`	_n 990-T	Exem	pt Organization B	lusiness Ir	come	Tax Return	(and proxy	v tax under section	6033(e))	OMB	No 1545-0887		
Forn			For calendar year 2012							2	201 2		
	irtment of the Treasury nai Revenue Service		ending	, 20				instructions.		Open to 501(c)(3)	Public Inspection for Organizations Only		
	Check box if		Name of organization (ox if nam	ne changed and se	e instruction	ns.)		loyer identif	ication number		
~ ~	address changed								(Empl	loyees' trust, e	ee instructions)		
B Ex	cempt under section		THE GEORGE	LUCAS EI	DUCAT	IONAL FOU	NDATIC	N	Ţ				
X	501(C)(3) Print Number, street, and room or suite no.				If a P O box, see instructions					68-0065687			
	or									nrelated business activity codes			
	408A 530(a)	·· ·· · · · · · · · · · · · · ·							(see II	nstructions)			
	529(a)		City or town, state, and	ZIP code	-				1				
C Bo	ook value of all assets		SAN RAFAEL,	CA 9491	12				5111	20			
at	end of year	F Gro	up exemption number	(see instruct	ions)	<u> </u>							
	1,778,694.		ck organization type				501(0	c) trust	401(a)	trust	Other trus		
H C			rimary unrelated busin										
			corporation a subsidia							>	Yes X N		
	•		identifying number of	•	_		,	oomong.cop.					
	he books are in care			uio paroni oo	porduo		Telenho	ne number > 4	15-66	2-1614			
			or Business Incor	ne		(A) Inco		(B) Exper			(C) Net		
	Gross receipts or s			T T	1	(-,		 		1	,		
b				c Balance ▶	1.			2	•		•		
2			ule A, line 7)	_	- 1			 . 	 -	 	·		
3	=		2 from line 1c		 		 _			+			
_	•		ttach Schedule D)					 	<u></u>	+			
4a		•	, , ,		-			 		+			
b	• , , ,	•	Part II, line 17) (attach F					 		+			
_ C			rusts		4c			 					
5			os and S corporations (att	•				<u> </u>		' 			
6		-						 		 			
7			come (Schedule E)		7			<u> </u>		 			
8			ies, and rents from		1 1			ŀ		1			
					8			.					
9			section 501(c)(7),		1 1			1		-			
	organization (Sche	edule G)	. <i></i>		9								
10	Exploited exempt	activity ir	ncome (Schedule I) .		10			<u> </u>		<u> </u>			
11	Advertising incom	e (Sched	ule J)		11					<u> </u>			
12	Other income (see	instruc	tions; attach statement)	12		,223.	ATCH 1	<u> </u>		1,009,223		
13			ough 12				,223.	<u> </u>			1,009,223		
Pa			Taken Elsewhere						xcept fo	or contrib	outions,		
	deduction	<u>must</u>	be directly conne	cted with t	he un	related busin	ess inco	ome)					
14	Compensation of	officers,	directors, and trustees	(Schedule K)					14		38,825		
15	Salaries and wage	3							15		22,819		
16	Repairs and maint	enance .							16		-		
17	Bad debts								17				
18 19 20 21 22	Interest (attach sta	tement)	<i></i>						. 18				
19	Taxes and licenses								19				
20	Charitable contrib	utions (s	ee instructions for limi	tation rules)							·		
21	Depreciation (atta	ch Form	4562) on Schedule A and els				21			:			
222	Less depreciation	claımed	on Schedule A and els	sewhere on h		FIVED 2	2a		22b	,]			
23	Depletion					LIVED -			23	+			
					O		βl		24	T —			
24	Contributions to de		•	. 1991 . M	OV. 2	0 2013	& ···		25				
24	Contributions to de Employee benefit	orograms					<u> </u>			 			
24 25	Employee benefit	orograms	Schedule I)										
24 25 26	Employee benefit	orograms	Schedule I)	100	JUE				1 27	1			
24 25 26 27	Excess exempt ext Excess readership	orograms enses (S costs (Sc	chedule I)	.[0(<u> GDE</u>	$N, UT_{\lambda_{m}}$. L TACUM	 ביאות 2	27		423 693		
24 25 26 27 28	Excess exempt exp Excess readership Other deductions	orograms enses (S costs (So (attach s	Schedule I)			AI	TACHW		28	-			
24 25 26 27 28 29	Excess exempt exp Excess readership Other deductions Total deductions.	orograms enses (S costs (So (attach s Add lines	chedule I)				 Т И СНМ		28 29		485,336		
24 25 26 27 28 29 30	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions. Unrelated busines	programs penses (Socosts (Social Social Soc	chedule I)	perating loss	deduc	tion. Subtract lin	TACHM e 29 from	ine 13	28 29 30		485,336		
24 25 26 27 28 29 30 31	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions. Unrelated busines Net operating loss	penses (S costs (So (attach si Add lines s taxable deduction	chedule I)	perating loss	deduc	tion. Subtract lin	TACHM 	line 13	28 29 30		485,336 523,887		
24 25 26 27 28 29 30 31	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions. Unrelated busines Net operating loss Unrelated busines	penses (S costs (So (attach si Add lines s taxable deductions s taxable	chedule I) chedule J) tatement) s 14 through 28 chincome before net of the amount (limited to the amount on come before speci	perating loss unt on line 30 fic deduction	deduction (Control of the Control of	tion. Subtract lin	TACHM e 29 from	line 13	28 29 30 31 32		485,336 523,887 523,887		
24 25 26 27 28 29 30 31 32 33	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions Unrelated busines Net operating loss Unrelated busines Specific deductions	penses (Socosts (Social Social Soc	chedule I) chedule J) tatement) s 14 through 28 chincome before net of the income before specifiy \$1,000, but see lin	perating loss unt on line 30 fic deduction ne 33 instruct	deduction Subtrations for	tion. Subtract line act line 31 from I	TACHM e 29 from line 30	line 13	28 29 30 31 32		485,336 523,887 523,887		
24 25 26 27 28 29 30 31	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions. Unrelated busines Net operating loss Unrelated busines Specific deduction Unrelated busines	enses (Socosts (Social Socosts (Socosts	chedule I) tatement) 14 through 28 income before net of the amore income before specifiy \$1,000, but see line income. Subtract line	perating loss unt on line 30 fic deduction ne 33 instruct e 33 from lin	deduction. Subtractions for	tion. Subtract line	TACHM e 29 from ine 30 ter than lin	iline 13	28 29 30 31 32 33		423,692 485,336 523,887 523,887		
24 25 26 27 28 29 30 31 32 33 34	Employee benefit Excess exempt exp Excess readership Other deductions Total deductions. Unrelated busines Net operating loss Unrelated busines Specific deduction Unrelated busines	programs penses (Socosts (Social Socosts (Socosts (Socost	chedule I) tatement) 1 14 through 28 income before net of the amore income before specifiy \$1,000, but see line income. Subtract lin line 32	perating loss unt on line 30 fic deduction ne 33 instruct e 33 from lin	deduction. Subtractions for	tion. Subtract line	TACHM e 29 from ine 30 ter than lin	iline 13	28 29 30 31 32 33		485,336 523,887 523,887		

Form **990-T** (2012) PAGE

Par	t III	Tax Computation					
35		izations taxable as corporations (see instructions for tax computation). Controlled gr	oun	A This			-
•	_	rs (sections 1561 and 1563) check here See instructions and:	·-	3 2			
		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	į.	£ 1			
_	(1) \$	(2) \$ (3) \$	1	3.4			
_			4				
D		rganization's share of: (1) Additional 5% tax (not more than \$11,750)					
		itional 3% tax (not more than \$100,000)	ı			177.	782.
		tax on the amount on line 34	• • •	36c			
36	Trusts			1			
		ount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	·		
37		ax (see instructions)	' ' ' <u> </u>	37			
38		tive minimum tax		38		177	782.
39		Add lines 37 and 38 to line 35c or 36, whichever applies	<u>···</u>	39		± , , ,	702.
	t IV		$\overline{}$	77			
40 a		tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a					
þ		redits (see instructions)	 :				
C		I business credit. Attach Form 3800 (see instructions) 40c	 ∤·	3 C)			
d		or prior year minimum tax (attach Form 8801 or 8827)	—	·&*,			
е		redits. Add lines 40a through 40d		40e		177	705
41	Subtrac	t line 40e from line 39	$\cdots \vdash$	41		<u> </u>	782.
42				42		177	700
43		x. Add lines 41 and 42		43		111,	782.
44 a		nts: A 2011 overpayment credited to 2012		13			
þ		stimated tax payments	7004				
C	Tax dep	osited with Form 8868	<u>}</u>				
d	_	organizations: Tax paid or withheld at source (see instructions)		**			
6	•	withholding (see instructions)	;	۳ <u>۳</u> ; ۱۸ }			
f		or small employer health insurance premiums (Attach Form 8941) 44f	 ,	法州			
9		redits and payments:	1.				
	F	orm 4136 Other Total ▶ 44g	<u> </u>	3."			450
45	-	ayments. Add lines 44a through 44g	~ 	45		190,	<u>170.</u>
46		ed tax penalty (see instructions). Check if Form 2220 is attached. ,	—–	46			
47		a. If line 45 is less than the total of lines 43 and 46, enter amount owed		47		10	200
48	Overpa	yment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	⋰⋛┝	48		12,	388.
49 Pari				49			
_		Statements Regarding Certain Activities and Other Information (see Instru- ime during the 2012 calendar year, did the organization have an interest in or a signature or other aut				T.,	
		(bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-	-				NO
		d Financial Accounts. If "Yes," enter the name of the foreign country here ▶	22. I, IN	sport or	roreign	,:	x
		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign			_	X
	_	see instructions for other forms the organization may have to file.	ioi eigi	lustr	• • • •	 	
		e amount of tax-exempt interest received or accrued during the tax year > \$				1.	, , , , , , , , , , , , , , , , , , ,
		A - Cost of Goods Sold. Enter method of inventory valuation ▶					<u> </u>
		ry at beginning of year . 1 6 Inventory at end of year	$\neg \tau$	6			
2	Purchas						
		abor	1	**			
		al section 263A costs Part I, line 2		7			
	(attach	statement)	(with		ect to	Yes	No
b	Other co	osts (attach statement). 4b property produced or acquired	-		apply	é.	
5		dd lines 1 through 4b . 5 to the organization?		•			х
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of	my knowle	edge and b	ellef, it	is true,
Sign	COLLEC	, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Mari	the Inc	discuss	th:-	mature.
Here	₃│ P _	11/12/13 PEXECUTIVE DIR.	with	the pro	eparer sh	nown i	
	Signa	ature of officer / C / Date Title	(\$88 1	nstructions))7 X Y	8	No
Doid		Printy Type Preparer's name Preparer's signature Date NOV 0 # 2013	Check	if	PTIN		
Paid Prep	3 707	TACE A. RESIRE	self-emp		P003	6919)1
	Only		Firm's E	IN 1	3-400	8324	
	y		Phone n	o 4	15-49	8-50	100
		SAN FRANCISCO, CA 94111			Form 9	90-T	(2012)

Form 990-T (2012) Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Prop	ertv	Leased W	ith Real Prope	erty)	Page 3		
(see instructions)										
1. Description of property	·									
(1)										
(2)	 .					-				
(3)										
(4)	2. Rent receiv	ved or accru	ed .		T					
(a) From personal property (if the for personal property is more the more than 50%)	percentage of rent nan 10% but not	(b) F percent	rom real and personal pro age of rent for personal pr r if the rent is based on pr	operty	exceeds			nnected with the income) (attach statement)		
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)			- <u></u> -					· · · · · · · · · · · · · · · · · · ·		
(3)										
(4)						_				
Total		Total				(b) Total deduct	ions.			
(c) Total income. Add totals of c here and on page 1, Part I, line 6				_		Enter here and of Part I, line 6, cold		>		
Schedule E - Unrelated D	ebt-Financed li	ncome (se	e instructions)							
			2. Gross income from		3. De			nnected with or allocable to ced property		
1. Description of del	bt-financed property		allocable to debt-finance	ced		line depreciation statement)	(b) Other deductions (attach statement)			
(1)								<u> </u>		
(2)										
(3)							<u> </u>			
(4)				_						
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	allocable to debt-financed debt-financed property			6. Column 4 divided by column 5				Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)			 	%			ļ			
(3)				%			ļ			
(4)	<u> </u>		<u> </u>	%	Catas basa	and on page 1	Entor h	ore and an nage 1		
Totals				•	Part I, line	and on page 1, 7, column (A).	Part I,	nere and on page 1, line 7, column (B).		
Total dividends-received deduct	ions included in co	lumn 8			<u> </u>	<u></u>	<u> </u>			
Schedule F - Interest, Ann	nuities, Royaltic					ons (see instri	uctions)			
1. Name of controlled	2. Employer		cempt Controlled Or	zations	5. Part of column 4 that is 6. Deduction					
organization	identification nui	mber 3	I. Net unrelated income (loss) (see instructions)	1	otal of specified lyments made	included in the o organization's gro	controlling	rolling connected with income		
(1)				-						
(2)				 		 		 		
(3) (4)				\vdash		 				
Nonexempt Controlled Organ	nizations			<u> </u>		L		<u> </u>		
7. Taxable Income	8. Net unrelated		9. Total of specific			rt of column 9 that is		1. Deductions directly		
(1)	(loss) (see instr	uctions)	payments made			ation's gross incom		column 10		
(2)										
(3)							_			
(4)										
					Enter I	columns 5 and 10 nere and on page 1, line 8, column (A)	En	dd columns 6 and 11 ter here and on page 1, art i, line 8, column (B)		
Totals				_ 1						
				• •						

Page 4

Schedule G - Investment li	ncome of a Sec	ction 501(c)(7), (9), ог (17) Orgai	nizati	on (see inst	ructions)	
1. Description of Income	2. Amount o	f income	Deductions directly connected (attach statement)				asides tatement)	Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)						7.5 5 7 8	11.57	Patrick and an age 1
Totals	Enter here and Part I, line 9, co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited Exc	empt Activity In	come, Othe	er Tha	n Advertising In	com	e (see instru	ctions)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	with of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cots 5 through 7	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)					<u></u>		·	
(3)					<u> </u>			
(4)	Enter here and on page 1, Part I, line 10, col. (A)	Enter here an page 1, Par line 10, col.	tl,			7	i i	Enter here and on page 1, Part II, line 26
Totals	Como /see instr	uotione)		· · · · · · · · · · · · · · · · · · ·				<u>. </u>
X			pooli	deted Besis				
Part I Income From Per	2, Gross	ted on a Co	IIISOIII	4. Advertising gain or (loss) (col				7. Excess readership costs (column 6
1. Name of periodical	advertising income	3. Direct advertising o		2 minus col. 3). If a gain, compute cols 5 through 7	5.	Circulation income	6. Readership costs	minus column 5, but not more than column 4).
(1)				4.4				1
(2)				NAME OF THE SAME O				
(3)								
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Per through 7 on a line		ted on a Se	parat	e Basis (For eac	ch pe	eriodical liste	ed in Part II, f	ill in columns 2
1. Name of periodical	2. Gross advertising income	3. Direct advertising o		4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5.	Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I								
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, inne 11, col (A).	Enter here and page 1, Par line 11, col (rt I			1. 3 ° 7. 3 ° 4. 4.		Enter here and on page 1, Part II, line 27
Schedule K - Compensatio	n of Officers. D	irectors. ar	nd Tru	I stees (see instru	ctions	3)	* A	<u></u>
1. Name				I. Title		3. Percent of time devoted to business		ensation attributable to related business
(1) ATCH 3					十		%	
(2)							%	
(3)							%	
(4)							%	
Total. Enter here and on page 1, P	art II, line 14, , , ,	<u> </u>		<u> </u>			>	38,825.

68-0065687

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

INTERNET ADVERTISING REVENUE

1,009,223.

PART I - LINE 12 - OTHER INCOME

1,009,223.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INTERNET ADVERTISING EXPENSES GENERAL EXPENSES

336,014. 87,678.

PART II - LINE 28 - OTHER DEDUCTIONS

423,692.

THE GEORGE LUCAS EDUCATIONAL FOUNDATION

68-0065687

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

BUSINESS

TITLE

PERCENT

COMPENSATION

CYNTHIA JOHANSON IRISH

P.O. BOX 3494

.

SAN RAFAEL, CA 94912

NAME AND ADDRESS

SECRETARY

14.028200

38,825.

TOTAL COMPENSATION

38,825.

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

nternal Revenue Service										
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box										
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).										
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.										
a corpora 8868 to i Return fo	ation require request an e or Transfers	ile). You can electronically file Form d to file Form 990-T), or an additional extension of time to file any of the f Associated With Certain Personal the details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which mu	ension of time. You ca with the exception of ust be sent to the II	an ele f Fori RS in	ectronica m 8870, ı paper	ally file Form Information format (see		
Part I	Automa	tic 3-Month Extension of Time	Only sub	mit original (no co	opies needed).					
A corpor Part I onl	ration requir	red to file Form 990-T and requests	sting an a	utomatic 6-month	extension—check thi			🕨 🗹		
	corporations ome tax retu		ps, reiviic	s, and trusts must	use ronni 7004 to req	063(aii exteii	sion or une		
to me mo	Ollie fax left	1113.			Enter filer's identifyin	a nun	nher see	instructions		
	Name of	exempt organization or other filer, see in	etructions		Employer identification	-				
Type or	i	, ,	Siluctions.		' '		•			
print		rge Lucas Educational Foundation street, and room or suite no. If a P.O. bo	v see instri	ıctione	Social security number	0656 (SSN				
File by the			, see 1/18ti (actions.	Social security Hulliber	(0014	,			
due date foi filing your		n or post office, state, and ZIP code. For	a foreign a	dress see instruction	<u> </u>					
return. See	1 .		a loreign ac	duress, see manuchen	.					
instructions	San Kara	el, CA 94912								
Enter the	Return code	e for the return that this application is	s for (file a	separate applicatior	n for each return) .			. 0 7		
Applica	tion		Return	Application				Return		
Is For			Code	Is For		Code				
	0 or Form 9	90-EZ	01	Form 990-T (corpo		07				
Form 99			02	Form 1041-A						
	20 (individua	al)	03	Form 4720						
Form 99		,	04	Form 5227				10		
		1(a) or 408(a) trust)	05	Form 6069				11		
		ner than above)	06	Form 8870		12				
	- / (7 0 00.0						
Telepho If the or If this is for the what list with	one No. > ganization of for a Group, of the names are equest an au	415.662.1614 does not have an office or place of but Return, enter the organization's four check this box ▶ □ . If it and EINs of all members the extension at the companion of the compa	usiness in t r digit Grou t is for part on is for. rporation r	up Exemption Numb	neck this box	▶ [me	. If th	ttach		
		ation's return for:	. 3		<u> </u>					
		year 20 12 or								
>	tax year	peginning	, 20	, and ending			, 20			
2 If t	the tax year	entered in line 1 is for less than 12 m	nonths, che	eck reason: 🗌 Initia	ıl return 🔲 Final ret	um				
		ccounting period								
		ion is for Form 990-BL, 990-PF, 990	-T, 4720, d	or 6069, enter the te	entative tax, less any					
		credits. See instructions.				3a	\$	178000		
		tion is for Form 990-PF, 990-T, 4								
		payments made. Include any prior ye				3b	\$	190170		
		Subtract line 3b from line 3a. Include			if required, by using		l			
		onic Federal Tax Payment System).				3c	\$	0		
Jaution. If	you are going	to make an electronic fund withdrawal	with this For	m 8868, see Form 845	3-EO and Form 8879-E0	D for p	payment i	nstructions.		