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990-PF

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.

\mathcal{D}	OMB No. 1545-0052
77	6042
] [

Department of the Treasury

rmation about Form 990-PF and its separate instructions is at www.irs.gov/form990of Open to Public Inspection

		endar year 2013 or tax year beginning		, 2013,	and endi	ng A Employerident	, 20
		ADISE FOUNDATION				1 .	
		ADISE FOUNDATION er and street (or P.O. box number if mail is not delivered	i to street address)		Room/suit		-3182229 ber (see instructions)
		DOV 1250					
		. BOX 1350 town, state or province, country, and ZIP or foreign po	stal code	·	L	2	31-922-5669
	,	, , , , , , , , , , , , , , , , , , ,	J. 1000			C If exemption applic	cation is
7	[RA]	VERSE CITY, MI 48685-1350				pending, check he	re
G	Che	ck all that apply: Initial return	Initial return	of a former p	ublic char	ity D 1. Foreign organiz	ations, check here . ►
		Final return	Amended ref				ations meeting the
_	-	Address change	Name chang				
H	_	ck type of organization: X Section 501(ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		ion		on status was terminated
$^{\perp}$			unting method: X C		rual		(b)(1)(A), check here
•			ther (specify)	J311 /100		1	(b)(1)(B), check here
			column (d) must be or	n cash basis.,	·		
Р	art l	Analysis of Revenue and Expenses (The	(a) Revenue and	/h) Not inv	antmont.	(c) Adjusted net	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net inve incon		income	for charitable purposes (cash basis only)
\exists	1	Contributions, gifts, grants, etc., received (attach schedule)					
İ	2	Check ▶ attach Sch. B				 	
ļ	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	8,286.		8,286.		STMT 1
Ì		Gross rents			0,-00.		
	b	Net rental income or (loss)					
ne	6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 125, 994.	36,029		n'		
Revenue	7	assuts on into ca		-	6,029	RECEIVE	
2	7 8	Capital gain net income (from Part IV, line 2) . Net short-term capital gain		<u> </u>	71		
	9	Income modifications · · · · · · · · · · · · · · · · · · ·			- 1	1111 1 4 00	29
	_	Gross sales less returns and allowances			14	JUL 1 4 20	' S
ł	ь	Less: Cost of goods sold .		,			- JE
1	C	Gross profit or (loss) (attach schedule)			L	DODLIN,	91
	11	Other income (attach schedule)	224				STMT 2
긕	12	Total. Add lines 1 through 11	44,539		4,315.		
	13	Compensation of officers, directors, trustees, etc.	36,000	_	.8,000	MON	18,000
æ	14	Other employee salaries and wages Pension plans, employee benefits			NONE		
ens	15	Legal fees (attach schedule)			NONE	NON	<u> </u>
Expenses	h	Accounting fees (attach schedule) STMT 3	550		275.	NON	E 275
		Other professional fees (attach schedule)	7,023		7,023.		==
Administrative	17	Interest					
ist	18	Taxes (attach schedule) (see Instructions) STMT. 4.	750		214.	-	
턀	19	Depreciation (attach schedule) and depletion.					
ᅙ	20	Occupancy					
and	21	Travel, conferences, and meetings			NONE		
	22	Printing and publications			NONE	NON	
itin	23	Other expenses (attach schedule) STMT. 5.	20	-			20
Operating	24	Total operating and administrative expenses.	44,343	,	5 512	NON	10 205
Ö		Add lines 13 through 23	20,800		25,512.	NON	E 18,295 20,800
	25 26	Contributions, gifts, grants paid	65,143		25,512.	NON	
_	27	Subtract line 26 from line 12:	00,213			1101	37,055
		Excess of revenue over expenses and disbursements	-20,604				,
		Net investment income (if negative, enter -0-)			L8,803.		
	l c	Adjusted net Income (if negative, enter -0-).	1			<u></u>	

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D.	rt II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	
	Tien	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	`1	Cash - non-interest-bearing	1,855.		
-	2	Savings and temporary cash investments	27,710.	48,732.	48,732
-	3	Accounts receivable		1	,
-		Less: allowance for doubtful accounts ▶			
Ì	4	Pledges receivable	_	1	
		Less: allowance for doubtful accounts ▶			
┨	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
-	7	Other notes and loans receivable (attach schedule)			
	•	Less: allowance for doubtful accounts ►NONE			
	8	Inventories for sale or use			
딇	9	Prepaid expenses and deferred charges			
Assets	_	Investments - U.S. and state government obligations (attach schedule)			
1		Investments - corporate stock (attach schedule) . STMT .6.		420,797.	623,319
		Investments - corporate bonds (attach schedule) STMT .7		64,771.	64,523
	11 °	Investments - corporate bonds (attach scriedule) DA44 // . Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach scriedule)	· · · · · · · · · · · · · · · · · · ·	03,771	
	12 13 14	Investments - mortgage loans			
		equipment: ossis Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	FFF 100	F24 200	73.C F71
\dashv		instructions. Also, see page 1, item l)		534,300.	736,574
	17	Accounts payable and accrued expenses			•
	18	Grants payable			t
es	19	Deferred revenue	1		<u> </u>
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			•
Liabilities	21	Mortgages and other notes payable (attach schedule)			i 3
_	22	Other liabilities (describe			*
					ر ا
_	23	Total liabilities (add lines 17 through 22)		NONE	
ses	24	Foundations that follow SFAS 117, check here . ► and complete lines 24 through 26 and lines 30 and 31. Unrestricted			,
Ē	24 25	Temporarily restricted	 		,
æ	26	Permanently restricted			٠ , ۳
or Fund Balanc	~0	Foundations that do not follow SFAS 117, > X			,
교		check here and complete lines 27 through 31.			í
	27	Capital stock, trust principal, or current funds	555,100.	534,300.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	333,100.	331/300.	{ }
SS	29	Retained earnings, accumulated income, endowment, or other funds			· ·
7		Total net assets or fund balances (see instructions)	555,100.	534,300.	
Net	31	Total liabilities and net assets/fund balances (see	333,100.		1
	"	instructions)	555,100.	534,300.	ļ
В	ort I	Analysis of Changes in Net Assets or Fund		224,2004	
		tal net assets or fund balances at beginning of year - Part		nust agree with	
1					555,100.
_		d-of-year figure reported on prior year's return)			-20,604.
		ter amount from Part I, line 27a		_	-40,004.
		ner increases not included in line 2 (itemize)			534,496.
4	Ad	d lines 1, 2, and 3creases not included in line 2 (itemize) MUTUAL FUND ADJUST		4	196.
					534,300.
_0	101	tal net assets or fund balances at end of year (line 4 minus	iiile 5) - Fart II, COlumn (D), line 30 6	334,300.

Part IV Capital Gains	and Losses for Tax on Inve	stment income			
· (a) List and	describe the kind(s) of property sold (e		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo., day, yr.)
	ick warehouse; or common stock, 200	sns. MLC Co.)	D - Donation	(mo., day, yr.)	(1110., day, y1.)
1a PUBLICLY TRADED	SECURITIES				
<u>b</u>	 .				
d d					
u					-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a 125,994.		89,965.			36,029.
ь					
C					
d					
_θ	<u></u> .		ļ		
Complete only for assets s	howing gain in column (h) and owned			Gains (Col. (h) g	
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less to Losses (from co	
<u>a</u>					<u>36,029.</u>
<u>b</u>			ļ		
<u>c</u>			ļ		
_d			 		
<u>e</u>	- IE	and also enter in Dant Line 7.			
2 Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		36,029.
	or (loss) as defined in sections 122		!		
_	t I, line 8, column (c) (see inst		1 1		
			3		
	Inder Section 4940(e) for Redeprivate foundations subject to the	· · · · · · · · · · · · · · · · · · ·			
	leave this part blank. the section 4942 tax on the distrib not qualify under section 4940(e).		ase perio	d?	Yes X No
	ount in each column for each year;		any entr	ies.	• • • • • • • • • • • • • • • • • • • •
(a)	(b)	(c)	uny una	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	ŀ	Distribution r (col. (b) divided by	
2012	32,755.	645,423.			0.050750
2011	42,659.	680,200.			0.062715
2010	29,655.	659,196.			0.044987
2009	86,220.		ļ.,.		0.134340
2008	342,612.	1,015,505.	<u> </u>		0.337381
			1 _ 1		
2 Total of line 1, column (d),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		0.630173
•	for the 5-year base period - divide	• • •			0 106005
number of years the foun	dation has been in existence if less	than 5 years	3		0.126035
4 Enter the net value of nor	ncharitable-use assets for 2013 from	m Part X, line 5	4		685,776.
5 Multiply line 4 by line 3			5		<u>86,432.</u>
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		188.
	•				
7 Add lines 5 and 6			7		86,620.
O Enton munification distability at	one from Part VII. line 4		,		30 005
	ons from Part XII, line 4	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
Part VI instructions.					

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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 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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

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Part VII-B Statements Regarding Activities	s for Which Form 47	20 May Be Requ	ired (continued)		
5a During the year did the foundation pay or incur any a	- · · - · · - -				، ا
(1) Carry on propaganda, or otherwise attempt to in				,	
(2) Influence the outcome of any specific public					
directly or indirectly, any voter registration drive				,	,
(3) Provide a grant to an individual for travel, study,				,	
(4) Provide a grant to an organization other that	_				
section 509(a)(1), (2), or (3), or section 4940(d)(,	
(5) Provide for any purpose other than religiou		-		·	!
purposes, or for the prevention of cruelty to child				· 1 1	i
b If any answer is "Yes" to 5a(1)-(5), did any of			xceptions described in	1 _	, .
Regulations section 53.4945 or in a current notice r			• • • • • • • • • • • •	· <u>5b</u>	<u> </u>
Organizations relying on a current notice regarding of					
c If the answer is "Yes" to question 5a(4), does		•		1	l t
because it maintained expenditure responsibility for			Yes No	,	
If "Yes," attach the statement required by Regulations					,
6a Did the foundation, during the year, receive any					į į
on a personal benefit contract?				-	}
b Did the foundation, during the year, pay premiums, o	directly or indirectly, on a p	ersonal benefit contra	st?	. <u>6b</u>	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation				1 ~ - 1	- !
b If "Yes," did the foundation receive any proceeds or Part VIII Information About Officers, Direct				. 7b	
and Contractors			•		
1 List all officers, directors, trustees, foundation	n managers and their ((b) Title, and average	(c) Compensation			
(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expense other allow	
WALTER ANDREATTA	ASSISTANT DIRECT		and deferred compensation	-	<u></u>
3269 STONEBERRY LANE, CORONA, CA 92882	25	36,000.	-0-		-0-
SALLY ANDREATTA	MEMBER	3070001	<u> </u>		
1227 E FRONT STREET, TRAVERSE CITY, MI 48685	25	-0-	-0-		-0-
DAVID WARM	MEMBER		<u>*</u>	 	
1227 B FRONT STREET, TRAVERSE CITY, MI 48685	25	-0-	1		_
			1 -0- 1		-0-
KATHERINE ZUBLIN	MEMBER		-0-		
KATHERINE ZUBLIN 1227 B FRONT STREET, TRAVERSE CITY, MI 48685	MEMBER 25	-0-	-0-		
1227 B FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ	25		-0-	ons). If no	-0-
1227 B FRONT STREET, TRAVERSE CITY, MI 48685	yees (other than thos		-0- e 1 - see instruction	ons). If no	-0-
1227 B FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ	25 yees (other than thos	e included on lin	- () - (d) Contributions to employee benefit	(e) Expense	-0- ne, enter
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE."	25 yees (other than thos		-0- e 1 - see instructio		-0- ne, enter
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	-0- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	(e) Expense	-0- ne, enter
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE."	25 yees (other than thos (b) Title, and average hours per week	e included on lin	-0- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	(e) Expense other allow	-0- ne, enter
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 yees (other than thos (b) Title, and average hours per week	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,
2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 /ees (other than thos (b) Title, and average hours per week devoted to position	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account, wances
1227 E FRONT STREET, TRAVERSE CITY, MI 48685 2 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50,0	25 /ees (other than thos (b) Title, and average hours per week devoted to position	e included on lin	- 0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	-0- ne, enter account,

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."					
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation			
IONE	•	NONE			
UNE		NONE			
otal number of others receiving over \$50,000 for professional services		NONE			
Part IX-A . Summary of Direct Charitable Activities					
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses			
1 <u>NONE</u>					
2					
3					
4		-			
Part IX-B Summary of Program-Related Investments (see instructions)					
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	end 2.	Amount			
1NONE					
2					
All other program-related investments. See instructions.					
3 <u>NONE</u>					

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	668,608.
Ь	Average of monthly cash balances	1b_	27,611.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	696,219.
0	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	NONE
3	Subtract line 2 from line 1d	3	696,219.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	10,443.
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	685,776.
6	Minimum investment return. Enter 5% of line 5	6	34,289.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	dations	31/207.
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	34,289.
2a			317209.
 b	Income tax for 2013. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	376.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	33,913.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	33,913.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		NONE
•	line 1	7	33,913.
			33,913.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	39,095.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	purposes		
a		3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	39,095.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,095.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		

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Form 990-PF (2013) Page 9 Undistributed Income (see instructions) Part XIII (b) (a) (c) (d) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 33.913. line 7 Undistributed income, if any, as of the end of 2013: Enter amount for 2012 only NONE Total for prior years: 20 11 ,20 _____,20__ NONE Excess distributions carryover, if any, to 2013: From 2008 From 2009 51,083. From 2010 NONE 9,027 From 2011 From 2012 60,922 Total of lines 3a through e Qualifying distributions for 2013 from Part XII, 39,095. line 4: ▶ \$ NONE Applied to 2012, but not more than line 2a . . . Applied to undistributed income of prior years (Election required - see instructions) NONE Treated as distributions out of corpus (Election NONE required - see instructions) 33,913. Applied to 2013 distributable amount 5,182 Remaining amount distributed out of corpus . . NONE Excess distributions carryover applied to 2013 NONE (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: 66,104 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior vears' undistributed income. Subtract NONE line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) NONE tax has been previously assessed Subtract line 6c from line 6b. Taxable amount - see instructions . . NONE Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see NONE Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 NONE Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) NONE Excess distributions carryover from 2008 not NONE applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 66,104 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 51,083 Excess from 2009 . . . NONE Excess from 2010 . . . 9,027. Excess from 2011 . . .

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Excess from 2012 . . .

Excess from 2013 . . .

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unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information				
3 Grants and Contributions Paid During Recipient	ng the Year or Appr	Foundation		T
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	reorpient		
4 (2.00 2.00 6 0.00 7 0.00				
ORANGE COUNTY HIGH SCHOOL OF THE ARTS (OCHSA) 1010 N. MAIN STREET SANTA ANA CA 92701-3602		501(C)(3)	SUPPORT THE SCHOOL'S ARTISTIC PROGRAMS	20,800.
Total			▶ 3ε	20,800.
b Approved for future payment				20,000
	:			
Total			<u></u> 31	וָס

er gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a				,	
b					
c					
d	ļ	<u>.</u>			
•					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments	ļ				
Dividends and interest from securities			14	8,286.	
Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property			<u> </u>		
b Not debt-financed property			 		
Net rental income or (loss) from personal property			 		
Other investment income	1		18	36 020	
Gain or (loss) from sales of assets other than inventory			 	36,029.	
Net income or (loss) from special events			 		· · · · · · · · · · · · · · · · · · ·
Gross profit or (loss) from sales of inventory					
Other revenue: a			14	224.	
•			+ + -	241.	
c					
6			- }		·
Subtotal. Add columns (b), (d), and (e)					·
Cablotal. Add coldinia (b), (d), and (c)				1 44.539	
		•		44,539.	44.53
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calconant XVI-B Relationship of Activities	ulations.) to the Ac	complishment of E	xempt Purp	13	
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcount XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcount XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcort XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of E	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcort XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcount XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities line No. Explain below how each activities	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of Exhibit income is reported at purposes (other than	kempt Purp in column (description)	oses e) of Part XVI-A contribu	ited importantly to

JSA

Part X			egarding Tra	nsfers To and T	ransaction		- <u>3102229</u> Relationship	s With Non	hari		ge 13
		Exempt Organ	nizations								
1` Di	d the c	organization direct	ly or indirectly e	ngage in any of the	following w	vith any o	other organizat	ion described		Yes	No
in	section	1 501(c) of the Co	de (other than s	ection 501(c)(3) or	ganizations)	or in sect	ion 527, relati	ng to political	1		
or	ganizat	ions?									
a Tr	ansfers	from the reporting	g foundation to a	ı noncharitable exer	npt organizat	tion of:					
									1a(1)	<u> </u>	X
(2) Other	assets	. 						1a(2)	ļ	X
		nsactions:								-	
				ot organization					1b(1)	 	X
-				e exempt organizati					1b(2)	<u> </u>	X
				assets					1b(3)		X
		_							1b(4)		X
									1b(5)		X
				or fundraising solid					1b(6)	-	X
				s, other assets, or pa					1c	<u> </u>	
				s," complete the fo es given by the re							
				ement, show in col							
(a) Line		(b) Amount involved	,	ncharitable exempt organ				ensactions, and sha			_
(a) Line		(b) Amount medica	(e) Hamb of He			(-,					
			 		-						
				·			· · · · · · · · · · · · · · · · · · ·				
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			1								
										-	
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						_					
′ d	escribe "Yes,"	d in section 501(c complete the follo) of the Code (ot wing schedule.	iliated with, or rela her than section 50	1(c)(3)) or in		527?			es [X No
		(a) Name of organization	Jii	(b) Type of or	Aguisanou		(e) De	scription of relation	ieinb		
		<u> </u>									
						+					
	Under p	enalties of perjury, I dec	lare that I have examin	ned this return, including a expayer) is based on all inform	ccompanying sche	dules and st	stements, and to the	best of my knowled	ge and	bellaf, i	t is true
Sign Here		and complete Declaration ture of officer or trustee	<u>mlulla</u>	Date	14	- 17	knowledge SICIEM	May the IF	S discu	sa this	
	•										
Paid		Print/Type preparer's no		Preparer signature	Barn	Lin	Date 6 m/14	Check if self-employed	PTIN P000	5383	60
Prepa	rer 🗎		HOMSON REUT	ERS (TAX & AC	COUNTING	3)	Fire	n's EIN ▶ 75-	129		
Use C	<u> </u>			LACE MS 36T3							

Phone no. 856-787-5911
Form **990-PF** (2013)

BOSTON, MA

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	625. 401. 395. 1,127. 3,142. 3,142. 160. 609. 122. 118. 320. 646.	8,286.
REVENUE AND EXPENSES PER BOOKS	625. 401. 395. 1127. 3,142. 3,142. 160. 609. 118. 320. 646.	8,286.
DESCRIPTION	GATEWAY FUND - CLASS Y AMERICAN GROWTH FUND OF AMERICA - CLASS HUNTINGTON MID CORP AMERICA FD III HUNTINGTON INTL EQUITY FUND III HUNTINGTON SITUS FUND III HUNTINGTON REAL STRATEGIES FUND III MFS VALUE FUND - CLASS I HUNTINGTON SHORT&INTER FIXED FD HUNTINGTON SHORT&INTER FIXED FD HUNTINGTON CONSERVATIVE DEPOSIT ACCOUNT OPPENHEIMER DEVELOPING MARKETS FUND - CL PIMCO LOW DURATION INSTITUTIONAL PIMCO TOTAL RETURN FUND INSTITUTIONAL PIMCO TOTAL RETURN FUND INSTITUTIONAL	TOTAL

DESCRIPTION

FORM 990PF, PART I - OTHER INCOME _____

> REVENUE AND **EXPENSES**

PER BOOKS

TOTALS

224.

FORM 990PF, PART I - ACCOUNTING FEES

NET ADJUSTED INVESTMENT NET INCOME INCOME	275.	
REVENUE AND EXPENSES PER BOOKS	550.	550.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	189. 25. 25. 214.
REVENUE AND EXPENSES PER BOOKS	208. 328. 189. 25.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

EXPENSES
- OTHER
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PART
990PF,

REVENUE	AND	EXPENSES	PER BOOKS	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

20.	
20.	
TOTALS	

20.

OTHER NON-ALLOCABLE EXPENSE -

20.

CHARITABLE PURPOSES

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ENDING FMV 	40,072. 147,509.	90,308.	149,766. 22,547.	623,319.
ENDING BOOK VALUE	36,547. 87,252.	57,550. 92,213.	105,366. 20,620.	420,797.
				TOTALS
DESCRIPTION	GATEWAY FUND AMERICAN GROWTH FUND	HUNTINGTON MID CORP AMERICA FD HUNTINGTON INTL EQUITY FD HUNTINGTON SITUS FD III	HUNTINGTON REAL STRATEGIES FD MFS VALUE FD OPPRNHEIMER DEVELOPING MKTS FD	

9

ESCRIPTION	

HNB SHORT & INT FIXED INC FD HNB FIXED INCOME SEC FD III FRANKLIN TEMP GLOBAL BD FD PIMCO LOW DURATION FD PIMCO TOTAL RETURN FD

ENDING	BOOK VALUE	

ENDING FMV

,	.	20,058.	29,612.	
i	-	20,000.	30,000.	

64,523.

64,771.

TOTALS

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

rn.

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	filing for an Automatic 3-Month Extension, c						▶ 🗶
 If you are 	e filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II (on pa	ige 2 of this fo	rm)		
Do not com	plete Part II unless you have already been gran	ted an auto	matic 3-month extension on a pr	eviously filed F	orn	n 8868	3.
a corporation 8868 to research for instructions	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personas). For more details on the electronic filing of the state of the content of	al (not aut forms liste Benefit (is form, vis	omatic) 3-month extension of tind in Part I or Part II with the extended contracts, which must be sent it www.irs.gov/efile and click on a	ne. You can ele ception of Form to the IRS in	ectr n 8 n p	onical 1870, aper 1	ly file Form Information format (see
	utomatic 3-Month Extension of Time. On	•					
•	on required to file Form 990-T and requesting			s box and comp	Het	9	- □
Part I only							>
	proprations (including 1120-C filers), partnership	os, rienius,					
to file incor	ne tax returns. Name of exempt organization or other filer, see in:	-tructions		r filer's identifying			
Type or print	PARADISE FOUNDATION	structions.	Employer	dentification num			
File by the	Number, street, and room or suite no. If a P.O. box	r, see instruc	tions. Social secu	rity number (SS			
due date for filing your	P.O. BOX 1350		•	•			
return. See	City, town or post office, state, and ZiP code. For	a foreign add	ress, see instructions.				
instructions.	TRAVERSE CITY, MI 48685-1350						
Enter the R	leturn code for the return that this application i		separate application for each retu	ırn)			. 04
Application	1	Return	Application				Return
ls For		Code	ls For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-		02	Form 1041-A	<u> </u>			08
	(individual)	03	Form 4720 (other than individual	al)			09
Form 990-		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	T (trust other than above)	06	Form 8870				12
Telepho If the or If this is for the who a list with to a list with the stime of the or a list with the stime of the list with the list	iks are in the care of ► HUNTINGTON NATI The No. ► (231) 922-5669 ganization does not have an office or place of the for a Group Return, enter the organization's for the group, check this box ►	pusiness in ur digit Grof it is for pa on is for. poration receivement organism, 20, 20 onths, checeivement organism, checeivement organism, checeivement organism, checeivement organism, checeivement organism, checeivement of the organism of t	the United States, check this box up Exemption Number (GEN)	on of time ion named about 7, 2 Final return tax, less any credits and	ove.	If the and at	nis is tach
	tronic Federal Tax Payment System). See instru				3с	\$	
Caution. If	you are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, see Form 84	53-EO and Form	88	79-EO	or payment
instructions	·						
For Privacy	Act and Panenwork Reduction Act Notice, see inst	ructions.			Forn	8868	(Rev. 1-2014)