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Form **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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.urs.gov/form990pf For calendar year 2013 or tax year beginning DEC 26, 2013 , and ending 2013 DEC 31, Name of foundation A Employer identification number THE DALEY FAMILY FOUNDATION 46-4298978 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number **B**305 565 SANCTUARY DR 941-387-3204 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here LONGBOAT KEY, FL34228 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ▶\$ 818, 100. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) charitable purposes expenses per books income income (cash basis only) 818,100. Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 818,100 0. 12 Total. Add lines 1 through 11 0 0 13 Compensation of officers, directors, trustees, etc. 0 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative O 0 0 expenses. Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 818,100. & Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) Ō. C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

| | = | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|-------------------------|-------|--|---------------------------------------|--|---|
| L | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | wang yang yangandan mengang ang kanang a |
| | 4 | Pledges receivable ► | | , , , , | 3 |
| | | Less: allowance for doubtful accounts | e e e e e e e e e e e e e e e e e e e | that addressing the contrasting the same of the contrasting of the con | a chair a frundanesse des terrires constitued |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and toans receivable | | , | 4 14,50 |
| | ` | Less: allowance for doubtful accounts | | errokurusta un takita nakurusta anua 🔭 🚾 🗀 | |
| ø | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | - | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 1 | 0. | 818,100. | 818,100. |
| | | Investments - corporate bonds | | 320,2000 | 020,2000 |
| | | Investments - land, buildings, and equipment, basis | | | |
| | l ' ' | Less accumulated depreciation | | | a man man a made man ? |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | <u> </u> | |
| | 14 | | | | |
| | ' | Less accumulated depreciation | | | |
| | 15 | Other assets (describe > | | | |
| | | Total assets (to be completed by all filers - see the | | | |
| | ١.٠ | instructions. Also, see page 1, item 1) | 0. | 818,100. | 818,100. |
| _ | 17 | Accounts payable and accrued expenses | | 010,1001 | 010/1001 |
| | 18 | Grants payable | | | • |
| £ħ. | 19 | Deferred revenue | | | , |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | . 1 |
| Ē | 21 | Mortgages and other notes payable | | | , |
| Ë | ı | 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. | | | A 9 _ 4 |
| nces | 24 | Unrestricted | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | 25 | Temporarily restricted | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Bai | 26 | Permanently restricted | | | , |
| Б | | Foundations that do not follow SFAS 117, check here | | | , , |
| Ē | | and complete lines 27 through 31. | | | , |
| Net Assets or Fund Bala | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 818,100. | |
| že t | 30 | Total net assets or fund balances | 0. | 818,100. | |
| _ | | | | | , |
| | 31 | Total liabilities and net assets/fund balances | 0. | 818,100. | |
| P | art | III Analysis of Changes in Net Assets or Fund E | Balances | | |
| _ | | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | <u> </u> |
| , | | st agree with end-of-year figure reported on prior year's return) | , 55 | | 0. |
| 9 | • | r amount from Part I, line 27a | • | 1 2 | 818,100. |
| | | r increases not included in line 2 (itemize) | • | . 2 | 010,100. |
| | | lines 1, 2, and 3 | | | 818,100. |
| | | eases not included in line 2 (itemize) | • | 5 | 0.00,100. |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o | olumn (b), line 30 | 6 | 818,100. |
| Ť | | Tacing of the same | - Y-1/1 | · | Form 990-PF (2013) |

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| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | ľΡ | How acquired - Purchase - Donation | (c) Date (mo., | acquired day, yr.) | (d) Date sold (mo., day, yr.) | |
|---|---|-------------|--------------------------------------|--|--------------------------------------|--|-------------------|-----------------------|---|---|
| 1a | | | | | | | | | | |
| b | NO | NE | | | | | | | | |
| С | | | | | | | | | | |
| d | | | · · · . | | | | | | | |
| | | | | | | | | | | · · · |
| <u>e</u> | (e) Gross sales price | (f) | Depreciation allowed (or allowable) | | t or other basis xpense of sale | 1 | | | Gain or (loss us (f) minus | |
| a | | | | | | | | | | |
| ь | | | | | | | | | | |
| C | | | | | | | | | | |
| <u> </u> | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| e | mplete only for assets showin | O GSID ID | column (h) and owned by t | the foundation | on 12/31/69 | _ | | /I) Coine / | Col. (h) gair | minue |
| | i) F.M.V. as of 12/31/69 | | (i) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | C | ol. (k), but | not less that s (from col. | n -0-) or |
| | | | | | (), | | | | | |
| _a | | | | | | | | · | | |
| _ <u>b</u> | | | | | | | | | | |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| 2 Car | oital gain net income or (net ca | pital loss |) { If gain, also enter -0 | r ın Part I, line - ın Part I, line | 7 . | } | 2 | • | | |
| If g | short-term capital gain or (los ain, also enter in Part I, line 8, | | | nd (6): | | } | _ | | | |
| | oss), enter -0- ın Part I, lıne 8 | | | B 1 | | | 3 | | | |
| Par | | | Section 4940(e) for | | | | | ncome | | |
| ` ' | otional use by domestic private | | | 4940(a) tax on | net investment ir | ncom | e.) | | | N/A |
| | on 4940(d)(2) applies, leave the foundation liable for the sec | | | nount of any ye | ear in the base pe | riod? | | | | Yes No |
| | the foundation does not qual | | | | | | • | · | | |
| 1 En | ter the appropriate amount in | each colu | mn for each year; see the ii | nstructions be | fore making any e | entrie | S. | | | |
| | (a) Base period years Indar year (or tax year beginni | | (b) Adjusted qualifying dis | | | (c | | ets | | (d) bution ratio vided by col. (c)) |
| | 2012 | | | | | | | | | |
| | 2011 | | | | | • • • • | · ·· | | | |
| | | | | | | | | | | |
| | 2010 | | | | | | | | | |
| | 2009 | | | | | | | -+ | | |
| | 2008 | | | . | | | | | 1 | |
| | tal of line 1, column (d) | E waar ba | | on line 2 by E | or by the number | r of w | | 2 | | |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 | | | | | | | | | | |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 | | | | | 4 | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | - | | | |
| 6 En | ter 1% of net investment incor | ne (1% o | f Part I, line 27b) | | - | | | 6 | - | |
| 7 Ad | d lines 5 and 6 | | | | | | | 7 | | |
| | ter qualifying distributions from | | | | nlata that nam | | 10/ tou sata | 8 | | |
| | ne 8 is equal to or greater than the Part VI instructions. | n line 7, c | neck the box in Part VI, line | e io, and com | DIECE THAT PART USI | iig a | 1% tax rate. | | | |

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|--|---|-------------|---------------------------------------|-------------------|-------------|--|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 - | · see | instru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | À., ; |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | 1, | | ٠, ٠, ٠ | , - | 3. A |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | | | <u>0.</u> |
| | of Part I, line 27b | 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | وڭ ياند |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | ه دسمه | فزيج بيدية |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| 6 | Credits/Payments: | 13 | - ' : | , , | | |
| a | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a | | * | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | . , ′ | · · · · · · · · · | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | . سيد | | <u> </u> | |
| d | Backup withholding erroneously withheld 6d . | | · , | , | s 1-25 | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | <u>0.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 0. |
| 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 | | | | |
| Pa | rt VII-A Statements Regarding Activities | | | , , | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel | ne in | | | Yes | No |
| | 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 definition | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis | hed or | | | ^ . | ١, ٠ |
| | distributed by the foundation in connection with the activities. | | | ** *** | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | 100 |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 | <u>•</u> | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | , | | w ; |
| | managers. ► \$ 0. | | | A | • | ا جِي ا |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | - | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | 1 . | İ | |
| 3 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? | 3.7 | r / 7A | 4a 4b | | <u> </u> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | | x |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | <u> </u> |
| | If "Yes," attach the statement required by General Instruction T. | | | ١. | , - | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | 1 | | 100 |
| | By language in the governing instrument, or Durante legislation that effectively emends the approximate partitioned to that no mandatory directions that conflict with the etc. | sto love | | ` ` | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement in the government. | ile iaw | | 6 | X | |
| 7 | remain in the governing instrument? 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. | ~ / | • | 7 | X | ├— |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If thes, Complete Part II, Cor (c), and Part I | · . | • | - | | |
| 0. | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| 08 | FL | | | | | |
| | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | - | [· · |
| ľ | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | - |
| 0 | | alandar | | 100 | | |
| 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 | | | | | 1. | x |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | STMI | . 2 | 10 | X | + |
| 10 | ביום מווץ עים סטונים טיביטוורים סטוט מווונו ניטוון ישנים שוווים מווין עווים ומא עיבים יידי אידי אידי אידי מידים ביידים מווים ווידים מווים | the way of | ٠ ٢٠ | 1 10 | | <u></u> |

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X

3b

4a

Yes X No

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2013)

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

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| Page | 7 |
|------|---|
| | |

| 3 Five highest-paid independent contractors for professional services. If none, enter "NO | NE." | ··· |
|--|---------------------|------------------|
| (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 | | D (|
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced, | etc. | Expenses |
| 1 THE ORGANIZATION'S PRIMARY CHARITABLE ACTIVITY DISTRIBUTING CHARITABLE GRANTS TO OTHER SECTION | | , |
| ORGANIZATIONS THAT QUALIFY AS PUBLIC CHARITIES. | , | 0. |
| 2 | | |
| 3 | | |
| | | |
| 4 | | -, |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2. | Amount |
| 1 N/A | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |

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46-4298978 THE DALEY FAMILY FOUNDATION Page 8 Form 990-PF (2013) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 409,050. 1b b Average of monthly cash balances c Fair market value of all other assets 409,050. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 402,914 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 331. Minimum investment return from Part X, line 6 2a Tax on investment income for 2013 from Part VI, line 5 2a 2b b Income tax for 2013. (This does not include the tax from Part VI.) c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 331. 5 Add lines 3 and 4 Ô. Deduction from distributable amount (see instructions) 331. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 0. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 0. b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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0.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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| Part XIII Undistributed Income (so | ee instructions) | | | |
|--|------------------|---|-------------|--------------------|
| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
| Distributable amount for 2013 from Part XI, line 7 . | | , , , , | , | 331. |
| Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only | - | - | 0. | • |
| b Total for prior years: | - | 0. | , | |
| 3 Excess distributions carryover, if any, to 2013: | - | | , | |
| a From 2008 b From 2009 | | | , · · · | , |
| c From 2010 | | | | |
| d From 2011 | | - | | |
| e From 2012 | • • • | | | |
| f Total of lines 3a through e | 0. | -, - | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: >\$ 0. | | | į | |
| a Applied to 2012, but not more than line 2a | | , | 0. | - 10° × |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | - | 0. | 1. • | • |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | - | · |
| d Applied to 2013 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | ` | | |
| 5 Excess distributions carryover applied to 2013 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | - |
| 6 Enter the net total of each column as indicated below: | | | | . , |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | 4 | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | , |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | - | |
| d Subtract line 6c from line 6b. Taxable | | | | , |
| amount - see instructions | | 0. | · | - |
| e Undistributed income for 2012. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | ` ` | 0. | |
| f Undistributed income for 2013. Subtract | | | | 1 |
| lines 4d and 5 from line 1. This amount must | ` | | • | 1 221 |
| be distributed in 2014 | | , | | 331. |
| 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 | _ | | ļ | * • , |
| not applied on line 5 or line 7 | 0. | <u> </u> | <u> </u> | |
| 9 Excess distributions carryover to 2014. | 0. | ٠. | | |
| Subtract lines 7 and 8 from line 6a | | • | | |
| 10 Analysis of line 9: | | | 1 | 1 |
| a Excess from 2009 | - | | | |
| b Excess from 2010 | - | | | |
| c Excess from 2011 | - | | | |
| d Excess from 2012 | - | | | |
| e Excess from 2013 | L | <u> </u> | .1 | Form 990-DE (2012) |

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| Part XV Supplementary Informa | | | | |
|---|---|--------------------------------------|----------------------------------|--------------------------|
| 3 Grants and Contributions Paid During t Recipient | If recipient is an individual | | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | <u></u> | | |
| , | | | | |
| NOVE | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
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| Part XVI-A | Analysis of Income-Producing Activities |
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| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | Exclu | ded by section 512, 513, or 514 | (4) |
|--|-----------------|---|-----------------------|------------------------------------|---------------------------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) | (e) Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Amount | function income |
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| f | . | | ļ | | |
| g Fees and contracts from government agencies | | . | ļ | | |
| 2 Membership dues and assessments | | | _ | | |
| 3 Interest on savings and temporary cash | 1 1 | | 1 | | |
| investments . | | | <u> </u> | | |
| 4 Dividends and interest from securities | | · - · · · · · · · · · · · · · - · | ļ | | |
| 5 Net rental income or (loss) from real estate: | | ÷ - | | | |
| a Debt-financed property | | | | | · |
| b Not debt-financed property | ļ | | | | |
| 6 Net rental income or (loss) from personal |] | | | | |
| property | | | | | |
| 7 Other investment income | | | - | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | - | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | - | | | | |
| b | - | | | | |
| <u> </u> | - } | | | | |
| d | - | | | <u></u> | |
| e | - | 0. | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | <u> </u> | <u>.</u> | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | • | | · 13_ | |
| Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than | | | A contril | outed importantly to the according | mplishment of |
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| 323621 10-10-13 | | | | | Form 990-PF (201: |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| the Code (other than section 501(c)(3) organizations of an section 527, relating to political organizations? (1) Stash (2) Other assets (4) Sides of assets to a moncharitable exempt organization of: (1) Sides of assets to a moncharitable exempt organization (2) Purchases of assets to a moncharitable exempt organization (3) Purchase of assets to a moncharitable exempt organization (3) Purchase of assets to an application of the assets (4) Reinformation arrangement or an application (5) Loads of loan quarantees (6) Performance of services or membership or fundrating selectations (6) Performance of services or membership or fundrating selectations (7) Sides of assets from a moncharitable exempt organization (8) Performance of services or membership or fundrating selectations (8) Performance of services or membership or fundrating selectations (8) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or fundrating selectations (9) Performance of services or membership or selectations selected selectations or sharing arrangement, show in column (1) Performance or sharing arrangement, show in section 501(c) Signature of officer or fundre Performance or sharing selectations or sharing arrangement, show in section 501(c) Signature of officer or fundre Performance or sharing selectations or sharing selectations or sharing arrange | 1 | Did the or | rganization directly or indi | rectly engage in any | of the following | g with any other organizatio | n described in secti | on 501(c) of | | Yes | No |
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| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Describion of transfers, transactions, and sharing arrangement, shown oclumn (d) the value of the goods, other assets, or services received. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Describion of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Under penalties of argung schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Primary in the standard of property (other than topology) is based on all information of which prepare has any topological standard organization of property (other than topology) is based on all information of which prepare has any topological standard organization in the point of | | | | amharchin or fundrai | eina eolietatio | ne | • | | | | |
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| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | ļ | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | - | | | , | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | <u> </u> | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | · | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury Leciale that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cirrect, and complete schedaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst)? Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Check if Selfi-employed self | | | | | | | | | | | |
| Sign Here Vinder penalties of persury decide that I had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, perfect, and domplete Deciaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, perfect, and domplete Deciaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? Print/Type preparer's name Preparer's signature Date Check if self-employed Printy Printy | 2a | Is the fou | indation directly or indirec | tly affiliated with, or | related to, one | or more tax-exempt organi | zations described | - · | | • | |
| (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perpury Locate that I had examiled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, prefect, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Vinder penalties of perpury Locate that I had examiled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, prefect, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instrict in the preparer shown below (see | | ın sectior | n 501(c) of the Code (othe | r than section 501(c |)(3)) or in sect | ion 527? | - | | Yes | X | No |
| N/A Sign Under penalties of perjuny decide that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cerrect, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? No PRESIDENT | b | If "Yes," c | complete the following sch | redule. | | | | | | | |
| Sign Here Under penalties of perjury Secials that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cyrrect, she complete Accidentation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, cyrrect, she complete Accidentation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with the preparer in the preparer. Signature of officer or truster. PRESIDENT Title | | | (a) Name of org | janization | | (b) Type of organization | | (c) Description of relationsh | ıp | | |
| Sign Here And belief, it is true, correct, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title | | | N/A | | | | | | | | |
| Sign Here And belief, it is true, correct, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title | | - | | | | | | | | | |
| Sign Here And belief, it is true, correct, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title | | | | | • | | | | | | |
| Sign Here And belief, it is true, correct, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title | | | ١ | | | | | | | - | |
| Sign Here And belief, it is true, correct, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title | | | | | | | 1 | | | | |
| Here Signature of officer or trustee | | | | | | | | | the IBS o | liscuss : | his |
| Here Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Date Check if self-employed | Si | gn and b | pelief, it is true, correct, and do | mplete Declaration of pr | reparer (other thai | n taxpayer) is based on all inforn | nation of which prepare | retur | n with the | e prepar | er 🖠 |
| Paid Preparer Use Only Signature of officer or trustee | | | | 1 // / | | 1 1/1/14 | PRESII | | | | 7 . |
| Paid Preparer Use Only Firm's address ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 Self-employed P00014949 | | Sig | nature of officer or trustee | | | Date / | . / | | | | |
| Paid Preparer Use Only Firm's address ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 Self-employed P00014949 | _ | | | | Preparer's si | gnature | | Check if I PTIN | | | |
| Paid Preparer Use Only Firm's address ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 P00014949 P00014949 P100014949 P1 | | | , , , , , , , , , , , , , , , , , , , | • | | - | | | | | |
| Preparer Use Only Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's ellN ► 31-0800053 Firm's address ► ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 | Pa | id | JANE E. PE | ETFER | JANE E | . PFEIFER | 06/27/14 | | 014 | 949 | |
| Use Only Firm's address ► ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 | | | | | | | / | | | | — |
| Firm's address ►ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202 Phone no. 513-241-3111 | | - | | Luc, Deimi | , 11 | | | THINISE W P ST OC | | J J | |
| CINCINNATI, OH 45202 Phone no. 513-241-3111 | | Jy | | ीय एठ४म म | र मगता | <u> </u> | 0 | | | | |
| | | | | | | | · | | 1 _ 2 | 111 | |
| | | | | TACTIMENT , | , 011 43 | 202 | | | | | (2012) |

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

| T] | HE DALEY FAMILY FOUNDATION | 46-4298978 | | | | | |
|---|---|--------------------------------|--|--|--|--|--|
| Organization type (check | one): | | | | | | |
| Filers of: Section: | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt chantable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | S01(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. See instructions. | | | | | |
| X For an organization | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in me plete Parts I and II. | oney or property) from any one | | | | | |
| Special Rules | | | | | | | |
| 509(a)(1) and 170 | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| total contributions | 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| contributions for If this box is chec purpose. Do not (| 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 more during the year | | | | | | |
| but it must answer "No" o | that is not covered by the General Rule and/or the Special Rules does not file Schedule Bon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

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

Name of organization

Employer identification number

| THE DALEY | FAMILY | FOUNDATION |
|-----------|---------------|------------|
|-----------|---------------|------------|

46-4298978

| 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 | CLAYTON C. DALEY JR. 565 SANCTUARY DR, APT B305 LONGBOAT KEY, FL 34228 | \$ <u>818,100.</u> | Person Payroll Noncash X (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

THE DALEY FAMILY FOUNDATION

46-4298978

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed. | |
|------------------------------|---|--|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _1 | 10,000 SHARES OF PROCTER & GAMBLE CO. STOCK | | |
| | | \$ 818,100. | 12/30/13 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | a | |
| (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 |
| | | | |
| | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (|

Employer identification number

| THE DA | LEY FAMILY FOUNDATION | | 46-4298978 | | |
|---------------------------|--|--|---|--|--|
| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition | vidual contributions to section 501(c)(7 the following line entry. For organizations c., contributions of \$1,000 or less for the lal space is needed. |), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year-{Enter this information once} \$ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| - | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee | | |
| | | | | | |
| (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, a | 10217+4 | Relationship of transferor to transferee | | |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee | | |
| (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, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT | 1 |
|----------------------------|---|-------------------------------|------------|-----|
| DESCRIPTION | | BOOK VALUE | FAIR MARKE | r |
| PUBLICLY TRADED STOCK | | 818,100. | 818,1 | 00. |
| TOTAL TO FORM 990-PF, PART | II, LINE 10B | 818,100. | 818,100. | |
| FORM 990-PF LIST | OF SUBSTANTIAL CONTRIB PART VII-A, LINE 10 | BUTORS | STATEMENT | 2 |
| NAME OF CONTRIBUTOR | ADDRESS | | | |
| CLAYTON C. DALEY JR. | | Y DR, APT B305 Y, FL 34228 | | |

Form 8868 (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

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

OMB No. 1545-1709

| • If yo | u are filing for an Automatic 3-Month Extension, complet | e only Pa | rt I and check this box | | · · · · · · · · · · · · · · · · · · · | X |
|---|--|-------------|--|--------------|---------------------------------------|-----------|
| • If yo | u are filing for an Additional (Not Automatic) 3-Month Ext | tension, c | omplete only Part II (on page 2 of t | this form). | | |
| Do no | complete Part II unless you have already been granted a | in automa | tic 3-month extension on a previous | ly filed For | m 8868. | |
| | onic filing (e-file). You can electronically file Form 8868 if y | | | | | oration |
| | ed to file Form 990-T), or an additional (not automatic) 3-mor | | | | | |
| of time | to file any of the forms listed in Part I or Part II with the exc | eption of | Form 8870, Information Return for 1 | ransfers A | Associated With Cei | taın |
| Persor | nal Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions) For more details of | on the elec | tronic filing of this f | orm, |
| | ww irs.gov/efile and click on e-file for Charities & Nonprofits | | , | | Ū | • |
| Part | I Automatic 3-Month Extension of Time | Only s | ubmit original (no copies nee | eded). | | |
| A corp | oration required to file Form 990-T and requesting an auton | | | | · · · · · · · · · · · · · · · · · · | |
| Part I | only | | | · | • | |
| All oth | er corporations (including 1120-C filers), partnerships, REM | ICs, and ti | rusts must use Form 7004 to reques | t an exten | sion of time | |
| to file i | ncome tax returns. | | | Enter file | r's identifying num | ber |
| Туре | Name of exempt organization or other filer, see instru | ctions. | | | identification numb | |
| print | | | | | | |
| - | THE DALEY FAMILY FOUNDATION | 1 | | 46-4298978 | | |
| File by to due date | | ee instruc | tions. | Social se | curity number (SSN |) |
| filing you return S | 565 SANCTUARY DR. NO. B305 | | | | • | • |
| instruction | | reign add | ress, see instructions. | | | |
| | LONGBOAT KEY, FL 34228 | | | | | |
| | | | - | | | |
| Enter 1 | the Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 |
| | | | | | | |
| Applic | ation | Return | Application | | | Return |
| Is For | | Code | is For | | | Code |
| Form 9 | 990 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 9 | 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4 | 1720 (Individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | | 04 | Form 5227 | | | 10 |
| Form 9 | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | | | Form 8870 | | | 12 |
| | MEREDYTHE G. DA | | • | | | |
| | books are in the care of books are in the care | OR - 1 | LONGBOAT KEY, FL 3 | 4228 | | |
| Tel | ephone No. ► 941-387-3204 | | Fax No. | | <u> </u> | |
| | ne organization does not have an office or place of business | | | | ▶ | |
| • If the | nis is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) I | f this is fo | r the whole group, c | heck this |
| box 🕨 | ▶ ☐ . If it is for part of the group, check this box ▶ ☐ | and atta | ch a list with the names and EINs of | f all memb | ers the extension is | for. |
| 1 | request an automatic 3-month (6 months for a corporation | | | | | |
| | AUGUST 15, 2014 , to file the exemp | t organiza | tion return for the organization name | ed above. | The extension | |
| | s for the organization's return for: | | | | | |
| | calendar year or | | | | | |
| | X tax year beginning DEC 26, 2013 | , an | d ending DEC 31, 2013 | | <u> </u> | |
| | | | | | • | |
| 2 | If the tax year entered in line 1 is for less than 12 months, c | heck reas | on: X Initial return | Fınal retur | n | |
| Change in accounting penod | | | | | | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | ^ | | |
| | nonrefundable credits. See instructions. 3a \$ | | | \$ | 0. | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | ^ | | |
| | estimated tax payments made. Include any prior year overp | | | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required | | | | | | _ |
| | by using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. |
| Cauti | on. If you are going to make an electronic funds withdrawal | (direct de | bit) with this Form 8868, see Form 8 | 3453-EO at | nd Form 8879-EO fo | r payment |

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13