## EXTENSION GRANTED TO 8/15/13

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

		0040								
-		2012 calendar year, or tax year beginning and endin								
В	Check if pplicable			D Employer identification number						
	_Addres	THE MARTY LYONS FOUNDATION INC								
	Name change	Doing Business As		13-3146696						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	/suite E							
	Termin	326 WEST 48TH STREET		212-	977-9474					
	Ameno		C	Gross receipts \$	986,774.					
	Application		H	(a) Is this a group re						
	pendin	F Name and address of principal officer:RICHARD MILLER		for affiliates?	Yes X No					
		SAME AS C ABOVE	-	(b) Are all affiliates inc						
1	ax-exe	empt status: X 501(c)(3)	527		list. (see instructions)					
		e: NWW.MARTYLYONSFOUNDATION.ORG		(c) Group exemptio						
					M State of legal domicile: NY					
	art I	Summary	, rear or	iormation. 1702 N	VI State of legal doffliche. IV I					
		Briefly describe the organization's mission or most significant activities: SPECIAL	WITS	HES TO CHI	נישבעו אידיים					
JCe		TERMINAL OR LIFE THREATENING ILLNESS	WID	IIID IO CIII	DDREW WITH					
nar	1 .	Check this box if the organization discontinued its operations or disposed of	f mara th	on OEO/ of its not as						
Governance										
g		Number of voting members of the governing body (Part VI, line 1a)			24					
		Number of independent voting members of the governing body (Part VI, line 1b)			24					
ţį		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			6					
Activities &	6	Total number of volunteers (estimate if necessary)		6	200					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	······	With the Committee of t	0.					
Revenue				Prior Year	Current Year					
	1	Contributions and grants (Part VIII, line 1h)	-	288,507.						
	1	Program service revenue (Part VIII, line 2g)		0.	0.					
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,461.	2,559.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		282,308.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		573,276.	627,484.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		201,574.	223,609.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		176,275.	217,116.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă.		Total fundraising expenses (Part IX, column (D), line 25)   63,550.								
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,737.						
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		498,586.	633,051.					
. 0	19	Revenue less expenses. Subtract line 18 from line 12		74,690.	-5,567.					
Net Assets or Fund Balances			Begin	ning of Current Year	End of Year					
sser	20	Total assets (Part X, line 16)		597,279.	605,308.					
et A	21	Total liabilities (Part X, line 26)		21,277.	32,617.					
N.C.	22	Net assets or fund balances. Subtract line 21 from line 20		576,002.	572,691.					
	art II	Signature Block			um register management production of the second					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	ts, and to the best of m	y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer tother than officer) is based on all information of which pre	eparer ha	is any knowledge.						
		Autor Miles		7-15-1	B					
Sig	n	Signature of officer		Daté						
Her	·e	RICHARD MILLER, PRESIDENT								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Dat	e Check	X PTIN					
Paid	i	GARY ADLER WW	1	√ (3 self-employ	P00087742					
Pre	parer	Firm's name BASS & LEMER LLP		Firm's EIN	13-1938264					
Use	Only	Firm's address 836 HEMPSTEAD AVENUE								
		WEST HEMPSTEAD, NY 11552		Phone no. 5	16-485-9600					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	4		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	· ru		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	_	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	27	
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	990 (2012) THE MARTY LYONS FOUNDATION INC 13-3146	090	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
	*		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
C		24c		
ام	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
192	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	10 E		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	E god 1911 years and the contract of the contr	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		ooa		27
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2Eh		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
50		00		v
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	0-		v
	and that is treated as a partificiship for rederal income tax purposes? If thes, complete scriedule in, Part VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

# Form 990 (2012) THE MARTY LYONS FOUNDATION INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		× =				
	(gambling) winnings to prize winners?	10	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-13	95 m				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-5.5						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X				
b		C.L						
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,,						
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		e de la companya della companya della companya de la companya della companya dell					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g	N/	A				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$							
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?  N/A	9a						
10	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:	9b		rālat s				
а								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders N/A 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)		436					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.	25						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-						
	organization is licensed to issue qualified health plans		115					
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

Form 990 (2012) THE MARTY LYONS FOUNDATION INC 13-3146696 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See i	nstructions.							
	Check if Schedule O contains a response to any question in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	4						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					2501.0				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	4		-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			n e				
	officer, director, trustee, or key employee?		•	2	X					
3										
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form S					X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X				
6	Did the organization have members or stockholders?			100		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
-	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ve			.						
	The governing body?		0.	8a	X					
	Each committee with authority to act on behalf of the governing body?				X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			. 00	- 22					
·				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	_								
	The second of th	ovoma	, couc.,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		140				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	J	11a	X	= c				
12a				12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				the state of the state of					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approve									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	X					
	Other officers or key employees of the organization				X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ite its r	participation	100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga									
	exempt status with respect to such arrangements?			. 16b						
Sec	tion C. Disclosure			. 100						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, NJ, FL, MA, G	A.S	C.CT.MD.T	TA. X	. NC	.PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					/				
	for public inspection. Indicate how you made these available. Check all that apply.	,-20	(-)(3)0 0111	, and	-(CIT)					
	X Own website Another's website X Upon request Other (explain	in Sci	nedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			and fina	ncial					
	statements available to the public during the tax year.		or policy,							
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organi	zation:	•					
	EDWARD L. DUPRE, TREASURER - (212) 977-9474			,						
	326 WEST 48TH STREET NEW YORK NY 10036									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	cition more erson i	than	h an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARTY LYONS CHAIRMAN	10.00	x		х				0.	0.	0.
(2) RICHARD A. MILLER PRESIDENT	10.00	Х		х				0.	0.	0.
(3) GUS MAIMIS DIRECTOR	2.00	х						0.	0.	0.
(4) ED DUPRE TREASURER	10.00	х	-	х				0.	0.	0.
(5) JOHN DEFRANZA SECRETARY	10.00	X		X		-		0.	0.	0.
(6) MARY ANN CANAPI EXECUTIVE DIRECTOR	40.00	x		х				98,365.	0.	16,479.
(7) KEN SCHROY VICE CHAIRMAN	10.00	Х		х				0.	0.	0.
(8) DEBORAH BROWN DIRECTOR	2.00	X						0.	0.	0.
(9) MARISA CANAPI DIRECTOR	2.00	х						0.	0.	0.
(10) MARIO CARACAPPA DIRECTOR	2.00	Х						0.	0.	0.
(11) WILLIAM CORBETT, JR DIRECTOR	2.00	х						0.	0.	0.
(12) L. MICHAEL DAVICINO DIRECTOR	2.00	Х						0.	0.	0.
(13) KEVIN GARVIN DIRECTOR	2.00	Х						0.	0.	0.
(14) DONALD GREGORY DIRECTOR	2.00	Х						0.	0.	0.
(15) NEAL GRIFFIN DIRECTOR	2.00	X						0.	0.	0.
(16) LOU IACUCCI DIRECTOR	2.00	Х						0.	0.	0.
(17) JAMES MAKAR DIRECTOR	2.00	х						0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Em	ριον	ees	, and	a HI	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	<b>(E)</b> Reportable compensation	Estima on amour		ount	100
	week (list any hours for related organizations	tee or director	Institutional trustee	a a a		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	comp fro	other pensa om the anizat d relate	e ion
	below line)	Individua	Institutio	Officer	Key employee	Highest (	Former				orga	ınizati	ons
(18) PETER MICHALEWICZ DIRECTOR	2.00	X						0.	(	0.			0.
(19) JOHN NITTI	2.00												
DIRECTOR	0.00	X	-					0.	(	0.			0.
(20) ERNEST VOMERO, MD	2.00	37						0					0
DIRECTOR (01) PULL ID LYONG	2.00	X						0.		0.			0.
(21) PHILIP LYONS DIRECTOR	2.00	X						0.	(	0.			0.
(22) RICHARD LYONS	2.00									-			0.
DIRECTOR		X						0.	(	0.			0.
(23) JAMES LYONS	2.00												
DIRECTOR		X						0.	(	0.			0.
(24) STEVE KUPERSCHMID DIRECTOR	2.00	x						0.		0.			0.
DIRECTOR		-								7.			
										-			
		1											
1b Sub-total						<b>&gt;</b>		98,365.	(	0.	1	6,4	79.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								98,365.		0.	1	6,4	79.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable				0
compensation from the organization												Yes	0 No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	Г		165	INO
line 1a? If "Yes," complete Schedule J for s										L	3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		3 1		= 0
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		al		
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	<u>e J 1</u>	or s	ucn	pers	son					5		X
Complete this table for your five highest co	mpensated in	depo	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	tion f	rom	
the organization. Report compensation for										31100	tion i	0111	
(A)								(B)			(C	;)	
Name and business	address	N	INC	3			-	Description of s	ervices	Со	mper	nsatio	n
	***************************************												
					Andrew de constant								
2 Total number of independent contractors (	including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than	7.			E -
\$100,000 of compensation from the organi	zation 🕨					0							

# Form 990 (2012) Part VIII THE MARTY LYONS FOUNDATION INC Statement of Revenue

		Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events  Related organizations  Government grants (contributi  All other contributions, gifts, grant similar amounts not included above	1b 1c 1d ons) 1e s, and re 1f 1a-1f: \$		324,172.			
Program Service ( Revenue	2 a b c d f	All other program service rever	nue	Business Code	324,172.			
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	dividends, inter	rest, and  proceeds	2,559.			2,559.
	6 a b c	Gross rents	(i) Real	(ii) Personal				
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 85,000 85,000	(ii) Other	0.			
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	of 1c). See &	555,568. 274,290.	281,278.			281,278.
	b	Gross income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gami	to the second sec	0.	19,475.			19,475.
	b	Gross sales of inventory, less rand allowances  Less: cost of goods sold  Net income or (loss) from sales	b of inventory	<b></b>				
	11 a b c			Business Code				
23200	12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.			627,484.	0.	0.	303,312.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	Check if Schedule O contains a respons	se to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	223,609.	223,609.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			- A	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				J
5	Compensation of current officers, directors,				
	trustees, and key employees	114,844.	114,844.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	69,362.	69,362.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,371.	19,371.		
10	Payroll taxes	13,539.	13,539.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	18,294.		18,294.	
С	Accounting	7,500.		7,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1	y	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	63,550.			63,550.
13	Office expenses	15,885.	15,885.		
14	Information technology	11,694.	5,847.	5,847.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,183.	2,865.	318.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,500.		2,500.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	26,456.	23,166.	3,290.	
b	INSURANCE	12,177.	12,177.		
С	TELEPHONE	11,910.	10,719.	1,191.	
d	DUES AND LICENSES	7,864.	7,078.	786.	7. 10.000
е	All other expenses	11,313.	9,161.	2,152.	
25	Total functional expenses. Add lines 1 through 24e	633,051.	527,623.	41,878.	63,550.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
232010	12-10-12				Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any guestion in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 29,901. 38,828. 1 1 Savings and temporary cash investments 2 415,175. 352,485. 2 3 Pledges and grants receivable, net ..... 1,200. 4,650. 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 22,168. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net ..... 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10,000. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ...... 10a 45,636. b Less: accumulated depreciation 10b 43,440, 4,696. 10c 2,196. Investments - publicly traded securities 11 30,867. 34,796. 11 Investments - other securities. See Part IV, line 11 12 115,440. 12 140,185. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 597,279. 605,308. Accounts payable and accrued expenses ..... 17 21,277. 32,617. 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third 25

complete lines 27 through 29, and lines 33 and 34.

27 Unrestricted net assets 576,002. 27 572,691.

28 Temporarily restricted net assets 28

29 Permanently restricted net assets 29

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Total liabilities. Add lines 17 through 25

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds
 Paid-in or capital surplus, or land, building, or equipment fund
 Retained earnings, endowment, accumulated income, or other funds
 Total net assets or fund balances

parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here 

X

and

.....

31 32 576,002. 33 597,279. 34 605,308.

30

25

26

,277.

32,617.

**Net Assets or Fund Balances** 

Schedule D

orm	990 (2012) THE MARTY LYONS FOUNDATION INC	13-314	6696	Pag	e 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
		1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7, <u>4</u> 3,0				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		2,2	56.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	57	2,6	91.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1,77					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		510°	al de			
2a			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		17 (18) 11 (18) 18 (18)		=			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	- "	will.	20 7			
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			na.				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Dell'	ugua uggās — — —			
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		20061 20061				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2012)			