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## SCANNEL JUN 0 5 2014

990-PF

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

Open to Public Inspection

_		ilendar year 2013 or tax year beginning				, 2013,	, and e	naing	· · · · · · · · · · · · · · · · · · ·	, 20
		of foundation	D	) <b>ප</b> ර	1				A Employer identif	-
_		RE E MANI FOUNDATION			<del>_</del>				36-748365	
	Numb	er and street (or P O box number if mail is not delive	red to st	treet ad	ldress)		Room	/suite	B Telephone numb	·
									(31	.2) 948-4504
_		HAWTHORNE							<del> </del>	
	City o	r town, state or province, country, and ZIP or foreign	postal co	ode					į _	
									C If exemption application pending, check here	atron is
_		HURST, IL 60126								
G	Che	eck all that apply Initial return			Initial return	of a former p	ublic c	charity	D 1 Foreign organiza	tions, check here
		Final return		$\square$	Amended re	turn			2 Foreign organiza	
_		Address change			Name chang				85% test, check to computation	
H		eck type of organization. $X$ Section 50	1(c <u>)(3</u>						E If private foundation	n status was terminated
$\perp$		section 4947(a)(1) nonexempt charitable trust				ivate foundat			1	(1)(A), check here .
1					ethod 🔀 C		rual		F If the foundation is	ın a 60-month termination
					cify)				under section 507(b	)(1)(B), check here . >
_				ımn (d	d) must be or	cash basis)			<u> </u>	I (I) Dieberge
L	'art	Analysis of Revenue and Expenses (Ti total of amounts in columns (b), (c), and (d)	e (		venue and	(b) Net inve	estment	.	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in			nses per ooks	incom		-	income	purposes
_		column (a) (see instructions) )				<u> </u>				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	•		,039,961					
	2	Check ▶  attach Sch B	. ├─					-		
	3	Interest on savings and temporary cash investments	-		10,795		0,79			ATCH 1
	4	Dividends and interest from securities			10,795	<u>_</u>	0,79	<del>5  </del>		ATCH I
	5 a	Gross rents	·							
i	l	Net rental income or (loss)	-		48,387			-		
en.		6a Net gain or (loss) from sale of assets not on line 10 b Gross sales pince for all 195, 685			40,307	<del></del> -				<del></del>
Revenue		assets on line 6a					8,38	-		
Re	7	Capital gain net income (from Part IV, line 2)					0,30	<del>' : </del>		<del></del>
	8	Net short-term capital gain								
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·	·						<del></del>	
	L	and allowances · · · ·	+-		<del></del>					
		Cross profit or (loss) (attach schedule)	+						OFN/EF	
	11	Other income (attach schedule)				<del></del>	<u> </u>	ΪŜĒ	CLIVIL	<u>'</u> U
	12	Total. Add lines 1 through 11		1,	099,143.	5	9,18	21.		1001
_	13	Compensation of officers, directors, trustees, etc.	_		C		िंह	311 V	IAY 2 7 ZU14	191
(A)		Other employee salanes and wages						4		
1Se	14 15	Pension plans, employee benefits						0	GDEN UT	2.5
per	16 a	Legal fees (attach schedule)								
Щ×	b	Accounting fees (attach schedule)ATCH 2			1,050.		1,05			
Operating and Administrative Expe	С	Other professional fees (attach schedule). *.	.		4,946.		4,94	6.		
trat	17	Interest								
nis	18	Taxes (attach schedule) (see instructions) ATCH . 4	. ]		261.		26	1.	·	
Ξ	19	Depreciation (attach schedule) and depletion								
A	20	Occupancy								
pu	21	Travel, conferences, and meetings	.					_		
В	22	Printing and publications								
ij	23	Other expenses (attach schedule)								
ers	24	Total operating and administrative expenses			6 257		C 25	,		
ŏ		Add lines 13 through 23			6,257.	<u> </u>	6,25	<del>' : </del> —		01 667
	25	Contributions, gifts, grants paid			91,667.		<u> </u>	<del>,</del>		91,667
4	26	Total expenses and disbursements Add lines 24 and 2	5		97,924.		6,25	<del>'  </del>		91,667
- {	27	Subtract line 26 from line 12		1	001 210					
		Excess of revenue over expenses and disbursements	·	Ι,	001,219.		2,92	_	<del></del> _	<del> </del>
		Net investment income (if negative, enter -0-	) <del> </del> -				۷, ۶۷	<del>-   -</del>		<del></del>
لـ E		Adjusted net income (If negative, enter -0-). perwork Reduction Act Notice, see instruction	·			<u></u> + Δጥ	CH 3			Farm <b>990-PF</b> (2013)
٠.		nousecuon net neuce, see maducael	٠٠.			~ 411	J-6 J			1 Unit 330-F1 (2013)

Form 990		O-PF (2013) CUORE E MANI FOUNDAT	ION	36	6-7483654 Page <b>2</b>		
Part		Attached schedules and amounts in the	Beginning of year	End of year			
L	'art I	Balance Sheets 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	8,671.	440,222.			
	2	Savings and temporary cash investments			<del></del>		
	3	Accounts receivable					
	"	Less. allowance for doubtful accounts					
	4	Pledges receivable					
		Less. allowance for doubtful accounts ▶			<del></del>		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)		<del></del> +			
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts ▶					
ssets	8	Inventories for sale or use					
SS	9	Prepaid expenses and deferred charges					
4	10 a	Investments - U S and state government obligations (attach schedule).					
	b	Investments - corporate stock (attach schedule)	347,537.	917,205.	1,036,043.		
	, с	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis	1	,			
	)	Less accumulated depreciation (attach schedule)		Ì			
	12	Investments - mortgage loans					
	13	Investments - other (attach schedule)					
	14	Land, buildings, and					
		equipment basis Less accumulated depreciation (attach schedule)	ĺ	İ			
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
	10	instructions Also, see page 1, item I)	356,208.	1,357,427.	1,476,265.		
			330/200.	1/33//12/1	174707203.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ies	19	Deferred revenue	<del>_</del>				
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here . ▶					
es		and complete lines 24 through 26 and lines 30 and 31.					
2	24	Unrestricted					
ala	25	Temporarily restricted					
ä	24 25 26 27 28 29 30	Permanently restricted					
ŭ		Foundations that do not follow SFAS 117, ▶ X					
Ē		check here and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
\ss	29	Retained earnings, accumulated income, endowment, or other funds	356,208.	1,357,427.			
it /	30	Total net assets or fund balances (see instructions)	356,208.	1,357,427.			
ž	31	Total liabilities and net assets/fund balances (see		·			
		instructions)	356,208.	1,357,427.			
-	art II	Analysis of Changes in Net Assets or Fund B		2700.712.1			
_		al net assets or fund balances at beginning of year - Part II		ist agree with	<del></del>		
'				- 1 1	356,208.		
•	CIIU	-of-year figure reported on prior year's return)		2	1,001,219.		
	CUI	er amount from Part I, line 27a			1,001,219.		
3					1,357,427.		
4	Maa	lines 1, 2, and 3		1 - 1	1,331,421.		
5		reases not included in line 2 (itemize)		5	1 257 407		
<u>6</u>	lota	al net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b),	line 30   6	1,357,427.		
					Form <b>990-PF</b> (2013)		

1	anc	3

	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List an	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr.)		
<u>1</u> 2	SEE PART IV SCHE	DULE				
_ <u>t</u>	<u> </u>		<del></del>			
_				<u> </u>		
				<del> </del> -	<u> </u>	
_	<del>?</del>	(f) Depreciation allowed	(g) Cost or other basis			<u> </u>
_	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini			
_8	1			ļ		
_ <u>k</u>	)					
				<u> </u>		
_ε		showing gain in column (h) and awas	d by the foundation on 12/21/60			
_	Complete only for assets	showing gain in column (h) and owner (j) Adjusted basis	(k) Excess of col. (i)		Gains (Col (h) ga (k), but not less to	
	(i) F.M V. as of 12/31/69	over col (j), if any		Losses (from co		
		-				
t						
-			19.	-	<del>-</del>	
e						
_	Constal compatinesses as	(not contal loss)	gain, also enter in Part I, line 7			
2	Capital gain net income or	(Het Capital loss)	(loss), enter -0- in Part I, line 7	2		48,387.
3		or (loss) as defined in sections 12				
	-	t I, line 8, column (c) (see insti		1		•
		·····		3		0
		Jnder Section 4940(e) for Recommendations subject to the				
w		leave this part blank.  the section 4942 tax on the distrib not qualify under section 4940(e).		ase period	d?	Yes X No
1		ount in each column for each year		any entri	es	<del></del>
	(a)	(b)	(c)	, , , , , , ,	(d)	<del></del>
c	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	1	Distribution ra (col (b) divided by	
	2012	65,000.	451,223.			0.144053
	2011	100,000.	540,429.			0.185038
_	2010	115,155.	585,326.			0.196737
_	2009	50,600.	547,159.	<u> </u>		0.092478
_	2008	70,600.	710,001.	<b> </b>		0.099436
2	Total of line 1, column (d)			2		0.717742
3	•	for the 5-year base period - divide	the total on line 2 by 5, or by the	] [		0 1405.0
	number of years the found	dation has been in existence if less	than 5 years	3		0.143548
4	Enter the net value of non	ncharitable-use assets for 2013 fro	m Part X, line 5	4		504,704.
5	Multiply line 4 by line 3			5		72,449.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		529.
7	Add lines 5 and 6			7	<u>.</u>	72,978.
8		eater than line 7, check the box i	n Part VI, line 1b, and complete	8 that part	using a 1% tax	91,667.
_						

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)						
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 )									
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			529.						
	here X and enter 1% of Part I, line 27b									
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b).									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2									
3	Add lines 1 and 2			529.						
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4										
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0										
6 Credits/Payments										
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a									
b	Exempt foreign organizations - tax withheld at source									
c	Tax paid with application for extension of time to file (Form 8868) 6c									
d	Backup withholding erroneously withheld			_						
7	Total credits and payments Add lines 6a through 6d			0						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			6.						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			535.						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid									
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11		_							
	t VII-A Statements Regarding Activities	т—								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	<u> </u>	Yes	No						
	or intervene in any political campaign?	1a		X						
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1 1		v						
	definition)?	1b		<u> </u>						
	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			l .						
	Did the foundation file Form 1120-POL for this year?	1c	——	X						
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year									
	(1) On the foundation \$ (2) On foundation managers \$	1 1								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on									
	foundation managers   \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?			х						
2		2		<del> </del>						
•	If "Yes," attach a detailed description of the activities									
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x						
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X						
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>						
	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	1 1		1						
	with the state law remain in the governing instrument?	6	Х							
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X							
	Enter the states to which the foundation reports or with which it is registered (see instructions)									
	IL,									
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1 1		1						
	of each state as required by General Instruction G? If "No," attach explanation	8b	X							
	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 and	1 ]								
	addresses	10		X						
		Form 99	0-PF	(2013)						

Pa	rt VII-A Statements Regarding Activities (continued)		_	<del>-</del>			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		Х			
12							
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	l	Х				
14	Website address ► N/A  The books are in care of ► PETER AND JOAN VILIM  Telephone no ► 312-948	-450	94				
	Located at ▶171 HAWTHORNE ELMHURST, IL ZIP+4 ▶ 60126						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	- <i></i> -	▶	TT			
	and enter the amount of tax-exempt interest received or accrued during the year						
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No			
	over a bank, securities, or other financial account in a foreign country?	16		х			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of						
	the foreign country						
Pai	rt VII-B- Statements Regarding Activities for Which Form 4720 May Be Required						
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
1 a	During the year did the foundation (either directly or indirectly):		_				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No						
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a						
	disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No						
	(5) Transfer any income or assets to a disqualified person (or make any of either available for						
	the benefit or use of a disqualified person)?						
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the						
	foundation agreed to make a grant to or to employ the official for a period after						
	termination of government service, if terminating within 90 days )						
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations						
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X			
	Organizations relying on a current notice regarding disaster assistance check here						
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that						
	were not corrected before the first day of the tax year beginning in 2013?	1c		X_			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		İ				
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and						
	6e, Part XIII) for tax year(s) beginning before 2013?						
	If "Yes," list the years ▶						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		-				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to						
	all years listed, answer "No" and attach statement - see instructions )	2b		<u>X</u>			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here						
	•		Ī				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
	at any time during the year?						
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or						
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ı			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of						
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the						
	foundation had excess business holdings in 2013 )	3b_		X			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X_			

Part VIII-5 Statements Regarding Activities for Which Form 4720 May Be Required (continued)  a During the year dut the foundation pay or incur any amount to 1 (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(c))? Yes X No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any outcome of any specific public election (see section 4955), or to carry on, directly or indirectly any outcome of any specific public election (see section 4955), or to carry on, directly or indirectly or i	Form	990-PF (20	13) CUORE E MANI	FOUNDATION		36	-7483654	Page 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (acetton 4945(e))?	Par	t VII-B	Statements Regarding Activities	for Which Form 4	720 May Be Requ	ired (continued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on directly, any voter registration direc?  (3) Provide a grant to an individual for tawal, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 504(4)(2) (3) or section 4940(3)(2) (3) or section 4940(3) or section	5a	During th	e year did the foundation pay or incur any am	ount to	· · · · · · · ·			
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(a)(2)? (see instructions).  (5) Provide for any purpose other than religious, charitable, scennific, literary, or educational purposes, or for the prevention of cuelty to chaldren or animals?  b) If any answer is Yes' to S(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)?  C) If the answer is Yes' to quaetion 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  C) If the answer is Yes' to quaetion 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  D) If Yes' all do the stemantian equared by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  A tarny time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes \( \times \) No  b) If Yes' did the foundation receive any proceeds or have any net income attributable to the transaction?  (a) Name and address of each employees, foundation managers and their companisation (see instructions).  (b) Time, and average of the transaction of five highest-paid employees (other than those included on line 1 - see instructions).  (a) Name and address of each employee pad more than \$50,000 (b) Time, and average (c) Compensation (e) Compen		(1) Carry	on propaganda, or otherwise attempt to influ	ience legislation (section	1 4945(e))?	Yes X	lo	1
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chanitable, etc. organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  (5) Provide for any purpose other than religious, chanitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 54(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here.  c if the answer is "Yes" to question 54(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant?  c if the answer is "Yes" to question 54(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant?  di "Yes," allosh the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The bit "Yes," allosh the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the tax year, was the foundation an aperty to a prichabled tax shelter transaction?  Yes X No  6b X  If "Yes I No  b If "Yes," allosh the statement required by Regulation of the grant and the statement of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundation of the foundatio			- · · · · · · · · · · · · · · · · · · ·	•	•			
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 598(a)(1), (2), or (3), or section 494(a)(2)? (see instructions)   Yes  No    Yes  No    No    Yes  No								
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (sea instructions)						• —	lo	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational					=""		.	
purposes, or for the prevention of oruelty to children or animals?  b If any answer is "Yes" to Sq(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 disaster assistance check here.  Organizations relying on a current notice regarding disaster assistance check here.  If "Yes," it of the foundation during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  A tarry time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Test and foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  A tarry time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Test and contractions  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractions  (a) Name and address  (b) Title, and average devoted to position of the highest-paid employees (other than those included on line 1 - see instructions).  (b) Title, and average for the properties and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions).  (d) Compensation of five highest-paid employees (other than those included on line 1 - see instructions).  (e) Expanse account, other allowers of the properties of t							lo	- 1
b If any answer is "Yes" to 5a(1)-(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 disaster assistance (see instructions)?  If "Yes," it the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  6b If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, Trustees, Foundation managers and their compensation for the foundation and address (a) Name and address  (a) Name and address (a) Name and address (b) Title, and average devoted to position  (b) Title, and average devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation (d) Contributions to employee benefit plans, and deferred compensation. (e) Expense account, other allowences.  (e) Expense account, other allowences.  (f) Compensation (d) Contributions to employee benefit plans, and deferred compensation. (e) Expense account, other allowences.			- ' '	·	•		.	ļ
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here.  If the answer is "Yes" to question 59(4), does the foundation diam exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 494-55(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 494-55(d)  6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To A daily time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net moone attributable to the transaction?  To be an expension of the foundation of the properties of								
Crganizations relying on a current notice regarding disaster assistance check here.  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) file, and average hours gerwesh (c) Compensation of the paid, one of the paid, of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of the paid, one of t	В	-	* * * * * * * * * * * * * * * * * * * *		, ,	•	1 1	v
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?    Yes							·	^ <u>~</u>
because it maintained expenditure responsibility for the grant?    Yes, atlach the statement required by Regulations section 53 3945-5(d)   Ga Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes	_	-					<b>-</b>	ļ
If "Yes," altach the statement required by Regulations section 53 4945-5(d)   Ga Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·		• • • • • • • • • • • • • • • • • • • •		· ·			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6b X  1/ "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  1 If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average work devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances devoted to position  (e) Expense account, other allowances (e) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Contributions to employee benefit plans and deferred compensation						les	"	ļ
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  6b X  11 "Yes To 8b, 16b Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  15 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (sq.) Name and address  (a) Name and address  (b) Title, and average house prevented devoted to position  (c) Compensation  (d) Commission (e) Expense account, other allowances  ATCH 5  C C C  C C  C C C  C C C  C C C C C  C	6a		· · · · · ·	, ,	ectly to pay premium	ns	1 1	}
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-			•			10	
## "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b						4 (	x
Description   Test					•			
Description   Test	7 a	At any tin	ne during the tax year, was the foundation a p	party to a prohibited tax	shelter transaction?	. Yes X	lo	
and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average devoted to position  (c) Compensation (d) Contributions to employee enter follows per week devoted to position  (d) Contributions to employee enter follows and defended compensation (other allowances).  (e) Expense account, other allowances and defended compensation (d) Contributions to employee the enter follows per week devoted to position (e) Expense account, other allowances.  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average devoted to position (c) Compensation (c) Compensation (e) Expense account, other allowances.  (c) Compensation (d) Contributions to employee the employee t		If "Yes,"	did the foundation receive any proceeds or ha	ive any net income attri	butable to the transaction	on?	. 7ь	
1 List all officers, directors, trustees, foundation managers and their compensation (e) compensation (d) Compensation (e) Expense account, other allowances devoted to position  ATCH 5  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (h) Title, and average devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances	Par			rs, Trustees, Foun	dation Managers,	Highly Paid Emp	loyees,	
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (if not paid, enter-0-)  (d) Total number of other employees paid over \$50,000  (e) Expense account, other allowances  (e) Compensation  (f) Total number of other employees paid over \$50,000	1			managers and thei	r compensation (see	instructions).		
ATCH 5 0 C C C  Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation of the example of the exampl				(b) Title, and average	(c) Compensation	(d) Contributions to		
ATCH 5  C Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (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 (d) Contributions to (d) Contributions to (d) Contributions to (d) Contributions to (d) Contributions to (d) Compensation (e) Expense account, other allowances compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (a) None and address of each employee paid more than \$50,000  NONE				devoted to position	enter -0-)		other allow	vances
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances.  NONE  NONE  Total number of other employees paid over \$50,000	700			-	,	J .	J	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)		11 5					<del>1</del>	<u>`</u>
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (e) Expense account, other allowances of the remainder of the remainder of other employees paid over \$50,000							1	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (e) Expense account, other allowances of the remainder of the remainder of other employees paid over \$50,000				<del> </del>			<del>                                     </del>	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)				-				
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)			<del></del>				<del>                                     </del>	
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000				-				
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	2	Compen	sation of five highest-paid employees	s (other than thos	e included on lin	e 1 - see instruct	tions). If nor	e, enter
(a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000  (b) Inc. and address devoted to position  (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances (e) Expense account, other allowances		"NONE."		<del></del>		(4) Cantabatana	· · · · · · · · · · · · · · · · · · ·	
NONE  NONE  Total number of other employees paid over \$50,000	(a)	Name and	address of each employee paid more than \$50,000		(c) Compensation	employee benefit	(e) Expense	account,
Total number of other employees paid over \$50,000				devoted to position	(-,	compensation	other allow	rances
Total number of other employees paid over \$50,000		- <i></i>		_ [				
		NONE		<u> </u>				
		- <b></b>		_				
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				-				
	Total	Loumber	of other ampleyees and over \$50,000			l	<del> </del>	<del></del>
	ı otal	HUHIDEL	or other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		DE (2042)

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Total. Add lines 1 through 3

Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc,		
	purposes		464 224
	Average monthly fair market value of securities	1a	464,224.
b	Average of monthly cash balances	1b	48,166.
c	Fair market value of all other assets (see instructions)	1c	F10 300
d	Total (add lines 1a, b, and c)	1d	512,390.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
_	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	510 200
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	3	512,390.
4			7.606
_	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	7,686.
5		5	504,704.
	Minimum investment return. Enter 5% of line 5	6	25,235.
Par	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ □ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	25,235.
	Tax on investment income for 2013 from Part VI, line 5 29.		
b	Income tax for 2013 (This does not include the tax from Part VI.) 2b		
	A 111 O 101	2c	529.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	24,706.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	24,706.
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	24,706.
Fan	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	91,667.
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	, ,	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	91,667.
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	529.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	91,138.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating wh	ether the foundation

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Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (b) (d) (c) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 24,706. Undistributed income, if any, as of the end of 2013 Enter amount for 2012 only . . Total for pnor years 20\_11 ,20\_10 ,20\_09 Excess distributions carryover, if any, to 2013 35,321 From 2008 . . . . . . 23,404. **b** From 2009 . . . . . . 86,324. c From 2010 . . . . . . 73,459. d From 2011 . . . . . . 42,685. e From 2012 . . . . . . f Total of lines 3a through e . . . . . . . . . . . 261,193. Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ \_\_\_\_ a Applied to 2012, but not more than line 2a . . . Applied to undistributed income of prior years (Election required - see instructions). . . . . . Treated as distributions out of corpus (Election 24,706. d Applied to 2013 distributable amount . . . . . 66,961. e Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: 328,154. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b 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 . . . . . . . d Subtract line 6c from line 6b Taxable f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 . . . . . . . . . . . . . . . . Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not 35,321 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 292,833. Subtract lines 7 and 8 from line 6a . . . . . . . Analysis of line 9 23,404. a Excess from 2009 . . . 86,324. b Excess from 2010 . . . 73,459. c Excess from 2011 . . . 42,685. d Excess from 2012 . . . 66,961. e Excess from 2013

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Рa	rt XIV Private Op	erating Foundations	(see instructions a	ind Part VII-A, que	stion 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter that	at it is a private op		
	foundation, and the ruling				▶	
b	Check box to indicate wh		private operating foun	dation described in secti Prior 3 years	on   4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	(5) 2012	T	(4) 2010	(e) Total
	justed net income from Part I or the minimum investment	(a) 2013	(b) 2012	(c) 2011	(d) 2010	<del> </del>
	return from Part X for each year listed					
ь				<del> </del>		
			·			<del> </del>
·	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					
е	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					
а	"Assets" alternative test - enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>	-				
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	line 6 for each year listed "Support" alternative test - enter					<del>                                     </del>
Ū	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	toans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	organization (4) Gross investment income .				<del> </del>	<del> </del>
Par		tary Information (C	Complete this par	t only if the four	ndation had \$5,000	or more in assets
		during the year - so		•	•	
	Information Regarding					<del></del>
а	List any managers of before the close of any					
	PETER M. AN	ID JOAN M. VILIN	1			
b	List any managers of					ly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or great	er interest	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	nip, etc., Programs:		
	Check here ▶ ☐ if the unsolicited requests for other conditions, compared to the conditions of the conditions.	or funds. If the founda	ition makes gifts, gr			and does not accept or organizations under
_	The name, address, a			the neman to whom a	anningtions should be as	Idencod
	ATCH 6					
b	The form in which appl	ications should be sub	mitted and informati	on and materials the	y should include.	
	NO FORMAL E	ORM				
С	Any submission deadli	nes				
		ON DEADLINES				
	Any restrictions or lift factors	mitations on awards,	such as by geogra	aphical areas, chari	table fields, kinds of	institutions, or other
	NO RESTRICT	CIONS EXCEPT OR	GANIZATIONS MU	ST BE QUALIFIE	ED 501(C)(3) ORG	SS

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3 Grants and Contributions Paid Dt	iring the Year or Appr	oved for F	uture Payment	
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUEDO	
a Paid during the year				
ATCH 7				
AICH /				
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Total				91,60
Total	<del></del>	<del>; : : : ;</del>	▶ 3a	<u> </u>
b Approved for future payment		1		
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Form 990-PF (2013)

Part XV	I-A Analysis of Income-Produ	icing Acti	vities			
Enter gross	s amounts unless otherwise indicated.	Unrei (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
_	<del></del>	ļ	<del> </del>	<del></del>	<del></del>	
			<del> </del>	<del> </del>		<del></del>
	<del></del>			<del></del>		
		<del></del>				
e f		<u></u> -	- · · · · · · · · · · · · · · · · · · ·	<del>- </del>		
	and contracts from approximant approxim			<u> </u>		
-	and contracts from government agencies rship dues and assessments	· · · · · · · · · · · · · · · · · · ·				
	on savings and temporary cash investments			<del> </del> -		
	ds and interest from securities			14	10,795.	
	tal income or (loss) from real estate.					
a Debi	t-financed property					
	debt-financed property					
	al income or (loss) from personal property				_	
7 Other in	nvestment income					
8 Gain or (	loss) from sales of assets other than inventory			18	48,387.	
9 Net inco	ome or (loss) from special events					····
10 Gross p	erofit or (loss) from sales of inventory					
11 Other re	evenue a			<del></del>		
b						
				<u> </u>		
e	(1) (1)			<del> </del>	59,182.	<del></del>
	I Add columns (b), (d), and (e)					59,182
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calcu					03/100
Line No.  ▼	Explain below how each activity accomplishment of the foundation	_	·	•	•	•
				<del></del>		- <u></u>
	<u> </u>					

Part	XVII	Information R Exempt Organ		sfers To and Tra	ansactio	ns and Relation	ships With Non	chari	table	•
11	n secti			ngage in any of the ection 501(c)(3) orga				į	Yes	No
	-		g foundation to a	to a noncharitable exempt organization of						ĺ
		•	•		. •			1a(1)		Х
								1a(2)		Х
b C	Other t	ransactions								
(	1) Sal	es of assets to a no	ncharitable exemp	ot organization				1b(1)		Х
				e exempt organizatioi				1b(2)		Х
(	<ol><li>Rer</li></ol>	ntal of facilities, equ	pment, or other as	ssets				1b(3)		X
(-	4) Rei	mbursement arrang	ements					1b(4)		X
(	5) Loa	ins or loan guarantee	98					1b(5)		X
				or fundraising solicit , other assets, or pak				1b(6) 1c		X
d II	the alue of alue in	answer to any of the fithe goods, other any transaction of (b) Amount involved	ne above is "Yes," assets, or service sharing arranger	complete the follows given by the report, show in colur charitable exempt organize	owing sche orting foun nn (d) the	edule. Column (b) s dation. If the found value of the goods (d) Description of transf	should always show ation received less	the than ervice	fair m	narket eived
		N/A		<u> </u>		N/A				
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	$-\!\!\!+$					·				
d	escrib	ed in section 501(c) " complete the follo	of the Code (otherwing schedule		c)(3)) or in	section 527?	[		es X	 ] No
		(a) Name of organization	·-	(b) Type of organ	incalion		c) Description of relations	- np		
				<del></del>						
	Linder	nonalize of normal Lideric	are that I have examined	this ratum including according	mnanan scho	dular and statements and t	a the heat of my beautage		also de	in this
<b>~</b> :	correct	, and complete. Declaration	or that I live examined	this return, including accor ayer) is based on all information	on of which pre	parer has any knowledge	o the best of my knowledg	e and t	Jener, II	is true,
Sign	<b>)</b> 2	1		5/19/	14	Trustee	May the IRS			return below
Here	Sign	ature of officer of trustee		Date	Tı	tle	(see instruction			X No
	<u> </u>	,		111	1					
Paid		Print/Type preparer's na	me	Preparer's statement	2	MAYPat 9 2		ΣΠΝ ΣΟΟΟ	2055	2
Prepa	irer	STAN MI	EPARD SCHWAI	OTTO C LIATOR A	LLP		self-employed	P006		. <u>3</u> ———
Use (			3 N. WACKER		FLOOR		Firm's EIN ► 36-1	2204	J4	
J36 (	-111 <b>y</b>		ICAGO, IL	Shape / Call	1 1001	60606-1700	Phone no 312-7.	26-8	353	

JSA

Form **990-PF** (2013)

## Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

OMB No 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number CUORE E MANI FOUNDATION 36-7483654 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) 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% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 

Caution. An organization 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2013)

Employer identification number 36-7483654

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	PETER AND JOAN VILIM  171 HAWTHORNE  ELMHURST, IL 60126	\$1,039,961.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 36-7483654

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$	~			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization CUORE E MANI FOUNDATION

Employer identification number 36-7483654

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry							
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$							
	Use duplicate copies of Part III if additional space is needed							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	1-7							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe							
			<del></del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation		onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			<u> </u>					
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4 Relati	onship of transferor to transferee					
(a) No	<del> </del>		<del></del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(a) Transfer of off	<u> </u>					
		(e) Transfer of gift						
•	Transferee's name, address, ar	nd ZIP + 4 Relati	onship of transferor to transferee					

FORM 990-PF - PART IV

		INS AND LO	JOSES FUI	TAX UN	IINVE21	ĮVI  P		
Kind of F				ription		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			15,578.	
		23.111 SHS				P	05/15/2009	03/26/2013
1,000.		590.	is. obconii	110			410.	
		774.473 SHS PROPERTY TY			COME FUN	P	09/27/2010	03/26/2013
12,500.		9,433.					3,067.	
		245.248 SHS PROPERTY TY			CI Z	Р	09/27/2010	04/02/2013
4,000.		2,987.		120			1,013.	
		582.072 SHS			COME FUN	Р	09/27/2010	09/12/2013
10,000.		7,090.		120			2,910.	
		531.35 SHS PROPERTY TY			BOND FD	P	02/06/2008	03/26/2013
5,000.		4,713.		120			287.	
		2054.054 SH			E BOND	Р	02/06/2008	06/14/2013
19,000.		18,219.	il. bloomi	120			781.	
		1064.765 SH			WTH	P	02/06/2008	04/10/2013
30,420.		24,884.					5,536.	
		1161.248 SH			E CAP G	Р	05/15/2009	03/26/2013
17,500.		9,255.					8,245.	
		977.199 SHS			CAP GR	Р	05/15/2009	04/02/2013
15,000.		7,788.					7,212.	
		555.556 SHS PROPERTY TY			CAP GR	Р	05/15/2009	09/12/2013
10,000.		4,428.					5,572.	
		164.474 SHS				P	02/06/2008	03/26/2013
5,000.		4,380.	2200011	— <b>-=</b>			620.	
		82.508 SHS (	COLUMBIA SM	ALL CAP		Р	02/06/2008	04/02/2013
	<del></del>	l	<del></del>			Ш		

FORM 990-PF - PART IV
GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C <i>F</i>	APITAL GA	<u>INS AND LO</u>	SSES FOR	R TAX ON	INVEST	M	ENT INCOM	IE
Kind of P			Desc	ription		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
2,500.		PROPERTY TY 2,197.	PE: SECURIT	PIES			303.	
		632.911 SHS			NCOME FD	P	02/06/2008	03/26/2013
4,000.		3,733.	II. OLOOKII	120			267.	
		315.956 SHS			NCOME FD	Р	02/06/2008	04/02/2013
2,000.		1,864.					136.	
		2423.263 SH PROPERTY TY			INCOME F	Р	02/06/2008	06/14/2013
15,000.		14,293.					707.	
		39.701 SHS			PD .	P	02/06/2008	03/26/2013
2,500.		2,513.					-13.	
		50 SHS ISHA PROPERTY TY			S INDEX	Р	05/19/2009	03/28/2013
2,111.		1,524.					587.	
		75.988 SHS PROPERTY TY			RETURN	P	05/18/2009	03/26/2013
500.		614.					-114.	
10,000.		1754.386 SH PROPERTY TY 13,465.			RETURN	Р	06/04/2010 -3,465.	09/12/2013
		300 SHS VAN	GUARD INTL	EOUITY INDE	X FDS	P	09/27/2010	06/20/2013
12,076.		PROPERTY TY					-1,252.	00, 20, 2013
·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_,	
OTAL GAIN(IC	oss)			•••••	• • • • • • •		48,387.	
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REVENUE AND EXPENSES INVESTMENT PER BOOKS	10,783. 10,783. 12. 12.	10,795.
며 어		TOTAL
DESCRIPTION	US TRUST DIVIDENDS US TRUST INTEREST	

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FORM

CHARITABLE		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,050.	1,050.
REVENUE AND EXPENSES PER BOOKS	1,050.	1,050.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET	INCOME	4,946.
REVENUE AND FXPENSES	PER BOOKS	4,946.
	N	FEES
	DESCRIPTION	INVESTMENT FEES

4,946.

4,946.

TOTALS

ATTACHMENT 3 PAGE 26

TAXES	
- 1	
Н	l
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	15. 246.	261.
REVENUE AND EXPENSES PER BOOKS	15.	261.
		TOTALS
DESCRIPTION	IL CHARITY FUND FEDERAL TAX	

ATTACHMENT 4 PAGE 27

CUORE E MANI FOUNDATION

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES PART VIII FORM 990PF,

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PETER M. VILIM

ELMHURST, IL 60126 171 HAWTHORNE

TRUSTEE - AS REQUIRED

ELMHURST, IL 60126 JOAN M. VILIM 171 HAWTHORNE

TRUSTEE - AS REQUIRED

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ATTACHMENT 5 PAGE 28

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

PETER AND JOAN VILIM 171 HAWTHORNE ELMHURST, IL 60126

CUORE E MANI FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SEE ATTACHED STATEMENT

ALL QUALIFIED 501(C)(3) ORGANIZATIONS NONE

91,667.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 7

91,667.

TOTAL CONTRIBUTIONS PAID

PAGE 30 ATTACHMENT 7

10304X 1612 5/16/2014

11:39:17 AM

FEIN: 36-7483654

## Form 990-PF, Part XV Grants & Contributions Paid During the Year

Recipient		Amount	Purpose
The Cara Program		16,667	Charitable
All Chicago - Chicago Alliance/Emergency Fund		25,000	Charıtable
Mercy Housing Lakefront		10,000	Charitable
Inspiration Corporation		10,000	Charitable
Franciscan Outreach Association		10,000	Charıtable
Bridge Communities		10,000	Charitable
Holy Cross Foreign Mission Soc		5,000	Charitable
La Casa Norte		5,000	Charıtable
TOTAL 2013	CONTRIBUTIONS -	\$ 91,667	

## SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2013

OMB No 1545-0092

С	UORE E MANI FOUNDATION			36-74836	54		
Note	: Form 5227 filers need to complete only Parts I and II.	-			_		
Par	Short-Term Capital Gains and Losses - Ass	ets Held One Yea	r or Less			-	
the li	nstructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents to dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pi line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result wth column (g)	
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
_ <b>3</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked		<u>, , , , , , , , , , , , , , , , , , , </u>				
4	Short-term capital gain or (loss) from Forms 4684, 62				4		
5 6	Net short-term gain or (loss) from partnerships, S corr Short-term capital loss carryover. Enter the amount Carryover Worksheet	nt, if any, from line	e 9 of the 2012	<u> </u>	<u>5</u> 6	( )	
7	Net short-term capital gain or (loss). Combine line	s 1a through 6 in	column (h) Enter I		7		
Part	line 17, column (3) on the back	ets Held More Tha	n One Year	<del></del>		<u>,                                      </u>	
the lir	nstructions for how to figure the amounts to enter on nes below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	mo	(h) Gain or (loss) Subtract column (e) from column (d) and	
	orm may be easier to complete if you round off cents ole dollars	(sales pnce)	(or other basis)	Form(s) 8949, Pa line 2, column (		combine the result with column (g)	
1	Fotals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		4				
	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	25,500.	24,430.			1,070.	
\	Fotals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	154,607.	122,868.			31,739.	
	Fotals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked						
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	8824		11		
12	Net long-term gain or (loss) from partnerships, S corp	orations, and other e	states or trusts		12		
13	Capital gain distributions	• • • • • • • • • • • •			13	15,578.	
14 15	Gain from Form 4797, Part I				14		
16	Carryover Worksheet				15	( )	
	line 18a, column (3) on the back						

Sche	dule D (Form 1041) 2013				Page 2
Pai	t III Summary of Parts I and II	·	(1) Beneficiaries	(2) Estate's	
	Caution: Read the instructions before completing this pa	art	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			48,387.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			
	28% rate gain	18c			
	Total net gain or (loss). Combine lines 17 and 18a ▶	19			48,387.
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 , go to Part V, and <b>do not</b> complete Part IV If line 19, column (3), is a n	(or Fo	rm 990-T, Part I, line	4a). If lines 18a and 1	9, column (2), are ne
neœs	ssary.	et 1033	s, complete rait iv an	u the Capital Loss Ca	nyover violksheet, a.
Par	t IV Capital Loss Limitation				
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
a	The loss on line 19, column (3) or b \$3,000		4 to 20 to 5 5	<u>20 (</u>	<u>)</u>
Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99	U-1, line 34), is a loss	complete the Capital
Par		s			
_	1041 filers. Complete this part only if both lines 18a and 19 in col	umn (	2) are gains, or an a	mount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	instruc	ctions if:		
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			dd-	
rom of Fo	n 990-T trusts. Complete this part only if both lines 18a and 19 a prim 990-T, and Form 990-T, line 34, is more than zero. Skip this part	re ga and c	ins, or qualified dividence of the complete the Schedu	dends are included ile D Tax Workshoo	t in the instructions
	ner line 18b, col (2) or line 18c, col. (2) is more than zero	and C	omplete the ocheut	HE D TAX WOLKSHEE	t in the matractions
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	(4)	. 21	<del></del>	
22	Enter the smaller of line 18a or 19 in column (2)	<del>'</del> +)	.   21	<del></del>	
	but not less than zero			į l	
23	Enter the estate's or trust's qualified dividends		<del>-  </del>		
LJ	from Form 1041, line 2b(2) (or enter the qualified		j		
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24. If zero or less, enter -0-		26		
27	Subtract line 26 from line 21 If zero or less, enter -0-		·		
28	Enter the smaller of the amount on line 21 or \$2,450		· <del></del>	<del></del>	
29	Enter the <b>smaller</b> of the amount on line 27 or line 28		29		
30	Subtract line 29 from line 28. If zero or less, enter -0- This amount is			30	
31	Enter the smaller of line 21 or line 26				
32	Subtract line 30 from line 26				
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0		35		
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31		38		
39	Add lines 30 and 36				
10	Subtract line 39 from line 38 If zero or less, enter -0		40		
11	Multiply line 40 by 20%		· · · · · · · · · · · · · · · · · · ·	▶ 41	
12	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for E	Estates			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
13	Add lines 37, 41, and 42		43		
14	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for E	Estates	.		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
5	Tax on all taxable income. Enter the smaller of line 43 or line 44 h	nere a	nd on Form 1041,	Schedule	
	G. line 1a (or Form 990-T. line 36)			<b>▶</b>   45	

Schedule D (Form 1041) 2013

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

CUORE E MANI FOUNDATION

Social security number or taxpayer identification number

36-7483654

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

n	nore	e of the boxes, complete as many forms with the same box checked as you need	•	
ĺ	X	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)		
ı	1	(5) Long town town town and the Form (c) 1000 B about the state of the		

(b) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if any, to gain or loss if you enter an amount in column (g) enter a code in column (f). See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result	
			( , , , , , , , , , , , , , , , , , , ,	in the separate	in the separaté	Code(s) from instructions	(g) Amount of adjustment	with column (g)
2054.054 SHS COLUMBIA								
INTERMEDIATE BOND F	02/06/2008	06/14/2013	19,000.	18,219.			781.	
632.911 SHS COLUMBIA	02/05/2000	02/26/2012						
STRATEGIC INCOME FD	02/06/2008	03/26/2013	4,000.	3,733.			267.	
315.956 SHS COLUMBIA	02/06/2008	04/02/2013		1 054				
STRATEGIC INCOME FD 75.988 SHS PIMCO	0270072008	04/02/2013	2,000.	1,864.			136.	
COMMODITY REAL RETU	05/18/2009	03/26/2013	500	614			114	
COMMODITI REAL RETU		00,00,0013	500.	614.			-114.	
	-							
2 Totals. Add the amounts in colu (subtract negative amounts) Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each tota • 8b (if Box D	l here and above is	25,500	24,430.			1,070.	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Social security number or taxpayer identification number

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- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- X (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1  Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed	(d) (d) (c) Cost or other basis See the (d) Froceeds (d) Cost or other basis See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 SH X12 CO)	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	see Column (e) in the separate instructions	(e) (f) (g) Ite Code(s) from Amount of	combine the result with column (g)	
23.111 SHS COLUMBIA						***	
ACRON	05/15/2009	03/26/2013	1,000.	590.			410.
774.473 SHS COLUMBIA							
DIVIDEND INCOME FUND	09/27/2010	03/26/2013	12,500.	9,433.			3,067.
245.248 SHS COLUMBIA							
INCOME FUND CI Z	09/27/2010	04/02/2013	4,000.	2,987.			1,013.
582.072 SHS COLUMBIA							
DIVIDEND INCOME FUND	09/27/2010	09/12/2013	10,000.	7,090.			2,910.
531.35 SHS COLUMBIA							
INTERMEDIATE BOND FD	02/06/2008	03/26/2013	5,000.	4,713.			287.
1064.765 SHS COLUMBIA							
MID CAP GROWTH	02/06/2008	04/10/2013	30,420.	24,884.			5,536.
1161.248 SHS COLUMBIA							· · · · · · · · · · · · · · · · · · ·
SELECT LARGE CAP GRO	05/15/2009	03/26/2013	17,500.	9,255.			8,245.
977.199 SHS COLUMBIA							
SELECT LARGE CAP GRO	05/15/2009	04/02/2013	15,000.	7,788.			7,212.
555.556 SHS COLUMBIA							
SELECT LARGE CAP GRO	05/15/2009	09/12/2013	10,000.	4,428.			5,572.
164.474 SHS COLUMBIA							
SMALL CAP	02/06/2008	03/26/2013	5,000.	4,380.			620.
82.508 SHS COLUMBIA							
SMALL CAP	02/06/2008	04/02/2013	2,500.	2,197.	ļ		303.
2423.263 SHS COLUMBIA							
STRATEGIC INCOME FD	02/06/2008	06/14/2013	15,000.	14,293.		l	707.
39.701 SHS HARBOR						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
INTERNATIONAL FD	02/06/2008	03/26/2013	2,500.	2,513.			-13.
50 SHS ISHARES MSCI							-
EMERGING MKTS INDEX	05/19/2009	03/28/2013	2,111.	1,524.			587.
2 Totals. Add the amounts in colu (subtract negative amounts) Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each totale 8b (if Box Dischecked),	l here and above is or line 10	154,607.	122,868.			31,739.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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1 (a) Description of property		(c) Date sold or disposed	(d) pr Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XÝZ Ćo )	(Mo , day, yr )	lo , day, yr )   disposed (Mo , day, yr )	(see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
1754.386 SHS PIMCO COMMODITY REAL RETUR	06/04/2010	09/12/2013	10,000.	13,465.			-3,465.
300 SHS VANGUARD INTL EQUITY INDEX FDS	09/27/2010	06/20/2013	12,076.	13,328.			-1,252.
	<u></u>						
2 Totals. Add the amounts in colu (subtract negative amounts) Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each totale 8b (if Box D	n here and Dabove is					