
American Cancer Society				
P.O. Box 22178				10.000
Oklahoma City OK 73123		Exempt	Medical research	10,000.
American Heart Association				
208 S. LaSalle St., Suite 150 Chicago IL 60604		Evennt	Medical research	10,000.
Chicago IL 60604 American Lung Association		Exempt	Medical research	10,000.
1301 Pennsylania Ave. NW, Suite 800				
Washington DC 20004		Evennt	Medical research	3,000.
American Red Cross		Evembe	Medical lesealch	3,000.
P.O. Box 4002018		1	i	
Des Moines IA 50340		Exempt	Family services	10,000.
Americares			Tamily services	10,000.
88 Hamilton Ave.			i l	
Stamford CT 06902		Exempt	Family services	5,000.
Art Institute of Chicago		2		3,000.
111 S. Michigan Ave.				
Chicago IL 60603		Exempt	Museum programs	3,000.
Associated Colleges of Illinois				ŕ
70 E. Lake St., Suite 1418				
Chicago IL 60601		Exempt	Education programs	3,000.
Aurora Lakeland Medical Center				
W3985 County Road NN				
Elkhorn WI 53121		Exempt	Medical services	5,000.
See Line 3a statement				
				225,000.
9-4-1			<u> </u>	
b Approved for future payment	 	T		275,000
b Approved for future payment				
		İ		
		l		
		1	1	
		Ì		
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelated	1 business income	Excluded by	section 512, 513, or 514	(2)
1 Progra	am service revenue·	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a b			-	-		
c				 	•	
d	······································			+ +		
е						
f						
	and contracts from government agencies					·
	pership dues and assessments			14	25.	
	ends and interest from secunties	 	- 	14	170,944.	
	ental income or (loss) from real estate			+	170,344.	
	financed property					
	ebt-financed property		,			
6 Net rer	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events				-	
	s profit or (loss) from sales of inventory					
	revenue:	<u> </u>				
а Ь				 		
С		 		+ +		
d				-		
e						
12 Subto	otal. Add columns (b), (d), and (e)	1		+ +-	170.969	· · · · · · · · · · · · · · · · · · ·
13 Total	otal. Add columns (b), (d), and (e)				13	170,969.
	heet in line 13 instructions to venfy calculations					
Part YVI	-B Relationship of Activities to the	Accompl	ishment of Even	nnt Burnos	.06	
				-		
Line No. ▼	Explain below how each activity for which incaccomplishment of the foundation's exempt p	ome is reporte	ed in column (e) of Pa	rt XVI-A contr	ibuted importantly to	the
·····			— — — — — — —			
None	N/A			•	,	······
		 				
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Form 990-PF (2013) The Allyn Foundation, Inc. 23-7025589 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

_										1	Yes	No
de	scribed	ganization directly or in section 501(c) of t political organization	the Code (other	ige in any o r than section	of the folloon 501(c	owing with ar)(3) organiza	y other or tions) or ir	ganization n section 527,				
	-	from the reporting fo		oncharitabl	le exemp	t organizatio	n of					
					•	_				. 1 a (1)		X
		assets									+	X
		sactions:								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	
		of assets to a nonch	naritable evemn	t organizati	ion					. 1 b (1)	1	X
• •		ases of assets from	•	•							\vdash	X
(3)		of facilities, equipm		•	-						┼	X
(4)		oursement arrangem									+-	+
• • •		or loan guarantees									┼─	X
		mance of services o									┼──	X
					_						┼	X
c Sn	aring of	facilities, equipment	t, mailing lists, t	otner asset	s, or paid	employees				1 c	Ь	<u> </u>
the an	goods y transa	ver to any of the abo , other assets, or ser action or sharing arra	rvices given by angement, show	the reportir v in column	ng founda (d) the v	ation. If the for alue of the g	undation oods, oth	received less that er assets, or sen	an fair market valu- vices received.	9 IN		
(a) Line	no	(b) Amount involved	(c) Name of	f noncharitabl	le exempt o	organization	(d)	Description of trans	sfers, transactions, and	sharing arra	ngement	S
	\bot											
							ļ		· · · · · · · · · · · · · · · · · · ·			
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2 a ls	the fou	ndation directly or inc in section 501(c) of	directly affiliated the Code (other	d with, or re	elated to,	one or more	tax-exem	pt organizations		Ye	s x	No
		omplete the following			•	<i></i>						J
	(a)	Name of organization	'n	(b)) Type of	organization		(c) Description of rel	ationship		
					· - · - · - · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
					-							
						-						
	_	 						1				
	Under pe	nalties of perjury, I declare	that I have examine	d this return, in	ncluding acc	ompanying sched	lules and stat	lements, and to the be	est of my knowledge and	belief, it is true		
	COTTECT, E	ind complete. Declaration o	of preparer (other tha	an taxpayer) is i	based on al	I information of w	nich preparer	has any knowledge	-			
Sign	Ì	S. I. A.a.	2			11/11	.				RS disc Im with th	
Here		JXMW MUX				<u>4/7/14</u>		/ice Presi	dent		r shown to	
	Signat	yre of officer or trustee	0		Da	ate '	T	itle			Yes	No
		Print/Type preparer's nam	ne	Pre	parer's sign	ature		Date	Check if	PTIN		
Paid									self-employed			
Prepa	rer	Firm's name	von-P	aid	Pr	<u>`epar</u>	er		Firm's EIN			
Use C		Firm's address								-		
	,	_							Phone no			
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Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
2013 Form 990-PF estimated tax	500.	0.	0.	0.
2013 Delaware franchise tax	25.	0.	0.	0.
2013 Foreign taxes on dividends	127.	127.	127.	0.
Total	652.	127.	127.	0.

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Mail	238.	119.	119.	119.
Office supplies	197.	99.	99.	99.
Filing fees	25.	12.	12.	12.
Amortization	0.	0.	0.	0.
Total	460.	230.	230.	230.

Form 990-PF, Page 4, Part VII-A, Line 8a States Registered In

IL	-	· Illinois	
DE	_	Delaware	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Aurora University				Person or
347 S. Gladstone Ave.				Business X
Aurora IL 60506		Exempt	Education programs	5,000.
Big Brothers Big Sisters of Chicago				Person or
560 W. Lake St.				Business X
Chicago IL 60661		Exempt	Youth programs	3,000.
Boston Health Care for the Homeless		<u> </u>		Person or
780 Albany Street				Business X
<u>Boston</u> <u>MA</u> 02118		Exempt	Medical services	1,000.
Boys & Girls Clubs of Chicago				Person or
550 W. Van Buren St., Suite 350				Business X
Chicago IL 60607		Exempt	Youth programs	3,000.
Bread and Roses				Person or
58 Newbury Street				Business X
Lawrence MA 01840	<u> </u>	Exempt	Community services	1,000.

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
Brigham & Women's Hospital 116 Huntington Ave., 3rd Floor Boston MA 02116 Chicago Botanic Gardens 1000 Lake Cook Road Glencoe IL 60022			Medical services Environmental programs	Person or Business X 1,000. Person or Business X 1,000.
Chicago History Museum 1601 N. Clark St. Chicago IL 60614 Chicago Symphony Orchestra 220 S. Michigan Ave.			Museum programs	Person or Business X 3,000. Person or Business X
Chicago IL 60604 Children's Home & Ald Society 125 S. Wacker Dr., 14th Floor Chicago IL 60606 Citizens for Adequate Housing			Music programs Youth services	3,000. Person or Business X 5,000. Person or
40 Washington St. Peabody MA 01960 City Year 287 Columbus Ave.		Exempt	Family services	Business X 1,000. Person or Business X
Boston MA 02116 Common Threads 5979 Siggelkow Rd. McFarland WI 53558 Community Giving Tree			Youth services Family services	1,000. Person or Business X 5,000. Person or
P.O. Box 508 West Boxford MA 01885 Community Service of Newburyport 31 Green Street, P.O. Box 843		Exempt	Family services	Business X 5,000. Person or Business X
Newburyport MA 01950 Daniel Murphy Scholarship Fund 309 West Washington Street, Suite 1250 Chicago IL 60606			Family Services	1,000. Person or Business X 1,000.
Doctors Without Borders P.O. Box 5030 Hagerstown MD 21741 Emmaus House			Medical services	Person or Business X 1,000. Person or
127 How Street Haverhill MA 01830 Evans Scholars Foundation 1 Briar Rd.		Exempt	Individual services	Business X 3,000. Person or Business X
Golf IL 60029 Fund for Johns Hopkins Medicine 100 N. Charles St., Suite 429 Baltimore MD 21201		Exempt Exempt	Scholarships Medical research	1,000. Person or Business X 3,000.

3

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Girl Scouts of Chicago				Person or
20 S. Clark St., Suite 200				Business X
Chicago IL 60603		Exempt	Youth programs	3,000.
Girls Inc of the Seaport Area		Z.r.cpc	rough programs	Person or
2 Harris Street				Business X
Newburyport MA 01950		Exempt	Youth services	1,000.
Greater Boston Food Bank				Person or
70 South Bay Avenue				Business X
Boston MA 02118		Exempt	Community services	1,000.
Greater Chicago Food Depository			.	Person or
4100 W. Ann Lurie Place				Business X
Chicago IL 60632		Exempt	Community services	3,000.
Hadley School for the Blind				Person or
700 Elm St.				Business X
Winnetka IL 60093		Exempt	Programs for the blind	10,000.
Harbor/COV				Person or
P.O. Box 505754				Business X
Chelsea MA 02150		Exempt	Social services	1,000.
Healing Abuse Working for Change				Person or
27 Congress St.				Business X
<u>Salem MA 01970</u>	ļ	Exempt	Social services	
Heartland Alliance		-		Person or
208 S. LaSalle St., Suite 1300				Business X
Chicago IL 60604		Exempt	Social services	
Illinois Institute of Technology				Person or
10 W. 35th St., Suite 1700				Business X
Chicago IL 60616		1	Education programs	
Illinois Masonic Medical Center				Person or Business X
205 W. Touhy Ave, Suite 225 Park Ridge IL 60068			Medical services	Business X 3,000.
Infant Welfare Society of Evanston		1		Person or
2200 Main St.				Business X
Evanston IL 60202		Evempt	Youth services	5,000.
Jeanne Geiger Crisis Center				Person or
2 Harris Street				Business X
Newburyport MA 01950		Exempt	Adult services	1,000.
Jumpstart		Ī		Person or
308 Congress St., 6th Floor				Business X
Boston MA 02210		Exempt	Youth services	1,000.
Junior Achievement of Chicago				Person or
651 W. Washington St., Suite 404				Business X
Chicago IL 60661		Exempt	Youth programs	3,000.
Juvenile Diabetes Research Foundation				Person or
11 S. La Salle St., Suite 1800				Business X
Chicago IL 60603		Exempt	Medical research	4,000.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient 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	Person or Business Checkbox Amount
a Paid during the year Kishwauketoe Nature Conservancy				Person or
118 Circle Pkwy.				Business X
Williams Bay WI 53191		Exempt	Environmental programs	1,000.
Lincoln Park Zoo				Person or
2001 N. Clark St.				Business X
Chicago IL 60614		Exempt	Zoo programs	3,000.
Lucy's Love Bus				Person or
P.O. Box 464				Business X
Amesbury MA 01913		Exempt	Cancer services	1,000.
Lurie Children's Hospital				Person or
225 E. Chicago Ave.				Business X
Chicago IL 60611	-	Exempt	Medical services	
MSPCA Angell 350 S. Huntington Ave.				Person or
Boston MA 02130		Evemnt	Animal protection	Business X 1,000.
MSPCC THE OZISO		BACILIPE	Animai proceedion	Person or
99 Summer St., 6th Floor				Business X
Boston MA 02110		Exempt	Youth services	1,000.
Make A Wish Foundation				Person or
One Bullfinch Place, 2nd Floor				Business X
Boston MA 02114		Exempt	Family programs	1,000.
Merrimack Valley Habitat for Humanity				Person or
60 Island St.		<u> -</u>		Business X
Lawrence MA 01840 Midwest Palliative & Hospice Care		Exempt	Community services	1,000.
2050 Claire Court				Person or Business X
Glenview IL 60025		Exempt	Elderly services	
Museum of Science and Industry		2	Diddily belvices	Person or
5700 S. Lake Shore Drive				Business X
Chicago IL 60637		Exempt	Museum programs	3,000.
Music Institute of Chicago	 			Person or
300 Green Bay Road				Business X
Winnetka IL 60093		Exempt	Music programs	1,000.
National Forest Foundation				Person or
Building 27, Suite 3, Fort Missoula Road Missoula MT 59804				Business X
National Multiple Sclerosis Society		Exempt	Environmental programs	2,000.
P.O. Box 4527				Person or Business X
New York NY 10163		Exempt	Medical research	3,000.
North Shore Senior Center				Person or
161 Northfield Rd.				Business X
Northfield IL 60093		Exempt	Elderly services	1,000.
NorthShore University HealthSystem				Person or
1033 University Place, Suite 450				Business X
Evanston IL 60201	1	Exempt	Medical services	10,000.

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Northwestern University Settlement 1400 W. Augustana Blvd. Chicago IL 60642		 Exempt	Family services	Person or Business X 4,000.
Parkinson's Disease Foundation 1359 Broadway Ave., Suite 1509 New York NY 10018 Pettengill House		Exempt	Medical research	Person or Business X 3,000. Person or
13 Lafayette Road, P.O. Box 5551 Salisbury MA 01952 Pillars Community Services		Exempt	Family Services	Business X 1,000. Person or
333 N. LaGrange Rd. LaGrange Park IL 60526 Pine Street Inn		Exempt	Family services	Business X 3,000. Person or
Boston MA 02118 Project Bread P.O. Box 845968		Exempt	Individual services	Business X 1,000. Person or Business X
Boston MA 02284 Ravinia Festival Association 418 Sheridan Rd.		Exempt	Anti-hunger services	1,000. Person or Business X
Highland Park IL 60035 Ray Graham Association 901 Warrensville Road, Suite 500 Lisle IL 60532		Exempt		Person or Business X
Reading Is Fundamental P.O. Box 33728 Washington DC 20033		Exempt Exempt	Disability services Education programs	Person or Business X 3,000.
Rehabilitation Institute of Chicago 345 E. Superior St. Chicago IL 60611			Medical services	Person or Business X 6,000.
Ringling College of Art and Design 2700 North Tamiami Trail Sarasota FL 34234		Exempt	Educational services	Person or Business X 3,000.
Rodman Ride For Kids 10 Lincoln Road Foxborough MA 02035 Rosie's Place		 Exempt	Youth services	Person or Business X 3,000. Person or
889 Harrison Avenue Boston MA 02118 Rush University Medical Center		Exempt	Individual services	Business X 1,000. Person or
1700 W. Van Buren St., Suite 250 Chicago IL 60612 Save The Children		Exempt	Medical services	Business X 5,000. Person or
54 Wilton St. Westport CT 06880		Exempt	Child poverty programs	Business X 5,000.

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Sierra Club Foundation 85 Second St., Suite 750 San Francisco CA 94105		Exempt	Environmental programs	Person or Business X
Talk About Curing Autism 2222 Martin, Suite 140 Irvine CA 92612 Teach For America		Exempt	Family Services	Person or Business X 5,000. Person or
315 W. 36th St., 7th Floor New York NY 10018 The Boston Foundation		Exempt	Education programs	Business X 5,000. Person or
75 Arlington St., 10th Floor Boston MA 02116 The Community House 415 W. Eighth St.		Exempt	Community services	3,000. Person or Business X
Hinsdale IL 60521 The Field Museum 1400 S. Lake Shore Dr.		Exempt	Community services	3,000. Person or Business X
Chicago IL 60605 The Wetlands Initiative 53 W. Jackson Blvd., Suite 1015 Chicago IL 60604			Museum programs Environmental programs	3,000. Person or Business X 1,000.
United Cerebral Palsy 547 W. Jackson Blvd., Suite 225 Chicago IL 60661		Exempt		Person or Business X 2,000.
University of Michigan Trauma Burn Center 1500 E. Medical Center Dr., Room UH-1C435 Ann Arbor MI 48109		Exempt	Medical services	
Urban Gateways 205 W. Randolph St., Suite 1700 Chicago IL 60606 Volunteer Center of the New Trier Township		Exempt	Education programs	Person or Business X 3,000. Person or
520 Glendale Ave., Suite 211 Winnetka IL 60093 Walworth County Arts Council		Exempt	Community services	Business X
641 Jackson Parkway Williams Bay WI 53191 Wellness House		Exempt	Community services	Person or
Hinsdale IL 60521 Year Up		Exempt	Individual services	Business X 5,000. Person or
93 Summer St., 5th Floor Boston MA 02110		Exempt	Youth services	Business X 1,000.

Continued

Recipient	If recipient is	Foun-	Purpose of	Person o
	an individual,	dation	grant or contribution	Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-	i l	
	any foundation	cipient		Amount
	manager or			
	substantial			
	contributor			

Total

225,000.

Form 990-PF, Page 1, Part I Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CT Corporation System	Representation	568.	0.	0.	568.
Total		568.	0.	0.	568.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	f Year
Line 10b - Investments - Corporate Stock:	Book	Fair Market
	Value	Value
2100 shs Altria Group common	9,146.	80,619.
9290 shs America Movil SAB common	23,836.	217,107.
4848 shs Apartment Investment & Management Co. common	72,978.	125,612.
4460 shs BP PLC common	15,772.	216,801.
1702 shs Bank of America common	22,086.	26,500.
1800 shs Bank of New York Mellon Corp. common	15,712.	62,892.
502 shs ConocoPhillips common	11,768.	35,466.
600 shs International Business Machines common	8,063.	112,542.
484 shs Kraft Foods common	3,294.	26,092.
365 shs Pepsico common	2,056.	30,273.
10200 shs Pfizer Inc. common	30,188.	275,670.
2100 shs Philip Morris International common	20,842.	182,973.
251 shs Phillips 66 common	3,497.	19,360.
800 shs Time Warner Inc. common	24,950.	55,776.
200 shs Time Warner Cable common	8,798.	27,100.
16384.01 shs Vanguard 500 Index Fund	608,969.	2,791,180.
2908.016 shs Vanguard Total International Stock Fund	90,000.	81,454.

Total

971,955. 4,367,417.

Form 990-PF, Page 2, Part II, Line 10c L-10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
149,240.947 shs Vanguard Long-Term Investment Grade Bond Fund	1,312,692.	1,440,175
Total	1,312,692.	1,440,175.