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#### Form **990-PF**

# EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For	calendar year 2014 or tax year beginning	, an	d ending	,	
	me of foundation			A Employer identificatio	n number
	EFFREY GALE & JANE GREENS	PUN GALE		07 0544046	•
_	AMILY FOUNDATION  There and street (or PO box number if mail is not delivered to street	27-0544848	3		
	275 CORPORATE CIRCLE	B Telephone number 702-259-40	123		
	or town, state or province, country, and ZIP or foreign pr	ental ands	300		
	ENDERSON, NV 89074	JSIai coue		C If exemption application is i	pending, check here
	Check all that apply: Initial return	Initial return of a former publ		D 1. Foreign organization	s check here
•	Final return	Amended return			
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H (	Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
		Other taxable private foundation		under section 507(b)(1	
I Fa	air market value of all assets at end of year   J   Accounti	ng method: X Cash A	ccrual	F If the foundation is in a	60-month termination
(fi		her (specify)		under section 507(b)(1	)(B), check here
		mn (d) must be on cash basis)			
Pá	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not		t investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )	<u>'                                 </u>	ncome 	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received	211,185.		N/A	_
	2 Check if the foundation is not required to attach Sch 8 Interest on savings and temporary	9.	9.		STATEMENT 1
	3 cash investments		۶.		SIAIEMENI I
	4 Dividends and interest from securities 5a Gross rents				<del></del>
	b Net rental income or (loss)			<u> </u>	
	6a Net gain or (loss) from sale of assets not on line 10	/FD			
μe	Gross sales price for all  b assets on line 6a	10			
Revenue	7 Capital gain net income (from Part IV line 2)	2015	0.		
ď	8 Net short-term capital gain	2015			
•	9 Income modifications				
É	10a Gross sales less returns and allowances				
Re	D Less Cost of goods sold				
	c Gross profit or (loss)				<u></u>
5	11 Other income	211 104			<del> </del>
₹	12 Total. Add lines 1 through 11	211,194.	9. 0.		0.
	13 Compensation of officers, directors, trustees, etc		0.	<u> </u>	<u> </u>
9	14 Other employee salaries and wages 15 Pension plans, employee benefits				
301E	16a Legal fees		·	*	<del>                                     </del>
31.U	b Accounting fees				
	c Other professional fees				
ě	17 Interest				<u> </u>
rati	18 Taxes STMT 2	135.	0.		135
nist	19 Depreciation and depletion		-		
<u>=</u>	20 Occupancy				
ĕ	21 Travel, conferences, and meetings		. <u></u>		
and	22 Printing and publications				
ii	23 Other expenses STMT 3	150.	0.		150
Operating and Administrative Ex	24 Total operating and administrative	205	0		205
ö	expenses. Add lines 13 through 23	285. 146,535.	0.		285 146,535
_	25 Contributions, gifts, grants paid	140,333.	<del></del>		1 140,333
	26 Total expenses and disbursements. Add lines 24 and 25	146,820.	0.		146,820
	27 Subtract line 26 from line 12:	140,020		<del>                                     </del>	140,020
	a Excess of revenue over expenses and disbursements	64,374.			
	b Net investment income (if negative, enter -0-)		9.		
	C Adjusted net income (if negative, enter -0-)	-	<u>_</u>	N/A	
4235 11-2	01 4-14 LHA For Paperwork Reduction Act Notice, see	nstructions.		·	Form <b>990-PF</b> (2014

27-0544848 FAMILY FOUNDATION Page 2 Form 990-PF (2014) Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (b) Book Value (c) Fair Market Value (a) Book Value 34,196. 34,196. Cash - non-interest-bearing 2 Savings and temporary cash investments 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 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 Less accumulated depreciation 3,465. 15 Other assets (describe ► INTERCO 0. 3.465. 16 Total assets (to be completed by all filers - see the 37,661. 0. 37,661 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 26,713. Ō. 22 Other liabilities (describe NOTE PAYABLE 26,713. 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Assets or 0 27 Capital stock, trust principal, or current funds 0 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund <26,713. 37,661 29 Retained earnings, accumulated income, endowment, or other funds < 26,713.37,661 30 Total net assets or fund balances 37,661 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 <26,713.> (must agree with end-of-year figure reported on prior year's return) 64,374. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 37,661. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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Page 3

Part IV Capital Gains	and Lo	sses for Tax on Ir	nvestment	t Income						
(a) List and desc 2-story brick wa	ribe the kii arehouse; (	nd(s) of property sold (e.g or common stock, 200 sh	., real estate, s. MLC Co.)		` P	How acq - Purcha - Donat	ase	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a		·· <del>···</del>								
b NO	NE				<u> </u>					
C					ļ.,					
<u>d</u>					-					
<u>e</u>	(f) [	Depreciation allowed	(a) Cos	st or other basis	┷┪			(h) Ga	ın or (loss)	<del></del>
(e) Gross sales price	(1)	(or allowable)		expense of sale					(f) minus (	
<u>a</u>						<u> </u>				
<u>b</u>			ļ · · ·							
d			<del>                                     </del>							
e			<del>                                     </del>	<del></del>						<u></u>
Complete only for assets shown	l	column (h) and owned by	the foundation	on 12/31/69	_		(1)	Gains (Co	ol. (h) gain	miniis
		j) Adjusted basis		cess of col. (1)			col.	(k), but no	ot less thai	n -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses (	from col. (	h)) 
<u>a</u>		<del></del>	<del> </del>	<del></del>	$\dashv$				_	
<u>b</u>		· · · · · · · · · · · · · · · · · · ·	<del> </del>		_					<u> </u>
d										
6	Ī				-					
		C If goin also anto	r in Dort I line	7	╮┤	Т				-
2 Capital gain net income or (net ca	apital loss)		r III Part I, IIIIe I- In Part I line	<i>1</i> 7	⇒l	2				
3 Net short-term capital gain or (lo		•		,	ا ′					
If gain, also enter in Part 1, line 8,	•		iu (0 <i>)</i> .		λl					
If (loss), enter -0- in Part I, line 8					<u> </u>	3				
Part V   Qualification U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
(For optional use by domestic private	e foundatio	ons subject to the section	4940(a) tax on	net investment ir	ncome	e.)				
If section 4940(d)(2) applies, leave t	his nart bla	ank								
, , , , , ,	•									
Was the foundation liable for the sec				•	riod?					Yes X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					ntriac					
(a)	each colui		iisti uctions bei	lore making any e				1		(d)
Base periód years Calendar year (or tax year beginn	na m/	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncha		se assets	1 ,	Distrit	(d) oution ratio rided by col. (c))
2013	ing iii)	2.8	4,046.			73	3,515		001. (0) 011	3.86378
2012	<del></del>		3,284.				3,073			.60184
2011			98.				,896			.00036
2010		92	22,093.			251	.,272	•		3.66970
2009			5,000.			94	1,902	•		.05268
2 Total of line 1, column (d)				-				2		8.18838
3 Average distribution ratio for the	5-year has	se period - divide the total	on line 2 hv 5	or by the number	r of ve	ears		<del>                                     </del>		2723330
the foundation has been in existe	-		oo <u>1</u> 0,	o. 5,	· 0. y			3		1.63767
4 Enter the net value of noncharita	ble-use as:	sets for 2014 from Part X.	line 5					4		16,114
5 Multiply line 4 by line 3								5		26,390
6 Enter 1% of net investment income	me (1% of	Part I, line 27b)						6		0
7 Add lines 5 and 6								7		26,390
8 Enter qualifying distributions fro	m Part XII.	line 4						8		146,820
If line 8 is equal to or greater tha See the Part VI instructions.	-		e 1b, and comp	olete that part usir	ng a 1	% tax ra	ite.	·		

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Form 990-PF (2014) FAMILY FOUNDATION  Part VI Excise Tax Based on Investment Income (Section	on 4940(a), 4940(b), 4940(a), or 4		54484		Page 4
		<del>- 040</del>	<u> </u>	uctio	msj
1a Exempt operating foundations described in section 4940(d)(2), check here ▶					
Date of ruling or determination letter: (attach copy of le  b Domestic foundations that meet the section 4940(e) requirements in Part V, check		,			Λ
• • • • • • • • • • • • • • • • • • • •	nere Lal and enter 1%				0.
of Part I, line 27b	center 49/ of Port Lives 19 and 7h	1 1			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations					Λ
<ul> <li>2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation</li> <li>3 Add lines 1 and 2</li> </ul>	s only. Others enter -o-)	2			$\frac{0}{0}$
	on only Others onto: 0 \	3 4			$\frac{0.}{0.}$
<ul> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation</li> <li>Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter</li> </ul>	· · ·	5			<del>0.</del>
· • • • • • • • • • • • • • • • • • • •	, -0-	<b>├</b> °			<u>.</u>
•	ا وم ا				
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1 1			
b Exempt foreign organizations - tax withheld at source	6b	1			
c Tax paid with application for extension of time to file (Form 8868)	6c	1			
d Backup withholding erroneously withheld	6d	_			Λ
7 Total credits and payments. Add lines 6a through 6d	00 .a -Whd	7	<u></u>		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 22	20 is attached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ov	· · · · · · · · · · · · · · · · · · ·	10			
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Part VII-A   Statements Regarding Activities	Refunded ▶	11		-	
1a During the tax year, did the foundation attempt to influence any national, state, or I	ocal legislation or did it participate or intervene	ın		Yes	No
any political campaign?	ood logiciation of all it participate of maintone		1 <u>a</u>	+:	X
b Did it spend more than \$100 during the year (either directly or indirectly) for politic	cal nurnoses (see instructions for the definition	12	16	1	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the acti	•	•	<u>                                   </u>	+	+
distributed by the foundation in connection with the activities	Three and copies of any materials published	J. U.			İ
c Did the foundation file Form 1120-POL for this year?			1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed of	furing the year:		1	+	+
(1) On the foundation. > \$ 0 • (2) On foundation r					
e Enter the reimbursement (if any) paid by the foundation during the year for political		•			
managers. ▶ \$ 0.					1
2 Has the foundation engaged in any activities that have not previously been reported	d to the IRS?		2		х
If "Yes," attach a detailed description of the activities				1	
3 Has the foundation made any changes, not previously reported to the IRS, in its go	overning instrument, articles of incorporation, o	or			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the	e changes		3	i i	X
4a Did the foundation have unrelated business gross income of \$1,000 or more durin	ig the year?		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	'A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?		5		X
If "Yes, " attach the statement required by General Instruction T					1 -
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	atisfied either:			}	
<ul><li>By language in the governing instrument, or</li></ul>					
<ul> <li>By state legislation that effectively amends the governing instrument so that no</li> </ul>	mandatory directions that conflict with the state	e law	1		
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Y	es," complete Part II, col (c), and Part XV	/	7	X	
			i		
8a Enter the states to which the foundation reports or with which it is registered (see	instructions) >				1
NV					
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-Pi	• • • • • • • • • • • • • • • • • • • •				
of each state as required by General Instruction G? If "No," attach explanation			86	<u> </u>	<b>↓</b>
9 Is the foundation claiming status as a private operating foundation within the mear		endar			
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If		mzem	4 9	+_	<del>  X</del>
10 Did any persons become substantial contributors during the tax year? If "Yes," attack	h a schedule listing their names and addresses	TMT	4 10	X	<u></u>

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE GREENSPUN CORPORATION  Telephone no. ► 702-2			
	Located at ► 2275 CORPORATE CIRCLE, STE 300, HENDERSON, NV ZIP+4 ►8	39074		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the		_	
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1	1	
	if the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)			
ı	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Ì
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	_ 1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here			1
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
;	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ŀ		
	before 2014? Yes X No	1		
	If "Yes," list the years			
ı	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b		ļ
(	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
_	<u> </u>	ŀ		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		ļ	
	b if "Yes," did it have excess business holdings in 2014 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			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3b		<del> </del> _
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	X

Part VII-B Statements Regarding Activities for Which I	-orm 4720 May Be	Requirea (contin	ued)		<del></del> _
5a During the year did the foundation pay or incur any amount to:	40.454.330		<b>□</b> ₩		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	er to carry on, directly or indir		es X No		
any voter registration drive?	2		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		L 10	ו טוו בבו א		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in Section		es 🗓 No		
4945(d)(4)(A)? (see instructions)	or advicational aurageae or		S LAL NU		-
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No		
the prevention of cruelty to children or animals?	dar tha avaontions described		S LAL NU		-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru		in negulations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h				<del>"</del>	+
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		uned	<i>-</i>		-
expenditure responsibility for the grant?			es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			- 1	
a personal benefit contract?	pay promisino on		es X No	-	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6Ь	x
If "Yes" to 6b. file Form 8870					+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No		ŀ
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	<u> </u>
Part VIII Information About Officers, Directors, Trust		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense int, other
	to position	enter -0-)	compensation	allo	wances
SEE STATEMENT 5		0.	0.		0.
SEE STATEMENT 3		<u> </u>	<u> </u>	<del></del>	
		-		-	
	i				
		<del></del>	<u> </u>	<u> </u>	
	1				
	1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	, enter "NONE."	<u>.</u>	ŀ	
( - ) Name and address of each ample as a set of the - 000 and	(b) Title, and average	( ) ( ) ( )	(d) Contributions to	(e)	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	int, other wances
NONE					
				1	
Total number of other employees paid over \$50,000			<b>&gt;</b>		0 PF (2014)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
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		
<del></del>		
<del></del>		
Total number of others receiving over \$50,000 for professional services	•	
Part IX-A Summary of Direct Charitable Activities		<u>_</u>
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 NONE		
		•
	_	0.
2		
	=	
3		
<u>,</u>	_	
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 NONE		
		0.
2		
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3	<b>•</b>	0.
Total Control	Fori	m <b>990-PF</b> (2014)

Form 990-PF (201	4) FAMILY FOUNDATION		27-0	14848 Page 8
Part X Mi	nimum Investment Return (All domestic for	undations must complete this part. Fore	ign foundations, see	instructions)
1 Fair market va	lue of assets not used (or held for use) directly in carrying	out charitable, etc., purposes:		
a Average mont	thly fair market value of securities		1a	0.
<b>b</b> Average of mo	onthly cash balances		1b	16,359.
c Fair market va	lue of all other assets		1c	
d Total (add line	es 1a, b, and c)		1d	16,359.
e Reduction clai	imed for blockage or other factors reported on lines 1a and			
1c (attach deta	ailed explanation)	_	0.	
2 Acquisition in	debtedness applicable to line 1 assets		2	0.
3 Subtract line 2	2 from line 1d		3	16,359.
4 Cash deemed	held for charitable activities. Enter 1 1/2% of line 3 (for gre	ater amount, see instructions)	4	245.
5 Net value of n	noncharitable-use assets. Subtract line 4 from line 3. Ente	r here and on Part V, line 4	5	16,114.
6 Minimum inv	estment return. Enter 5% of line 5		6	806.
	stributable Amount (see instructions) (Section in granizations check here and do not complete.		ations and certain	
1 Minimum inve	estment return from Part X, line 6		1 1	806.
	ment income for 2014 from Part VI, line 5	2a	-	
	r 2014. (This does not include the tax from Part VI.)	2b		
c Add lines 2a a	·		2c	0.
3 Distributable a	amount before adjustments. Subtract line 2c from line 1		3	806.
	amounts treated as qualifying distributions		4	0.
5 Add lines 3 an			5	806.
6 Deduction from	m distributable amount (see instructions)		6	0.
	amount as adjusted. Subtract line 6 from line 5. Enter here	and on Part XIII, line 1	7	806.
Dart VIII	ualifying Distributions (see instructions)		<u></u>	
•	(including administrative expenses) to accomplish charita	, ,, , , , , , , , , , , , , , , , , , ,		
	ntributions, gifts, etc total from Part I, column (d), line 26		1a	146,820.
•	red investments - total from Part IX-B		1b	0.
	to acquire assets used (or held for use) directly in carrying	out charitable, etc., purposes	2	
	aside for specific charitable projects that satisfy the:			
	t (prior IRS approval required)		3a	
	ion test (attach the required schedule)		3b	····
	stributions. Add lines 1a through 3b. Enter here and on Par	-	4	146,820.
	hat qualify under section 4940(e) for the reduced rate of ta	x on net investment		
	1% of Part I, line 27b		5	0.
	lifying distributions. Subtract line 5 from line 4		6	146,820.
	ount on line 6 will be used in Part V, column (b), in subseq ) reduction of tax in those years.	uent years when calculating whether the fou	ndation qualifies for the	section

Form **990-PF** (2014)

27-0544848

Part XIII Undistributed Income (see instructions)

<del></del>				
	(a)	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
4 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				806.
line 7  2 Undistributed income, if any, as of the end of 2014		-		
a Enter amount for 2013 only			0.	
b Total for prior years.				
b rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2014:				<del></del>
a From 2009				
b From 2010 898,856.				
c From 2011				
dFrom 2012 131,386.				
e From 2013 280,372.				
f Total of lines 3a through e	1,310,614.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ▶\$ 146,820.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<del>-</del> ·	
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				806.
e Remaining amount distributed out of corpus	146,014.			
5 Excess distributions carryover applied to 2014	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	1,456,628.			
b Prior years' undistributed income. Subtract	, , <u>,                                  </u>			· · · · · · · · · · · · · · · · · · ·
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 2013. Subtract line				"
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0		ı	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	1,456,628.			1
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9.	1,430,020.			<del></del> -
a Excess from 2010 898, 856.				
b Excess from 2011				
c Excess from 2012 131, 386.				
d Excess from 2013 280, 372.				
e Excess from 2014 146,014.				
42358 T 11-24-14	- · · · · · · · · · · · · · · · · · · ·		<del></del>	Form <b>990-PF</b> (2014)

FAMILY FOUNDATION 27-0544848 Form 990-PF (2014) 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 2014, 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(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2014 (b) 2013 (c) 2012 (d) 2011 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a 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 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 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).) SEE STATEMENT 6 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 Lui 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: SEE STATEMENT 7 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:

JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION 27-0544848 Form 990-PF (2014) Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year 501(C)(3) DONATIONS CASA OF LOS ANGELES 201 CENTRE PLAZA DRIVE, STE 1100 NONPROFIT ORG. MONTEREY PARK, CA 91754 500. CHOATE ROSEMARY HALL 501(C)(3) DONATIONS NONPROFIT ORG. 333 CHRISTIAN STREET WALLINGFORD, CT 06492 25,000. 501(C)(3) DONATIONS CONG NER TAMID NONPROFIT ORG. 55 NORTH VALLE VERDE DRIVE HENDERSON, NV 89074 5,000. KEEP MEMORY ALIVE 501(C)(3) DONATIONS NONPROFIT ORG. 888 W. BONNEVILLE AVE LAS VEGAS, NV 89106 3,900. 501(C)(3) DONATIONS LAST CHANCE FOR ANIMALS NONPROFIT ORG. 8033 SUNSET BLVD. #835 LOS ANGELES, CA 90046 5,000. SEE CONTINUATION SHEET(S) **▶** 3a 146 535. b Approved for future payment NONE

Form **990-PF** (2014)

**▶** 3b

Total

Part XVI-A	Analysis of In	come-Producing	Activities
------------	----------------	----------------	------------

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
2.110. groot amounts amount office who maid atou.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
_	- 0000				<del></del>
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
^	<del> </del>	· <del>- · - ·</del>	<del>                                     </del>		
d	<del>                                     </del>				
·	-				
4	<del> </del>		-		<u> </u>
- Free and a return to free a second and a second	<b> </b>			<u> </u>	<del></del>
g Fees and contracts from government agencies	<del>                                     </del>				
2 Membership dues and assessments	<del>                                     </del>			<u> </u>	
3 Interest on savings and temporary cash	1		14	9.	
investments	<del> </del>		14	9.	
4 Dividends and interest from securities			<b>}</b>		
5 Net rental income or (loss) from real estate:	<b>—</b>		_		
a Debt-financed property	<b> </b>	<del></del> .	ļ		
<b>b</b> Not debt-financed property	ļ	<del></del>	ļ		
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			l		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		·			
11 Other revenue:					
a					
b					
c			<u> </u>		
d			<u> </u>		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		9.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	9.
(See worksheet in line 13 instructions to verify calculations.)	·				
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	cemp	t Purposes	
line No.   Eyplain holow how each activity for which inco.		n column (a) of Part Y\/I_A	contril	outed importantly to the accor	
Line No. Explain below how each activity for which inco			COIIII	, ,	nplisnment of
the foundation's exempt purposes (other than					mplishment of
					nplisnment or
			COMIN		nplishment of
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					Form <b>990-PF</b> (2014)

Exempt Org	indirectly engage in any of the following with any other organizatio	n described in section 501(c) of		Yes	N
•	01(c)(3) organizations) or in section 527, relating to political organization	``,			H
•	oundation to a noncharitable exempt organization of:	Zaviono			
(1) Cash	on the control of the		1a(1)		:
(2) Other assets			1a(2)		
b Other transactions:					Т
(1) Sales of assets to a nonch	aritable exempt organization		15(1)		:
(2) Purchases of assets from	a noncharitable exempt organization		1b(2)		7
(3) Rental of facilities, equipm	nent, or other assets		1b(3)		
(4) Reimbursement arrangem	ents		1b(4)		
(5) Loans or loan guarantees			1b(5)		Ŀ
(6) Performance of services of	or membership or fundraising solicitations		1b(6)		
• • • • •	t, mailing lists, other assets, or paid employees		1c		
or services given by the report column (d) the value of the go			, show in		en
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valuiods, other assets, or services received.	e in any transaction or sharing arrangement,	, show in		en
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		ent
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		ent
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		ent
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		ent
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		ent
or services given by the report column (d) the value of the go	ing foundation. If the foundation received less than fair market valueds, other assets, or services received.  (c) Name of noncharitable exempt organization	e in any transaction or sharing arrangement,	, show in		en'

	in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?
b	If "Yes," complete the following schedule.

Yes _X_	l
---------	---

b	If "Yes," complete the following schedule.				
	(a) Name of organization	1	(b) Type of organization	 (c) Description of relationship	
	N/A	<u></u> . I			
					_

		<u></u>		
Sign Here	and belief, t is true, correct, and complete Decl	examined this return, including accompanying sche aration of preparer other than axpayer) is based of Date	n all information of which preparer has any k	
Paid	Print/Type preparer's name	Preparer's signature	Date Check self- em	if PTIN ployed

Paid	Print/Type preparer's name	Pr <b>ë</b> parer's signature	Date	Check if self- employed	PTIN
Preparer Use Only	Firm's name			Fırm's EIN ▶	
·	Firm's address			Phone no.	

Form **990-PF** (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.lrs.gov/form990">www.lrs.gov/form990</a>.

JEFFREY GALE & JANE GREENSPUN GALE

OMB No 1545-0047

**Employer identification number** 

2014

	FAMILY FOUNDATION	27-0544848			
Organization type (chec	k one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling iny one contributor. Complete Parts I and II See instructions for determining a contributor				
Special Rules					
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour EZ, line 1. Complete Parts I and II	or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization	n that is not covered by the General Rule and/or the Special Rules does not file Schedule &	3 (Form 990, 990-EZ, or 990-PF),			

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Name of organization

JEFFREY GALE & JANE GREENSPUN GALE
FAMILY FOUNDATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFREY GALE & JANE GREENSPUN GALE  2275 CORPORATE CIRCLE SUITE 300  HENDERSON, NV 89074	\$211,185.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash 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
	05-14		Person Payroll Noncash (Complete Part il for noncash contributions)  990, 990-EZ, or 990-PF) (2014)

Name of organization

JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

Employer identification number

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

ne ot orga	(Form 990, 990-EZ, or 990-PF) (2014)		Pa Employer identification number
_	Y GALE & JANE GREENSPUI	N GALE	
	FOUNDATION		27-0544848
art III	Exclusively religious, charitable, etc., contributer. Complete c completing Part III, enter the total of exclusively religious	ributions to organizations described in s olumns (a) through (e) and the following s. chantable, etc., contributions of \$1,000 or less	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year (Fater this into age) \$
	Use duplicate copies of Part III if additional		(End allo allo olivo)
) No. rom 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, ar	nd ZIP + 4	Relationship of transferor to transferee
i) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, ar	-	Relationship of transferor to transferee
-	Transferee's name, address, ar	-	Relationship of transferor to transferee
a) No. from Part I	Transferee's name, address, ar	-	Relationship of transferor to transferee  (d) Description of how gift is held
from		nd ZIP + 4	
from		nd ZIP + 4	
from		(c) Use of gift  (e) Transfer of gift	
from	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift  Transferee's name, address, as	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
a) No.	(b) Purpose of gift  Transferee's name, address, as	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee

## JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SIMON WIESENTHAL CENTER		501(C)(3)	DONATIONS	
1399 SOUTH ROXBURY DRIVE		NONPROFIT ORG.		[
LOS ANGELES, CA 90035		<u> </u>		10,00
			1	
KNPR		501(C)(3)	DONATIONS	
1289 S. TORREY PINES		NONPROFIT ORG.		
LAS VEGAS, NV 89146		<u> </u>		1,50
				1
SPRINGS PRESERVE		501(C)(3)	DONATIONS	
333 S. VALLEY VIEW BLVD		NONPROFIT ORG.		
LAS VEGAS, NV 89107	<del> </del>			24,92
PLANNED PARENTHOOD		501(C)(3)	DONATIONS	
3220 W. CHARLESTON BLVD		NONPROFIT ORG.		
LAS VEGAS, NV 89102				50
THE ANIMAL FOUNDATION		501(C)(3)	DONATIONS	
655 N. MOJAVE ROAD		NONPROFIT ORG.	DONATIONS	
LAS VEGAS, NV 89101				19,54
THE HUMANE SOCIETY OF THE US		501(C)(3)	DONATIONS	
2100 L STREET, NW		NONPROFIT ORG.		
WASHINGTON, DC 20037				34,52
				,
THE JEWISH FEDERATION OF LAS VEGAS		501(C)(3)	DONATIONS	
2317 RENAISSANCE DRIVE		NONPROFIT ORG.		
LAS VEGAS, NV 89119	<del> </del>			6,00
TUD ON THE CONTROL		E01/0\/3\	DONATIONS	
THE SMITH CENTER		501(C)(3) NONPROFIT ORG.	DONATIONS	
361 SYMPHONEY PARK AVENUE LAS VEGAS, NV 89106		HOMEROFII ORG.		5,00
	<u> </u>			3,00
VEGAS PBS		501(C)(3)	DONATIONS	
3050 E. FLAMINGO ROAD		NONPROFIT ORG.		
LAS VEGAS, NV 89121				1,00
UCLA FOUNDATION		501(C)(3)	DONATIONS	
10920 WILSHIRE BLVD		NONPROFIT ORG.		1
LOS ANGELES, CA 90024	<u> </u>	<u> </u>	<u>L</u>	75
Total from continuation sheets	· · · ·			107,13

#### JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

Recipient   Reci	· · · · -
WILD BURRO RESCUE AND PRESERVATION PROJECT P.O. BOX 10 DIANCHA, CA 93549  SUN VALLEY FILM FESTIVAL P.O. BOX 3471 SUN VALLEY, ID 83353  CHEFS FOR KIDS 8050 PARADISE ROAD #100 LAS VEGAS, NV 89123  NATHAN ADELSON HOSPICE 4141 SWENSON ST LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE 2150 ALLSTON WAY #460  NONPROFIT ORG.  S01(C)(3) DONATION NONPROFIT ORG.  S01(C)(3) DONATION NONPROFIT ORG.  S01(C)(3) DONATION NONPROFIT ORG.  S01(C)(3) DONATION NONPROFIT ORG.	
PROJECT P.O. BOX 10  PLANCHA, CA 93549  SUN VALLEY FILM FESTIVAL P.O. BOX 3471  SUN VALLEY, ID 83353  CHEFS FOR KIDS PARADISE ROAD #100 PLAS VEGAS, NV 89123  PARTHAN ADELSON HOSPICE PARADISE ROAD #100 PA	Amount
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DANCHA, CA 93549  SUN VALLEY FILM FESTIVAL  SOLO, BOX 3471  SUN VALLEY, ID 83353  SHEFS FOR KIDS  SOLO PARADISE ROAD #100  AS VEGAS, NV 89123  SASTHAN ADELSON HOSPICE  SAST VEGAS, NV 89119  SASTHAN ADELSON HOSPICE  SASTHAN ADELSON HOSPICE  SASTHAN ADELSON HOSPICE  SASTHAN ADELSON HOSPICE  SOLO(C)(3)  NONPROFIT ORG.	
DLANCHA, CA 93549  SUN VALLEY FILM FESTIVAL  P.O. BOX 3471  SUN VALLEY, ID 83353  CHEFS FOR KIDS  SOSO PARADISE ROAD #100  LAS VEGAS, NV 89123  MATHAN ADELSON HOSPICE  MASS VEGAS, NV 89119  SAS VEGAS, NV 89119  SARTH ISLAND INSTITUTE  SO1(C)(3)  DONATION  SOSO PARADISE ROAD #100  NONPROPIT ORG.  SOURCE	
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NONPROFIT ORG.  SUN VALLEY, ID 83353  CHEFS FOR KIDS  SO50 PARADISE ROAD #100  LAS VEGAS, NV 89123  NATHAN ADELSON HOSPICE  LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE  SO1(C)(3)  NONPROFIT ORG.  DONATION  MONPROFIT ORG.  501(C)(3)  NONPROFIT ORG.  501(C)(3)  NONPROFIT ORG.  DONATION  NONPROFIT ORG.	
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CHEFS FOR KIDS  501(C)(3)  NONPROPIT ORG.  NATHAN ADELSON HOSPICE  4141 SWENSON ST  LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE  501(C)(3)  DONATION  501(C)(3)  DONATION  501(C)(3)  DONATION  501(C)(3)  NONPROFIT ORG.	1,0
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NATHAN ADELSON HOSPICE  4141 SWENSON ST  LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE  501(C)(3)  501(C)(3)  FOR ADDRESS OF THE PROPERTY OF THE	
A141 SWENSON ST LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE 501(C)(3) DONATION NONPROFIT ORG.	2
A141 SWENSON ST LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE 501(C)(3) NONPROFIT ORG.  MONPROFIT ORG.	
LAS VEGAS, NV 89119  EARTH ISLAND INSTITUTE  501(C)(3) DONATION  NONPROFIT ORG.	
EARTH ISLAND INSTITUTE 501(C)(3) DONATION 2150 ALLSTON WAY #460 NONPROFIT ORG.	
2150 ALLSTON WAY #460 NONPROFIT ORG.	1,0
2150 ALLSTON WAY #460 NONPROFIT ORG.	
BERKELEY, CA 94704	
	2
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Total from continuation sheets	

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CAS	H INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NE	(B) T INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME		9.	9.	
TOTAL TO PART I, LINE 3		9.	9.	
FORM 990-PF	TAX	ES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
OTHER TAXES	135.		0.	135.
TO FORM 990-PF, PG 1, LN 18	135.		0.	135.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
BANK FEES PENALTIES	100. 50.		0.	100. 50.
TO FORM 990-PF, PG 1, LN 23	150.		0.	150.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 4
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

JEFFREY GALE & JANE GREENSPUN GALE 2275 CORPORATE CIRCLE SUITE 300

HENDERSON, NV 89074

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 5	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFFREY GALE 2275 CORPORATE CIRCLE SUITE 300 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
JANE GREENSPUN GALE 2275 CORPORATE CIRCLE SUITE 300 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
HARRISON GALE 2275 CORPORATE CIRCLE SUITE 300 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
ARIEL GREENSPUN GALE 2275 CORPORATE CIRCLE SUITE 300 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
JESSE GREENSPUN GALE 2275 CORPORATE CIRCLE SUITE 300 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

JEFFREY GALE JANE GREENSPUN GALE

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCREENING COMMITTEE, JANE GREENSPUN GALE SAME AS ON PAGE 1

TELEPHONE NUMBER

702-259-4023

FORM AND CONTENT OF APPLICATIONS

NO PRESCRIBED FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE NONPROFIT CORPORATION WAS ORGANIZED FOR THE PUBLIC BENEFIT SOLEY FOR GENERAL ELEEMOSYNARY PURPOSES, MORE SPECIFICALLY FOR THE PURPOSE OF DONATING FUNDS PRIMARILY TO OTHER ESTABLISHED 501(C)(3) ORGANIZATIONS WHICH BENEFIT EDUCATIONAL AND CHARTIBLE OPPORTUNITIES FOR THE ADVANCEMENT OF RELIGION, SCIENCE, AND THE ARTS.