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Form 990-PF

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

For	calen	dar year 2013 or tax year beginning		, and end	ling		
Na	ne of	foundation		<u>-</u> . -		A Employer identificatio	n number
C	hai	ni Family Foundation				45-6653445	5
	_	nd street (or P O box number if mail is not delivered to street	address)	F	Room/suite	B Telephone number	
_2	00	Eagle Trace Way				714 283-58	300
		wn, state or province, country, and ZIP or foreign p	ostał code			C If exemption application is p	pending, check here
		Vegas, NV 89117					
G (heck	all that apply: [Initial return	Initial return of a fo	rmer public cha	arity	D 1. Foreign organization	s, check here
		Final return Address change	Amended return Name change			Foreign organizations mi check here and attach call	eeting the 85% test,
н (heck	type of organization: X Section 501(c)(3) ex					
			Other taxable private founda	tion		E If private foundation sta under section 507(b)(1	
l Fa		rket value of all assets at end of year J Accounting		Accrua		F If the foundation is in a	
		Part II, col. (c), line 16)	her (specify)			under section 507(b)(1	
	\$	203, 285 . (Part I, colu	mn (d) must be on cash b	oasis)			
Pa	ert I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net inve	-	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	175,000.			N/A	*
	2	Check fithe foundation is not required to attach Sch. B	٧				
	3	Interest on savings and temporary cash investments	160.		160.		Statement 1
	4	Dividends and interest from securities	5,218.	5	,218.		Statement 2
		Gross rents					
	_ `	Net rental income or (loss)	<2,075.				
Revenue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 10,750.	<2,013.	<u></u>			
	Ь 7	assets on line 6a LU, 750 • Capital gain net income (from Part IV, line 2)	,		0.		
æ		Net short-term capital gain					*
	9	Income modifications	*			- · · · · · · · · · · · · · · · · · · ·	,
	10a	Gross sales less returns and allowances				4	· ×
	ь	Less Cost of goods sold					, 4
	C	Gross profit or (loss)					
	11	Other income	181.		181.	· · · · · · · · · · · · · · · · · · ·	Statement 3
	12_	Total. Add lines 1 through 11	178,484.	5	,559.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
S	ſ	Pension plans, employee benefits Legal fees					
Šuš		Accounting fees Stmt 4	800.		400.	RECEIVE	400.
and Administrative Expense		Other professional fees	000.	· · · · · · · · · · · · · · · · · · ·]	m	
Š	l	Interest				MAY 1 5 20	. 101
rati	18	Taxes Stmt 5	94.		94 🖟		$ \cdot $
nist	19	Depreciation and depletion			J	000	181
Ē	20	Occupancy			to account of	- CONTRACTOR IN	
ĕ	ı	Travel, conferences, and meetings		· ·			
auc	Į.	Printing and publications			- 		
Operating	23	Other expenses				<u> </u>	
rat	24	Total operating and administrative	004		494.		400
Ö	25	expenses. Add lines 13 through 23	894. 150,500.		474,		400. 150,500.
	23	Contributions, gifts, grants paid Total expenses and disbursements.	130,300.				130,300.
	20	Add lines 24 and 25	151,394.		494.		150,900.
	27	Subtract line 26 from line 12:		-			
		Excess of revenue over expenses and disbursements	27,090.				
	l .	Net investment income (if negative, enter -0-)		5	,065.		
,	<u>c</u>	Adjusted net income (if negative, enter -0-)				N/A	

_		00-PF(2013) Chami Family Foundation	Paginaga of usas		6653445 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	(c) Fair Market Value
	_	• • • • • • • • • • • • • • • • • • • •	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	16,114.	44,028.	44,028.
	ı	Savings and temporary cash investments	10,114.	44,020.	44,020.
	3	Accounts receivable ►			
	١,	Pledges receivable		-	
	*	Less: allowance for doubtful accounts			
	5	Grants receivable		· · · · · ·	
	-	Receivables due from officers, directors, trustees, and other			
	١	disqualified persons			
	7	Other notes and toans receivable			
		Less; allowance for doubtful accounts			
S	8	Inventories for sale or use	-		
ssets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock Stmt 6	140,890.	140,066.	159,257.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		•	
		Less accumulated depreciation			
	12	Investments - mortgage loans			·····
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	157,004.	184,094.	203,285.
	4.7	instructions. Also, see page 1, item 1)	157,004.	104,034.	203,203.
	1	Accounts payable and accrued expenses			
	18	Grants payable Deferred revenue			
Liabilities	19	Loans from officers, directors, trustees, and other disqualified persons			
Ξ	20	Mortgages and other notes payable			
===		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31		:	
Net Assets or Fund Balances	24	Unrestricted			
aŭ	25	Temporarily restricted			
Ва	26	Permanently restricted			
핕	1	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.		_	
tso	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	104 004	
Ë	29	Retained earnings, accumulated income, endowment, or other funds	157,004.	184,094.	
ž	30	Total net assets or fund balances	157,004.	184,094.	
		Table 11 to	157,004.	184,094.	
		Total liabilities and net assets/fund balances		104,074.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	157,004.
2	•	er amount from Part I, line 27a		2	27,090.
3		er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	184,094.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	ıl net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	184,094.
					Form 990-PF (2013)

Form 990-PF (2013) Cham Part IV Capital Gains a	ni Family Found nd Losses for Tax on	dation Investmen	t Income			4	5-665	3445	Page 3
(a) List and descri	be the kind(s) of property sold (ehouse; or common stock, 200	e.g., real estate,		(b) Ho P - I D - I	w acquired Purchase Donation	(c) Date (mo., c	acquired day, yr.)	(d) Dat (mo., d	
1a 500 sh Intel Co	orp				P	07/2	0/12	03/1	2/13
b									
<u>c</u>				<u> </u>					
<u>d</u>				ļ					
<u>e</u>		1 ()0				42.6			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale				Sain or (loss s (f) minus ((g)	
a 10,750.			12,82	25.				<2	<u>,075.</u> :
<u>b</u>	 -					<u>-</u>			-
<u>c</u>							.		
d									
Complete only for assets showing	nam in column (b) and owned i	L by the foundation	n on 12/31/69			/II Gaine //	Col. (h) gain	miniis	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (I)		C	ol. (k), but	not less that (from col. (n -0-) or	
								<2	,075.
a b									, o , o .
c									
d									
e									
2 Capital gain net income or (net cap		nter in Part I, line -0- in Part I, line		}	2			<2	,075.
3 Net short-term capital gain or (loss									
If gain, also enter in Part I, line 8, c		dia (o).		J					
If (loss), enter -0- in Part I, line 8					3		N/A		
Part V Qualification Un	der Section 4940(e) f	or Reduced	d Tax on Net	Inve	stment Ir	come			
(For optional use by domestic private t	oundations subject to the section	on 4940(a) tax or	n net investment ir	ncome.)					
If section 4940(d)(2) applies, leave this	s nart blank.								
Was the foundation liable for the section			•	rıod?				Yes	X No
If "Yes," the foundation does not qualify 1 Enter the appropriate amount in ea				ntrine					
		e instructions be	Tore making any e					(d)	
Base period years	(b) Adjusted qualifying	distributions	Net value of no	(c) oncharita	ble-use asse	ts	Distrib (col. (b) div	(d) ution ratio	(c))
Calendar year (or tax year beginning 2012	, , , , , , , , , , , , , , , , , , , ,	20,000.			136,05		(coi. (b) div		31970
2012		20,000.		· · · · · · · · · · · · · · · · · · ·	130,03	J.		• 0	<u> </u>
2010									
2009									
2008									
	<u>'</u>								
2 Total of line 1, column (d)						2		. 88	31970
3 Average distribution ratio for the 5-	year base period - divide the tot	tal on line 2 by 5,	, or by the number	of years	3				
the foundation has been in existence	ce if less than 5 years					3		8	31970
4 Enter the net value of noncharitable	e-use assets for 2013 from Part	X, line 5				4		<u> 173</u>	<u>,853.</u>
5 Multiply line 4 by line 3						5	ļ <u></u> -	<u> 153</u>	<u>,333.</u>
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6			<u>51.</u>
						ļ _		150	204
7 Add lines 5 and 6						7		153	<u>,384.</u>
	Dead VIII line 4							1 5 0	000
8 Enter qualifying distributions from	•					8	L	T20	<u>,900.</u>
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, I	ine 1b, and com	plete that part usir	ng a 1%	tax rate.				
								orm 990-	PF (2012)
323521 10-10-13							Г	OI III 434-	· • (2010)

	rt VI Excise Tax Based on Investment Income (Section 4940	(a) 4040	b) 4940(a) or (1048 -	90334 900 ins	tru	ctio	Page 4
				- 0-0	300 1113	·u·u·	-	
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent							
	Date of ruling or determination letter: (attach copy of letter if nece			1 . 1			1	0.1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and en	ter 1%	1			<u> </u>	01.
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of							•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ers enter -0-)	•	2				0.
3	Add lines 1 and 2			3			1	01.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			<u> </u>	01.
6	Credits/Payments:	1						
а	2013 estimated tax payments and 2012 overpayment credited to 2013	6a		1				
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c]				
d	Backup withholding erroneously withheld	6d]				ı
7	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	hed		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			1	01.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax		Refunded >	11				
	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	tion or did it	participate or intervene	ın			Yes	No
	any political campaign?				[]	la		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instruc	ctions for the definition)?		lb		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of a	ny materials publish	ed or				
	distributed by the foundation in connection with the activities.					1		
C	Did the foundation file Form 1120-POL for this year?				-	tc i		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	ear:					\neg	
_	(1) On the foundation. ▶ \$ 0. (2) On foundation managers.		0.		ĺ		ŀ	İ
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu			•				į
	managers. ► \$ 0.	•					İ	,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	5?				2	ļ	X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	strument, artı	cles of incorporation, o	or		i		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3				3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	7				la l		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/	'A 4	ib .		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:						
	By language in the governing instrument, or					ļ		
	By state legislation that effectively amends the governing instrument so that no mandatory	directions tha	at conflict with the state	a law		1		
	remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II.	col (c), and Part XV	,			X	
•	one the team and at least popose in about at any time out in your 'n' root, out in		(c), and a city		F-			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions	s) N	one		!		-	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	orney Genera	l (or designate)					
_	of each state as required by General Instruction G? If "No," attach explanation	,				3b	x	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						_		
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV						9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Stmt 7					_ —		x	
	in the second second second second in 160, and				Form 9			2013)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be	Required (contin	ued)		
 5a During the year did the foundation pay or incur any amount to: (1). Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or 		ectly,	es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes'		es X No			
(4) Provide a grant to an individual for travel, study, or other similar purposes		· · ·	is LAL NO		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant?	ı	ined I/A	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to				İ	,
a personal benefit contract?	pay promiumo on	☐ Y€	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙	\bot	<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		anagers, Highly	, 		
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) F	xnense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	xpense int, other wances
	10 900		ounpoindadon.		
See Statement 8		0.	0.	ļ	0.
				 	
				ļ	
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	xpense int, other wances
NONE				1	
		<u> </u>		 	
				 	
1					
Total number of other employees paid over \$50,000		··········	•		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	·	
Total number of others receiving over \$50,000 for professional services	<u> </u>	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A	,, ,,,,	
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 0	Amount
37/3	Tanu Z.	Amount
1 <u>N/A</u>		
2		
		· · · · · · · · · · · · · · · · · · ·
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	146,430.
b	Average of monthly cash balances	1b	146,430. 30,071.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	176,501.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	176,501.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,648.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	173,853.
6	Minimum investment return. Enter 5% of line 5	6	8,693.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ▶ and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	8,693.
2a	Tax on investment income for 2013 from Part VI, line 5		
	Income tax for 2013. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	101.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,592.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,592.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,592.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	150,900.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	150,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	150,900.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for t	he section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				8,592.
2 Undistributed income, if any, as of the end of 2013				<u></u>
a Enter amount for 2012 only			0.	l
b Total for prior years:				
		0.		l
3 Excess distributions carryover, if any, to 2013:				·
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012 113,647.				
f Total of lines 3a through e	113,647.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 150,900.				
a Applied to 2012, but not more than line 2a			0.	'
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		•
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				8,592.
e Remaining amount distributed out of corpus	142,308.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	255,955.			
b Prior years' undistributed income. Subtract	1.			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014	255 255			
Subtract lines 7 and 8 from line 6a	255,955.			
O Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012 113,647.				
e Excess from 2013 142,308.		1		Form QQ0_PF (2012)

Part XIV Private Operating F	oundations (see up		II.A guestion 9)		5-6653445 Page 10	
			II-A, question 9)	N/A		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo			▶	1040(3)(2) 05	4049(4)(5)	
b Check box to indicate whether the found		ng toundation described T	Prior 3 years	4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year (a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total	
income from Part I or the minimum	(a) 2015	(0) 2012	(6) 2011	(4) 2010	(6) 10121	
investment return from Part X for						
each year listed						
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities			+	_		
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c Complete 3a, b, or c for the			<u> </u>			
alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets			 			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed	<u> </u>					
c "Support" alternative test - enter:						
(1) Total support other than gross	•					
investment income (interest,						
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info			if the foundation	on had \$5,000	or more in assets	
at any time during t	he year-see inst	ructions.)				
1 Information Regarding Foundation	_					
a List any managers of the foundation wh			tributions received by t	he foundation before	e the close of any tax	
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(a)(2).)				
See Statement 9						
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large po	rtion of the ownersh	ip of a partnership or	
None						
2 Information Regarding Contributi	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:			
Check here ▶ ☐ If the foundation of				s not accept unsolic	ted requests for funds. If	
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions.	, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be add	ressed:		
Sandra Poiser, (714)						
1667 Lincoln Avenue,						
b The form in which applications should be			should include:			
c Any submission deadlines;					* · · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions	or other factors:		
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:						
				<u> </u>		

3 Grants and Contributions Paid During the		Payment	<u> </u>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
Cedars Sinai Medical Center	None	501(c)(3)	Medical Center support	
8700 Beverly Blvd, Suite 2416				
Los Angeles, CA 90048				25,00
		504 () (0)		
Vanderbilt University 2201 West End Ave.	None	501(c)(3)	Medical Center support	
Nashville, TN 37235				2,000
ABBIVITIO, IN STASS				
Rose Society New England Baptist	None	501(c)(3)	Hospital support	
Hospital				
125 Parker Hill Ave.				
Boston, MA 02120		<u> </u>		25,000
The Meadows School	None	501(c)(3)	School Capital	
8601 Scholar Lane			Building Fund	
Las Vegas, NV 89128		 		20,000
UC Regents	None	501(c)(3)	Medical Center support	
1920 Wilshire Blvd, Suite 1400				
Los Angeles CA 90024				25,000
	ontinuation shee	et(s)	▶ 3a	150,500
b Approved for future payment				
None				
110110				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total		.1	▶ 3b	(

160. 5,218.
160.
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160. 5,218.
160. 5,218.
160. 5,218.
160. 5,218.
160. 5,218.
5,218.
101
181.
<2,075.>
3270734
3,484.
13 3,4

		<u> </u>		
ın section	ndation directly or indirectly affiliated with, or related to, one 501(c) of the Code (other than section 501(c)(3)) or in section plete the following schedule.	, ,	rations described	Yes X No
	(a) Name of organization	(b) Type of organization	(c)	Description of relationship
	N/A		· · · · · · · · · · · · · · · · · · ·	
			-	
Sign Here	penalties of perjury, I declare that I have examined this return, including elief, it is true, correct, and complete Declaration of preparer (other than nature of officer or flustee	n taxpayer) is based on all informations. 5 2 1 4		May the HS discuss this return with the preparer shown below (see instr.)? X Yes No
Paid Preparer	Print/Type preparer's name	gnàtud r & Beller Li	5/1/14 51	heck if PTIN elf- employed P00339731 Firm's EIN ► 33 – 0639599
Use Only	Firm's address ▶ 1301 Dove Street,	()		
	Newport Beach, CA		Phone no. (949) 752-7400	

Form **990-PF** (2013)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2013

Employer identification number

	Chami Family Foundation	45-6653445
Organization type (che		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mome) at the Parts I and II	oney or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the reg 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gon (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1 Complete Parts I and II	
total contributi	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri ons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edu of cruelty to children or animals Complete Parts I, II, and III	
contributions f If this box is ch purpose. Do n	601(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contribution use exclusively for religious, charitable, etc., purposes, but these contributions did not to necked, enter here the total contributions that were received during the year for an exclusive of complete any of the parts unless the General Rule applies to this organization because it table, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000 Ly religious, charitable, etc ,
	on that is not covered by the General Rule and/or the Special Rules does not file Schedule E " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Name of organization

Employer identification number

Chami Family Foundation

45-6653445

Part I	Contributors (see instructions) Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	George & Marcia Chami 2009 Eagle Trace Way Las Vegas, NV 89118	\$\$.	Person X Payroll
(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
323452 10-2		\$Sahadula B / Sarm	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2013)

Employer identification number

Chami Family Foundation

45-6653445

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
		 \$	

ime of orga				Employer identification number		
hami Part III	Family Foundation 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) Use duplicate copies of Part III if additional space is needed.					
a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, ar	d ZIP + 4	Relationship of trai	nsferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-						
-		(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of tran	nsferor to transferee		
a) No.			T			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of gift				
. -	Transferee's name, address, an	d ZIP + 4	Relationship of tran	nsferor to transferee		
a) No.						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held		
-						
	Transferee's name, address, an	(e) Transfer of gift	Relationship of tran	nsferor to transferee		
-						
-						

45-6653445 Chami Family Foundation Part XV **Supplementary Information** Grants and Gontributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient Smith Center for the Performing Arts None 501(c)(3) Support performing arts 361 Symphony Park Ave. Las_Vegas_ NV 89106 1,500. 501(c)(3) Hospital support USC/Norris Cancer Hospital None 1441 Eastlake Ave. Los Angeles, CA 90033 25,000. St Jude Children's Research Hospital 501(c)(3) Hospital support None 501 St Jude Place 2,000. Memphis TN 38105-1947 501(c)(3) New England Baptist Hospital None Hospital support 125 Parker Hill Ave. Boston, MA 02120 25,000.

53 500.

Total from continuation sheets

Form 99.0-PF Intere	est on Savi	ngs and Te	mpora	ry Cash	Investmen	ts S	tatement	1
Source		Rev	(a) Revenue Per Books		(b) Net Investment Income		(c) Adjusted Net Income	
Nevada State bank TD Ameritrade			159.		159. 1.			•
Total to Part I, line 3			160.		160	 : =		
Form 990-PF	Dividend	s and Inte	rest 1	from Sec	urities	S	tatement	2
Source	Gross Amount	Capita Gains Dividen		(a) Revenue Per Books		vest-	(c) Adjuste Net Inco	
TD Ameritrade	5,218	•	0.	5,21	3. 5	,218.		
To Part I, line 4	5,218	•	0.	5,21	5	,218.		
Form 990-PF		Other	Income	 _		S	tatement	3
Description			Reve	a) enue Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom	
TD Ameritrade		_		181.		181.	4	-
Total to Form 990-P	F, Part I,	line 11		101		 181.		
1004 CO TOLIN 990 I		=		181.				
		Account	ing Fe				tatement	4
Form 990-PF			Net		(c) Adjus Net In	S ted	tatement (d) Charitak Purpose	ole
Form 990-PF Description Accounting		Account (a) Expenses	Net ment	(b) ·	(c) Adjus Net In	S ted	(d) Charitak Purpose	ole

Form 99.0-PF	Taxes				Statem	ent	5
Description			(b) Net Invest- ment Income		l Cha	(d) Charitable Purposes	
Foreign tax on dividends Tax	53. 41.		53. 41.				0.
To Form 990-PF, Pg 1, ln 18	94.		94.				0.
Form 990-PF	Corporat	e Stock			Statem	ent	6
Description			Вос	ok Value	Fair Mal		:
Stocks				140,066.	159,257.		
Total to Form 990-PF, Part II, line 10b				140,066.	1	59,25	57.
	f Substantia Part VII-A,		outors	3	Stateme	ent	7
Name of Contributor	Addr	ess			_		_
eorge & Marcia Chami 2009 Eagle Trace Way Las Vegas, NV 89117-5743							

	VIII - List of Officers, Doubtes and Foundation Mana		State	ement 8
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
George Chami 2009 Eagle Trace Way Las Vegas, NV 89117	Director 0.10	0.	0.	0.
Marcia Chami 2009 Eagle Trace Way Las Vegas, NV 89117	Director 0.10	0.	0.	0.
George Albert Chami II 4506 E. Wickham Avenue Orange, CA 92867	Director 0.10	0.	0.	0.
Mardah Chami 3647 22nd Street San Francisco, CA 94114	Director 0.10	0.	0.	0.
Sandra Poiser 18112 Catherine Circle Villa Park, CA 92861	Director 0.10	0.	0.	0.
Totals included on 990-	PF, Page 6, Part VIII	0.	0.	0.
Form 990-PF	Part XV - Line 1a List of Foundation Manage	rs	State	ement 9

Name of Manager

George Chami Marcia Chami