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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. mation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning		, and ending	- · · ·	
Name of foundation			A Employer identification	number
ROBERT & MARY STRANAHAN			40 600000	-
FAMILY FOUNDATION			48-6393036	
Number and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	0020
7504 VIA DEL MAR STREET			(702) 655-	
City or town, state or province, country, and ZIP or foreign LAS VEGAS, NV 89131	postal code		C If exemption application is p	pending, check here
	Instal satura of a fa	rmar sublic charity	0 1 Foreign organization	s shock hara
G Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	S, Clieck liefe
Address change	Name change		2 Foreign organizations mocheck here and attach co	eeting the 85% test,
	exempt private foundation		_	-
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation sta under section 507(b)(1	
I Fair market value of all assets at end of year J Account		Accrual	F If the foundation is in a	
	Other (specify)		under section 507(b)(1	
▶\$ 243,242. (Part I, coli		oasis)		
Part Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Income	income	(cash basis only)
1 Contributions, gifts, grants, etc , received			N/A	
2 Check X if the foundation is not required to attach Sch B				· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments	20	2		STATEMENT 1
4 Dividends and interest from securities	28.		•	DIAIDHENI I
5a Gross rents				
b Net rental income or (loss)	5.	, при	1 114444 11 1 1.711-1.111	· · · · · · · · · · · · · · · · · · ·
52 Net gain or (loss) from sale of assets not on line 10 Gross sales prices for all Secrets on line 6a 5 •	3.			
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)		5	•	
8 Net short-term capital gain				
9 Income modifications	H4 'I'' Libible		***	
Gross sales less returns 10a and allowances		71111		
b Less Cost of goods sold		77		
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	33.	7		
13 Compensation of officers, directors, trustees, etc	0.	0	•	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits			- 	
16a Legal fees STMT 2	1,186.	0		0.
b Accounting fees STMT 2 c Other professional fees	1,100.	<u> </u>	<u> </u>	
17 Interest 18 Taxes RECEIVED 19 Depreciation and depletion 20 Occupancy DEC 2 2014 21 Travel Conferences, and meetings 22 Printing and publications				
19 Depreciation and depletion				
19 Depreciation and depletion				
E 20 Occupation DEC 2 2014 21 Travel Conferences, and meetings				
22 Printing and publications				
			-	
24 Total operating and administrative	1 106	_		
23 Other expenses GOEN UT 24 Total operating and administrative expenses Add lines 13 through 23	1,186.	0	•	26,000.
25 Contributions, gifts, grants paid	26,000.			20,000.
26 Total expenses and disbursements.	27,186.	О		26,000.
Add lines 24 and 25	21,100.	<u> </u>		20,000.
27 Subtract line 26 from line 12	<27,153.			
Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		7	•	
e Adjusted not income (if receive enter -0-)		-	N/A	· · · · · · · · · · · · · · · · · · ·

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see Instructions

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For	m 99	0-PF(2013) FAMILY FOUNDATION		48-0	6393036 Page 2
		Halanco Shoots Attached schedules and amounts in the description	Beginning of year	End of	year
	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	0.50	0.4.2.0.4.0	042 242
		Savings and temporary cash investments	270,395.	243,242.	243,242.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶		······································	
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			·
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	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 7,092. Less accumulated depreciation STMT 3 7,092.			
		Less accumulated depreciation STMT 3 > 7,092.			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item 1)	270,395.	243,242.	243,242.
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
ت	22	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.			
ès	24	Unrestricted			
and	25	Temporarily restricted			
or Fund Balances	26	· · · · ·			
ē		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō	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	270,395.	243,242.	
Net Assets	30	Total net assets or fund balances	270,395.	243,242.	
_					
	31	Total liabilitles and net assets/fund balances	270,395.	243,242.	
_			alanaas		
	art	Analysis of Changes in Net Assets or Fund B	alarices		
1	Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		ist agree with end-of-year figure reported on prior year's return)		1	270,395.
2	•	er amount from Part I, line 27a		2	<27,153.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	243,242.
5		reases not included in line 2 (itemize)		5	0.
6		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	243,242.
_					- 000 DE (0010)

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8–	6	3	9	3	0	3	6	P

Part IV Capital Gains a	and Loss	ses for Tax on In	vestment	Income							. ago o
		s) of property sold (e g common stock, 200 shs			P	How ar - Purc - Don	nase `	c) Date a (mo , da		(d) Date (mo , da	
18 CAPITAL GAINS I	DIVIDE	NDS									
b					L						
<u>c</u>					├						
e e					-						
(e) Gross sales price		reciation allowed or allowable)	,	it or other basis xpense of sale		-			in or (loss) (f) minus (
a 5.											5.
b											
<u>c</u>											
<u>d</u>											
Complete only for assets showing	g gain in col	umn (h) and owned by t	he foundation	on 12/31/69			<u></u>	Gains (Ci	ol (h) gain i	minus	
(i) F M V as of 12/31/69	())	Adjusted basis of 12/31/69	(k) Ex	cess of col (1) col (j), if any				Gains (Col. (h) gain minus (k), but not less than -0-) or Losses (from col. (h))			
a						-		_			5.
b											
<u>C</u>									··· <u>-</u> .		
<u>d</u>											
<u>e</u>		1			$\overline{}$						
2 Capital gain net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0-			}	2					5.
3 Net short-term capital gain or (loss	•	I in sections 1222(5) and	d (6)		٦						
If gain, also enter in Part I, line 8, of if (loss), enter -0- in Part I, line 8	column (c)				•	3	ļ		N/A		
Part V Qualification U	nder Sed	ction 4940(e) for	Reduced	Tax on Net	Inv		nent Inco	me		-	-
(For optional use by domestic private	foundations	subject to the section 4	940(a) tax on	net investment in	ncome	3)					
If section 4940(d)(2) applies, leave th	ic nart blank	•									
, ,, , , ,											∵
Was the foundation liable for the section of the se				•	riod?					Yes I	X No
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e					ntries						
(a)		(b)			(c)				Dietrib	(d) ution ratio	
Base period years Calendar year (or tax year beginnin	ig in)	Adjusted qualifying dist		Net value of no		rıtable [.]				ded by col (
2012			2,000.			27	7,641	<u> </u>			3221
2011			5,000.				9,063				39586 74499
2010			2,000. 3,992.	·			5,305, 5,661				$\frac{14499}{31147}$
2009			6,000.				5,397		 -		32436
	<u>.</u>		<u> </u>					1			
2 Total of line 1, column (d)								2		.37	70889
3 Average distribution ratio for the 5	-year base j	period - divide the total o	n line 2 by 5,	or by the number	r of ye	ars					
the foundation has been in existen	ice if less th	an 5 years						3		.07	<u> 4178</u>
4 Enter the net value of noncharitable	le-use asset	s for 2013 from Part X, I	ine 5					4		250,	815.
5 Multiply line 4 by line 3								5		18,	605.
6 Enter 1% of net investment incom	e (1% of Da	rt I line 27h\						6			0.
	- (. 10 OI I a							7		18	605.
7 Add lines 5 and 6	6										
8 Enter qualifying distributions from If line 8 is equal to or greater than			1b, and comp	lete that part usin	ng a 1'	% tax	rate	8			000.
See the Part VI instructions											

ROBERT & MARY STRANAHAN

	RODERI & MARI SIRAMANAN		4.0	62020	126		
_	990-PF (2013) FAMILY FOUNDATION * VI Excise Tax Based on Investment Income (Section 4940(a), 49	040(b) 4940(e) or 4		63930			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A"		340	300 11	311 4		
	Date of ruling or determination letter						
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	nd enter 1%	1				0.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I	line 12 col (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter		2				0.
	Add lines 1 and 2	• ,	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others ent	er -0-)	4				0.
	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5				0.
-	Credits/Payments					***************************************	
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a						
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)]				
	Backup withholding erroneously withheld 6d						
	Total credits and payments Add lines 6a through 6d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
	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				
11	Enter the amount of line 10 to be Credited to 2014 estimated tax	Refunded ►	11	<u> </u>			
	rt VII-A Statements Regarding Activities	<u> </u>					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	did it participate or intervene	n e			Yes	
	any political campaign?			}	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			}	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of any materials publish	ed or				
	distributed by the foundation in connection with the activities.				4.		х
	Did the foundation file Form 1120-POL for this year?				1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0.					
	(1) On the foundation \triangleright \$ (2) On foundation managers \triangleright \$		<u>-</u>	ĺ			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax to	imposed on ioundation					
	managers > \$ 0 .				2	:	х
	Has the foundation engaged in any activities that have not previously been reported to the IRS?						
	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	nt articles of incorporation	٥r				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	nt, articles of moorpoletion,	٠.		3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
٠	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
-	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory direction	ons that conflict with the stat	e law				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete F	Part II, col (c), and Part X	V		. 7	X	ļ <i>,</i>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NV			<u></u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (General (or designate)				.,	
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49		lendar		_		v
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete				9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addresses			10	L	
				Fori	n yyl	ーピト	(2013)

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

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Computation employee the employee account, other allowances

(e) Expense account, other allowances

Total number of other employees paid over \$50,000

4	8	_	6	3	9	3	0	3	6	 Ρ

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(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	•	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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 CONTRIBUTED TO THE NEEDS OF THE HANDICAP BY CONTRIBUTING TO		
EXEMPT ORGANIZATIONS ESTABLISHED TO MEET THOSE NEEDS.	1	
	7	26,000.
2		
	7	
] .	
3	T	
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 NO PROGRAM RELATED INVESTMENTS WERE MADE DURING THE YEAR.	_	
	4	^
		0.
2	4	
	-{	
	+	
All other program-related investments. See instructions	1	
3	4	
	4	
Total. Add lines 1 through 3	+	0.
Total: Add lines i through 5		

For	m 990-PF (2013) FAMILY FOUNDATION	1Ω_	6393036 P	age 8
	art Y			aye u
<u></u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
a	Average monthly fair market value of securities	1a		0.
þ	Average of monthly cash balances	1b	254,6	35.
C	Fair market value of all other assets	10		
đ	Total (add lines 1a, b, and c)	10	254,6	35.
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	254,6	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,8	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	250,8	
6	Minimum investment return Enter 5% of line 5	6	12,5	41.
P	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.)	id certain		
1	Minimum investment return from Part X. line 6	1	12,5	41.
2 a	Tax on investment income for 2013 from Part VI, line 5			
b	Income tax for 2013 (This does not include the tax from Part VI)			
C	Add lines 2a and 2b	20		0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	12,5	41.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	12,5	41.
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	12,5	41.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	26,0	00 -
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		20,0	<u> </u>

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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26,000.

1b

2

3a 3b

4

6

b Program-related investments - total from Part IX-B

b Cash distribution test (attach the required schedule)

a Suitability test (prior IRS approval required)

income Enter 1% of Part I, line 27b

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Form 990-PF (2013) FAMILY FOUND	ATION		48-63	93036 Page 9
Part XIII Undistributed Income (see In	nstructions)			
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	Corpus	16813 \$1101 to 2012	2012	2010
line 7				12,541.
2 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	<u> </u>	Marin III III III III III III III III III I		
a From 2008 9,230.				
b From 2009 9,225.				
c From 2010 7,235.				
d From 2011 11,047.				
e From 2012				
f Total of lines 3a through e	36,737.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 \triangleright \$ 26,000.				
a Applied to 2012, but not more than line 2a			0.	<u> </u>
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				12,541.
e Remaining amount distributed out of corpus	13,459.		1. · · · · · · · · · · · · · · · · · · ·	
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	50,196.			
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				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2014				
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	0 220			
not applied on line 5 or line 7	9,230.			
9 Excess distributions carryover to 2014.	40.000			
Subtract lines 7 and 8 from line 6a	40,966.			
10 Analysis of line 9				
a Excess from 2009 9, 225.			1	
b Excess from 2010 7, 235.				
c Excess from 2011 11,047.				
n Evenee from 2017	1	£ .	4	

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13,459.

ROBERT & MARY STRANAHAN Form 990-PF (2013) FAMILY FOUNDATION 48-6393036 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Prior 3 years Tax year (a) 2013 (b) 2012 (c) 2011 (d) 2010 (e) Total income from Part I or the minimum 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 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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) ROBERT STRANAHAN b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ASSOCIATION FOR HANDICAPPED NONE PUBLIC CHARITY SPECIALIZED RECREATION FOR THE DISABLED RECREATION P.O. BOX 2451 <u>0.</u> COUER DALENE, ID 83814 PUBLIC CHARITY SUPPORT FOR NONE PANHANDLE AUTISM INDIVIDUALS WITH 118 NORTH 7TH STREET, SUITE C-4 26,000. AUTISM COUER DALENE, ID 83814 ► <u>3a</u> 26,000. Total b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2013)

FAMILY FOUNDATION

er gross amounts unless otherwise indicated	Unrelated b	usiness income		ed by section 512, 513, or 514	(8)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b				- ·	
•			†		
	1 1		 		
			+ +		
·			1		
Fees and contracts from government agencies	_		1 1		·
Membership dues and assessments					···
nterest on savings and temporary cash	 -		 		······································
				İ	
nvestments			20	28.	
Dividends and interest from securities			20	20.	eninatura en la composición de composición de la composición de la composición de la composición del composición de la
Net rental income or (loss) from real estate			-		
Debt-financed property			 		
Not debt-financed property					
Net rental income or (loss) from personal			1 1	1	
property					
Other investment income	<u> </u>				· · · · · · · · · · · · · · · · · · ·
Gain or (loss) from sales of assets other				_ (
han inventory			20	5.	
Net income or (loss) from special events			-		
Gross profit or (loss) from sales of inventory					
Other revenue			1		
a	_				
b	_	·	_		
c					
d					
e			 		
Subtotal Add columns (b), (d), and (e)		0	•	33.	
Total. Add line 12, columns (b), (d), and (e)				13	
e worksheet in line 13 instructions to verify calculations	i)				
art XVI-B Relationship of Activitie	s to the Accom	plishment of E	xempt	Purposes	
Explain below how each activity for which in			-A contribu	ited importantly to the accomp	olishment of
the foundation's exempt purposes (other the FINANCIAL SUPPORT FOR			OPCI	NITONE TN	CTUDING
			UKGA	ANIZATIONS, IN	CTODING_
RELATED ADMINISTRATIV	E EXPENSES		_		
					
					

the Code	rganization directly or indirectly engage in any of the for (other than section 501(c)(3) organizations) or in section 501(c)(3).				Yes No
the Code					. 03 140
	(onion than occorr of folio) organizations, or in soci		izatione?		
	s from the reporting foundation to a noncharitable exer	-			
(1) Cast		npt organization or		1a(1)	x
(2) Othe				1a(2)	X
b Other train					
	s of assets to a noncharitable exempt organization			16(1)	x
	chases of assets from a noncharitable exempt organiza	tion		1b(2)	X
	tal of facilities, equipment, or other assets			1b(3)	X
	nbursement arrangements			1b(4)	X
	ns or loan guarantees			1b(5)	X
	ormance of services or membership or fundraising soli	icitations		1b(6)	X
	of facilities, equipment, mailing lists, other assets, or pa			1c	X
_	swer to any of the above is "Yes," complete the following		ways show the fair market value of the go		ets.
Or Service	es given by the reporting foundation. If the foundation (d) the value of the goods, other assets, or services rec	received less than fair market valu			,
2) Line no		ritable exempt organization	(d) Description of transfers, transactions	s, and sharing an	rangements
	N.	/A			 -
					_
2a Is the fou	undation directly or indirectly affiliated with, or related t	o, one or more tax-exempt organiz	zations described		
ın sectior	n 501(c) of the Code (other than section 501(c)(3)) or	ın section 527?		Yes	X No
b If "Yes," o	complete the following schedule				
	(a) Name of organization	(b) Type of organization	(c) Description of rela	tionship	
	N/A				
	er penalties of perjury, I declare that I have examined this return, belief, it is true, correct, and complete. Declaration of preparer (of			May the IRS	discuss this
əign 👢	beller, it is true, correct, and complete Declaration of preparer to	iner than taxpayer is based on all inform	lation of which preparer has any knowledge	return with th shown below	e preparer (see instr.)?
Here	front Teleschoon	- 12-1-14	CHAIRMAN	X Yes	☐ No
Sig	nature of officer of trustee	, Date	Title		
	Print/Type preparer's name	rer's signature		TIN	
	4 1		self employed		
Paid	STEVEN K. RIDGEWAY	Mark Control		P00292	
Preparer		ER \	Firm's EIN ► 77	-00298	84
	<u>' </u>	1			
Use Only					
Use Only	Firm's address ▶ P.O. BOX 20310	1			
Use Only		CA 93120-0310	Phone no (80	5) 966	-1751

FORM 990-PF	DIVIDENDS	AND I	NTERE	ST FROM	SECUR	ITIES	STAT	EMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOME	
SCHWAB - NONTAX MUNI	33.		5	•	28.	:	2.		
TO PART I, LINE 4	NE 4 33. 5.		•	28.		2. ====			
FORM 990-PF		ACCO	UNTIN	G FEES			STAT	TEMENT	2
DESCRIPTION		(A) EXPENS PER BO		(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
ACCOUNTING		1,	186.		0.				0.
TO FORM 990-PF, PG	1, LN 16B	1,	186.		0.				0.
FORM 990-PF DEPRE	CIATION OF A	ASSETS	NOT	HELD FOR	INVE	STMENT	STA	rement	3
DESCRIPTION		0	COST THER			MULATED ECIATION	во	OK VALU	E
ORGANIZATION EXPENS ORGANIZATION EXPENS ORGANIZATION EXPENS ORGANIZATION EXPENS	E E		•	3,892. 2,167. 895. 138.		3,892. 2,167. 895. 138.			0.
TOTAL TO FM 990-PF,	PART II, L	N 14		7,092.		7,092.			0.

Asset	0.4				Description	T	,	
Number	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	ORGANIZA							
·	030603		60M	43	3,892.		3,892.	\$11111 11 111 111 111 111 11
2	ORGANIZA				2 163	T	2,167.	
	02 ₁ 1104 ORGANIZA			43	2,167.		2,101.	<u></u>
3	040704		60M	43	895.	<u> </u>	895.	
4	ORGANIZA					I THE THE RESERVE TO THE		
	070705		60M	43	138.		138.	
	* TOTAL	990-I	F PG	1 D				
		<u> </u>	<u></u>	<u> </u>	7,092.	0.	7,092.	***************************************
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316261 05-01-13					# - Current year section 17	79 (D) - Asset dispo	<u> </u>	

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 you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			► X		
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).				
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed For	rm 8868			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a co	rporation		
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an	extension		
of time	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With (Certain		
Persona	Il Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of thi	s form,		
<u>visit ww</u>	w irs gov/efile and click on e-file for Charities & Nonprofits.	·						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension · check this box and	complete				
Part I or	nly					▶ 🔲		
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time			
to file in	come tax returns.			Enter file	r's identifying n	umber		
Type or	· · ·	ctions.		Employer	Employer identification number (EIN) or			
print	ROBERT & MARY STRANAHAN							
File by the	FAMILY FOUNDATION				48-6393036			
File by the due date for Number, street, and room or suite no. If a P O. box, see instructions Social security number (
filing your return Sec	7504 VIA DEL MAR STREET			L				
instruction	s City, town or post office, state, and ZIP code. For a for LAS VEGAS, NV 89131	oreign add	ress, see instructions.					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applica	tion	Return	Application					
Is For		Code	Is For					
	00 or Form 990-EZ	01	Form 990-T (corporation)		Code 07			
Form 9		02	Form 1041-A		08			
	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9		03	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870	12				
1 01111 3	RIDGEWAY & WAR		T CITI CO. C					
• The	books are in the care of > 525 OLIVE STREE		SANTA BARBARA, CA	93101				
	phone No ► (805) 966-1751		Fax No. ▶ (805) 965-					
	e organization does not have an office or place of business	s in the l lr				▶ □		
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole aroug	o check this		
box ►		, '						
	request an automatic 3-month (6 months for a corporation				0.0 1.10 0,10.10.10	7.0.1011		
•			ition return for the organization nam		The extension			
- 19	for the organization's return for:	t organiza	mon retent to the enganteener, man		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	X calendar year 2013 or							
	tax year beginning	an	nd endina					
	Lot your beginning	, un			<u> </u>			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	'n			
- :	Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax. less anv					
	onrefundable credits. See instructions.	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	\$	0.		
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
	stimated tax payments made. Include any prior year overp			3ь	\$	0.		
-	alance due. Subtract line 3b from line 3a. Include your pa			-1-3	-			
	y using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.		
	n. If you are going to make an electronic funds withdrawal							
Instruct		,			3, 3 _ 20			

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	868.	
If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	ed).
		Enter filer's	identifying	number, se	e instructions
Type or Name of exempt organization or other filer, see instruction ROBERT & MARY STRANAHAN	Employer	nployer identification number (EIN) or			
HAMILY HOUNDAMION		48-639	3036		
	Capial and				
Number, street, and room or suite no. If a P.O. box, so the street in See 7504 VIA DEL MAR STREET		cial security number (SSN)			
City, town or post office, state, and ZIP code. For a for LAS VEGAS, NV 89131	oreign add	iress, see instructions.		-	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Application s For	Return Code	Application Is For			Return
Form 990 or Form 990-EZ	01	13 7 07			Jour
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990·T (trust other than above)	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously filed	Form 8868.	
RIDGEWAY & WARN The books are in the care of ► 525 OLIVE STREN Telephone No ► (805) 966-1751 If the organization does not have an office or place of business	ET - :	Fax No \triangleright (805) 965-	93101 2619		▶ □
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	the whole gro	oup, check this
oox ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of	all membe	rs the extens	ion is for.
	NOVEM.	BER 15, 2014.			
For calendar year 2013 , or other tax year beginning		, and endin			·
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	heck reas	on: L Initial return L	Final re	eturn	
7 State in detail why you need the extension		TO DV MUD AUGUCM	1 E mrr r	DEADT TAI	D 2000
REQUIRED INFORMATION WAS NOT 1					E DATE.
ADDITIONAL TIME IS NEEDED TO	COMPL	ETE AN ACCURATE TA	X KET	JKW.	·
0- 1641 - 1- 1641 - 164	. 0000				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	0.	\$	0.
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069	onter on	v refundable credite and estimated	8a		
tax payments made. Include any prior year overpayment all					
previously with Form 8868.	iowed as	a credit and any amount paid	8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your pa	vment wi	th this form if required, by using	55	Ψ	
EFTPS (Electronic Federal Tax Payment System). See instru	-	arting form, in required, by daining	8c	\$	0.
		st be completed for Part II		· · · - ·	
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	ling accom			my knowledge	and belief,
Signature ▶ Title ▶	CPA		Date	>	

Form 8868 (Rev. 1-2014)

Signature >