

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

De	epartme	ent of the Treasury	Mar.		Treated as a Pri	vate Foundati	on		20 10	
For calendar year 2010, or tax year beginning							satisty state r , and endir		06/30, 2011	
		eck all that apply		Initial return	Initial return of a former public charity			Final return		
_		wpp.)		Amended return		ess change		Name change		
Name of foundation					A Employer identific	cation number				
_		LER FAMILY E					15		3854939	
Ν	umbe	er and street (or P O t	ox nu	ımber ıf maıl ıs not delivere	d to street address)		Room/suit	e B Telephone number	(see page 10 of the instructions)	
F	O B	OX 9792						(97	0) 547-7137	
_		town, state, and ZIP	code				I	C If exemption applica	tion is	
	•							pending, check here D 1. Foreign organizat		
-		KENRIDGE, CO			- <u>-</u>			2 Foreign organiza	tions meeting the	
H	Che	eck type of organiz	ation	. X Section 501(c)(3) exempt private			85% test, check h computation	ere and attach	
Ţ				empt charitable trust	Other taxable			E If private foundation	n status was terminated	
J		r market value of a			unting method X	Cash [] Ac	crual	under section 507(b		
		rear (from Part II, co ► \$ 1,9			ther (specify) column (d) must be d	on cash basis			in a 60-month termination (1)(B), check here	
i			<u> </u>	and Expenses (The	, ,	1	·		(d) Disbursements	
		total of amounts in may not necessari	colur	nns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes	
_	1			of the instructions))	books		-		(cash basis only)	
	1	☐ If the		received (attach schedule) . Jation is not required to	30,000	14				
	2	Check ► attaci	h Sch	В	22		22.	22.	ATCH 1	
	3	=		porary cash investments om securities	36,553		36,553.	36,553.	ATCH 2	
	1			om securiles	,		-	·	111011 2	
	1	Net rental income or (I								
<u>.</u>		Net gain or (loss) from								
Revekúe	Ь	Gross sales price for a assets on line 6a		300,000.						
Rev	7	. •		(from Part IV, line 2).						
4	8		_	un						
_	9 10 a	Gross sales less return:	s							
2	Ь	and allowances · · · Less Cost of goods so	- 1							
כ		_		ach schedule)						
	11	Other income (attac	ch sch	hedule)				0.6 5.7.5		
ラ				<u>ah 11</u>	66,575)]	36,575.	36,575.		
3	13			rectors, trustees, etc		7 4				
Expenses (C)	14 15			and wages e benefits		+				
ens	16a	Legal fees (attach s					_			
š	ь	Accounting fees (a			989	0.	0.	989.	0	
				attach schedule)						
Ħ	17	Interest	سنسند							
nist St	18	Taxes (attach schedule	16	page 14 of the instructions)	443	3 -		443.		
Ξ	19	Depteciation (attec	h sch	edule) and depletion .		-				
ĕ	20	Occupancy Travel conferences	110	· 151· · · · · ·	·					
and	2 0	Printing and public	s; and ations	meegings	_					
Operating and Administrative	23	Other expenses (at								
ī	24			ministrative expenses.						
ğ	1	Add lines 13 through			1,432		0.	1,432.	0	
	25	Contributions, gifts	, gran	nts paid	90,000			1 400	90,000	
	26			ents. Add lines 24 and 25	91,432	•	0.	1,432.	90,000	
G 147	27	Subtract line 26 fro			-24,857	,]				
را) h			es and disbursements (If negative, enter -0-)			36,575.			
				negative, enter -0-).				35,143.		

Part	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
- art	Dalance Officets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing			
2	Savings and temporary	cash investments , , , ,	502,371.	127,514.	127,514.
3	Accounts receivable				
	Less allowance for dou	ıbtful accounts ▶			
4				-	
		ibtful accounts >			
5					-
6		officers, directors, trustees, and other			
		ach schedule) (see page 15 of the instructions)			
7		receivable (attach schedule)			
'		ibtful accounts			
, 8		se			
ssets		deferred charges		-	
SS	• •	•			T
		te government obligations (attach schedule).			
- 1		e stock (attach schedule)			
11	Investments - corporate Investments - land, building and equipment basis Less accumulated depreci				
140	(attach schedule)				
12	Investments - mortgage	loans ATCH 5	1,450,000.	1,800,000.	1,825,103.
13	Land, buildings, and equipment basis Less accumulated deprecia	ach schedule) ATCH 5	1,430,000.	1,000,000.	1,023,103
	(attach schedule)				
15	Other assets (describe	>)			
16		completed by all filers - see the	1 050 271	1 007 514	1 052 617
		page 1, item I)	1,952,371.	1,927,514.	1,952,617
17	Accounts payable and	accrued expenses			
18					
<u>8</u> 19					
Liabilities 20 21 22	Loans from officers, direct	ors, trustees, and other disqualified persons			
문 21		otes payable (attach schedule)			
그 22	Other liabilities (describ	e ▶)			
23	Total liabilities (add line	es 17 through 22)		0.	
		llow SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.			
8 24	Unrestricted				
	Temporarily restricted				
평 26	Permanently restricted				
Net Assets or Fund Balan	Foundations that do	not follow SFAS 117, nplete lines 27 through 31. ► X			
් 27		icipal, or current funds			
왕 28	Paid-in or capital surplus, o	or land, bldg , and equipment fund			
S 29	Retained earnings, accum	ulated income, endowment, or other funds	1,952,371.	1,927,514.	
₹ 30	Total net assets or	fund balances (see page 17 of the			
Š			1,952,371.	1,927,514.	
31		et assets/fund balances (see page 17			
		<u> </u>	1,952,371.	1,927,514.	
Part	II Analysis of Ch	anges in Net Assets or Fund			<u> </u>
		palances at beginning of year - Part		must agree with	
		d on prior year's return)			1,952,371
	er amount from Part I,	1 07			-24,857
		lad in line O (demine) s			
					1,927,514
	rimes 1, 2, and 3 creases not included in	line 2 (rtemize)			2,52.,511
		alances at end of year (line 4 minus	line 5) - Part II, column (h)		1,927,514
5 100	ar net assets of Tunu D	diamos at one or year time 4 millius	mio oj - r arcii, columii (b)	, 0	Form 990-PF (2010)

Li	(a) List and	d describe the kind(s) of property sold rick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation		(d) Date sold (mo , day, yr)
18				, B Bonagon		
	b					
_	<u> </u>					
_(d	<u>-</u>			1	
_	e				<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_8	a					
t	b					
_						
_	d			-		
	Complete only for spects	showing said in column (b) and awa	ad but he foundation = 42/24/60	—- -		
_	Complete only for assets	showing gain in column (h) and own			Gains (Col (h) g (k), but not less)	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	001	Losses (from co	
				-		.
_ <u>t</u>						
_	C			1		
_				 		.
_			If gain, also enter in Part I, line 7	 		
2	Capital gain net income or		If (loss), enter -0- in Part I, line 7	2		
3	If gain, also enter in Part I,	or (loss) as defined in sections 1 line 8, column (c) (see pages 13	3 and 17 of the instructions).			
F	Part V Qualification L	ine 8	educed Tax on Net Investment I	3		
w			butable amount of any year in the b	ase penc	od?	Yes X No
1	Enter the appropriate amo	ount in each column for each yea	ir, see page 18 of the instructions be	efore ma	king any entries	
	(a)	(b)	(c)		(d)	-4
	Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	L	Distribution r (col (b) divided by	
_	2009	110,000.	1,957,450.			0.056196
_	2008	15,000.	1,952,361.			0.007683
_	2007					
_	2006				 	
_	2005			 		-
2	Total of line 1, column (d)			2		0.063879
3	•	•	le the total on line 2 by 5, or by the ss than 5 years	3		0.021293
4	Enter the net value of non	charitable-use assets for 2010 fr	om Part X, line 5	4	1,	964,836.
5	Multiply line 4 by line 3 .			5		41,837.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		366.
7	Add lines 5 and 6			7		42,203.
8	Enter qualifying distribution If line 8 is equal to or green Part VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete t	8 that part	using a 1% ta	90,000. x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	66.
	here ► X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		3	66.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3	66.
6	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 284 .			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d	Backup withholding erroneously withheld		2	0.4
7	Total credits and payments Add lines 6a through 6d			84.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	-		82.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			02.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2011 estimated tax ► Refunded ► 11 t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	——
та		1a	res	No X
h	participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	ıa		
D	of the instructions for definition)?	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	- 10		
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
-	(1) On the foundation \$\Displays \ (2) On foundation managers \$\Displays \			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v	
	conflict with the state law remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	_7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	ınstructions) ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_		v
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATTACHMENT 6	_8b		<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	_		х
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	4.0		х
	names and addresses	10	<u> </u>	

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010)

3 b

4a

Х

Х

. . . . ▶ | Form **990-PF** (2010)

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

Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employ	rees,
3 Five hi	ghest-paid independent contractors for professional services (see page	23 of the instructions). If no	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			0
Total number	r of others receiving over \$50,000 for professional services		NONE
Part IX-A			
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year. Include relevant statistical in and other beneficianes served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A			
2			
3		-	
4			
		-	
Part IX-B	Summary of Program-Related Investments (see page 24 of the ins	tructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE			
	94.		0
2			
-			
All other prog	ram related investments. See page 24 of the instructions		
	ram-related investments. See page 24 of the instructions		
3 NONE			
Total Add I	nes 1 through 3	L	0

Form **990-PF** (2010)

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,804,021.
b	Average of monthly cash balances	1b	190,736.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	1,994,757.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_}	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,994,757.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	29,921.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,964,836.
6	Minimum investment return. Enter 5% of line 5	6	98,242.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (J)(5) profoundations and certain foreign organizations check here ▶ □ and do not complete this		
1	Minimum investment return from Part X, line 6	1	98,242.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)	7	
С	• • • •	7 2c	366.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	97,876.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	1 1	97,876.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	. 7	97,876.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	90,000.
b			0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the.		
a		3a	0.
b		01-	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	90,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	· -	
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	366.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,634.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co	· L	
	qualifies for the section 4940(e) reduction of tax in those years	alouading wile	the foundation

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				97,876.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only			70,136.	
b	Total for pnor years 20 08 ,20 07 ,20 06]		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006				
C	From 2007				
ď	From 2008				
е	From 2009 0 .				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$ 90,000.				
а	Applied to 2009, but not more than line 2a			70,136.	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				10.064
d	Applied to 2010 distributable amount	•			19,864.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	0.			0.
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	0.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	•		
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b 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				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions			+	
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011				78,012.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not		-		
	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2011.				
-	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2006				
b	Excess from 2007				
С	Excess from 2008				
d	Excess from 2009				
	Excess from 2010 0.				

Form **990-PF** (2010)

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	letermination letter tha	t it is a private oper	ating	
	foundation, and the rulin	g is effective for 2010, e	nter the date of the ruling		•	
b	Check box to indicate wh					(3) or 4942(j)(5)
	-	Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment		(5) 2000	(6) 2000	(4) 2001	
	return from Part X for each					
	year listed		_			
b	85% of line 2a		_			
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
ď	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		_			
	alternative test relied upon					
а	"Assets" alternative test - enter					
	 Value of all assets Value of assets qualifying 	-		 		
	under section					
	4942(j)(3)(B)(i)					
U	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"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		, ,			1.5
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					- 11.12 1
	port from an exempt					
	organization	-	· · · · -			
Pa		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
		during the year - se			ation nad \$5,000	or more in assets
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tota	al contributions receive	ed by the foundation
	before the close of any	y tax year (but only if th	ney have contributed i	more than \$5,000). (S	ee section 507(d)(2))	
	ATTACHMI	ENT 8				
	List any managers of		own 10% or more o	f the stock of a corn	oration (or an equally	large portion of the
D	ownership of a partner					large portion of the
	our increasing or a paration	ormp or ounor ornary) o	· willow the realisation	riad a revitor greater		
	N/A					
2	Information Regardin	a Contribution Grant	Gift Loan Scholars	nin etc. Programs:		
_	<u> </u>	-		• •		
	Check here ► A if t	ne foundation only i	makes contributions	to preselected chari	table organizations ai	nd does not accept
	organizations under ot				e 28 of the instruction	ns) to individuals or
		<u>-</u>				
а	The name, address, a	nd telephone number	of the person to whor	n applications should b	e addressed:	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
	n-n					
С	Any submission deadli	nes				
	Any restrictions or li	mitations on awards	such as hy googs	anhical areas charts	hle fields kinds of	nstitutions or other
u	factore	ations on awaius,	, Juon as by yeugh	aprilicai aleas, citatila	ibio ficida, Kiliua Ul I	notations, or other

Part XV Supplementary Information (continued)			
3 Grants'and Contributions Paid Duri	ng the Year or Appr		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 9				
Total			▶ 3a	90,000.
b Approved for future payment				
		İ		
		L		
Total	<u> </u>	<u> </u>	<u>▶</u> 3b	

art XVI-	A Analysis of Income-Produ	cing Activ	vities			
ter gross	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
Program	service revenue	Business code		Exclusion code		(See page 28 of the instructions)
a	<u> </u>					
		_				
_						
f						
g Fees a	and contracts from government agencies					
Members	ship dues and assessments					
	n savings and temporary cash investments			14	22.	
	s and interest from securities	_	<u> </u>	14	36,553.	
	al income or (loss) from real estate	_				
a Debt-	financed property	_				
	ebt-financed property					
	income or (loss) from personal property .					
	vestment income					
•	oss) from sales of assets other than inventory	_				
	me or (loss) from special events		<u> </u>			·
	ofit or (loss) from sales of inventory					
	/enue a			·		
				-		
						
						
e Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) leet in line 13 instructions on page 29	to verify calci	ulations)		<u></u>	
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e) leet in line 13 instructions on page 29	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36, 57
e Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad e worksh art XVI-I	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36,57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36, 57
Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcust to the Ac	ulations) complishment of E	xempt Purp	ooses e) of Part XVI-A contrib	36, 57!

Par	t XVII	Information Exempt Orga		ransfers To and Tr	ansaction	s and Relati	onships With	Noncl	narit	able
1	ın, sec organız	tion 501(c) of the C	ode (other than	engage in any of the for section 501(c)(3) organioncharitable exempt organiza	zations) or in				Yes	No
а								1a(1)		Х
								1 1		X
ь		ransactions						10(2)		
-			haritable exempt o	organization				16(1)		Х
				exempt organization						X
				ets						X
										X
										Х
				fundraising solicitations						X
С	Sharing	g of facilities, equipmei	nt, mailing lists, o	ther assets, or paid employee	s			1c		<u> </u>
d	If the	answer to any of	the above is "	Yes," complete the follow	wing schedule	e Column (b)	should always show	w the	faır ı	market
	value	of the goods, other	assets, or serv	rices given by the report	ing foundation	on If the found	dation received less	than	faır ı	market
	value		r sharing arran	gement, show in column	1					
(a) Li	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organization			ers, transactions, and sha	anng arrai	ngeme	ents
		N/A	ļ		N/A	Α				
		· · · · · · · · · · · · · · · · · · ·								
							.			
				· · · · · · · · · · · · · · · · · · ·						
				·						
				· · · · · · · · · · · · · · · · · · ·						
	describ	•	the Code (other t	ffiliated with, or related han section 501(c)(3)) or in			•	Ye	* [X No
	11 163	(a) Name of organizatio		(b) Type of organiz	ation		c) Description of relation	ship		
				, , , , , , , , , , , , , , , , , , , ,						
									·	
Sigr	belie	er penalties of perjury, I def, it is true, correct, and con	eclare that I have mplete Declaration	examined this return, including of preparer (other than taxpayer	or fiduciary) is b	schedules and state	ments, and to the best ion of which preparer ha	of my ki s any kno	nowledg	dge and ge
Her		Signature of officer or truste	ee		Date	→ → → → → → → → → →		-		
	`	Print/Type preparer's		Preparer's signature		Date		PTIN		
D-:-		The special series			,)		Check			
Paid		PATRICIA A MA	ARTIN	Atticia	. /harte	10/19/1	self-employed	P004	538	90
-	oarer			N & BROWN, P.C.		· ·	Firm's EIN ▶ 84-	0498	12	
Use	Only		0 S. CHER	RY STREET #716						
		DE	ENVER, CO			80246-2665	Phone no 303-6	591-9	606	
								Form 99	0-PF	(2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Internal Revenue Service Name of the organization Employer identification number KNELLER FAMILY FOUNDATION 26-3854939 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule | X | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1-	STEPHEN R & MARY LYNNE KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

- INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

22.	22.
22.	22.
22.	22.
Z	TOTAL
C CAPITAL MARKETS CORPORATION	
	22.

- DIVIDENDS AND INTEREST FROM SECURITIES

FORM 990PF, PART I

ADJUSTED NET INCOME	36,553.	36,553.
NET INVESTMENT INCOME	36,553.	36,553.
REVENUE AND EXPENSES PER BOOKS	36,553.	36,553.
		TOTAL
NO	RBC CAPITAL MARKETS CORPORATION	
DESCRIPTION	RBC CAPITA	

- ACCOUNTING FEES FORM 990PF, PART I

	REVENUE		
	AND	NET	ADJUS
	EXPENSES	INVESTMENT	NE
DESCRIPTION	PER BOOKS	INCOME	INC

ACCOUNTING FEES

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME	.686	.686
NET INVESTMENT INCOME		0
AND EXPENSES PER BOOKS	.686	.089
		TOTALS

0

PAGE 19

4

ATTACHMENT

- TAXES FORM 990PF, PART I REVENUE

AND EXPENSES PER BOOKS

ADJUSTED NET INCOME 443.

FEDERAL EXCISE TAX

DESCRIPTION

443.

443.

TOTALS

443.

FORM 990PF, PART II - OTHER INVESTMENTS

UT C/D 151,82 C/D 100,000. 99,12 100,000. 100,14 100,14 100,000. 1,825,10	DESCRIPTION FIRST SO BK SPARTANBURG SC C/D DISCOVER BK GREENWOOD DE C/D BANK AMER NA CHARLOTTE NC C/D PARAGON COML BK RALEIGH NC C/D GE MONEY BK SALT LAKE CITY C/D CITIZENS BK FLINT MI C/D ALLY BK MIDVALE UT C/D MIDFIRST BK OKLA CITY OK C/D BMW BK NORTH AMER SLC UT C/D CIT BK SALT LAKE CITY UT C/D MB FINL BK NA CHICAGO IL C/D ALMA BA ASTORIA NY C/D	ENDING BOOK VALUE 100,000. 100,000. 250,000. 200,000. 200,000. 100,000. 100,000. 100,000.	00 00 00 00 00 00 00 00 00 00 00 00 00
	ALLY BK MIDVALE UT C/D	150,000.	151,821.
	BMW BK NORTH AMER SLC UT C/D	100,000.	99,128.
	COMMERCE BK GENEVA MN C/D	100,000.	100,147.
	TOTALS	1,800,000.	1,825,103.

1861-01

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

CO DOES NOT REQUIRE FILING WITH THE STATE IF THE FOUNDATION DOES NOT RECEIVE CONTRIBUTIONS FROM MORE THAN 10 PERSONS DURING A FISCAL YEAR AND DOES NOT CONTRACT WITH PAID SOLICITORS.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	0.	o	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	·	0
COMPENSATION	0.	·o	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRPERSON AND PRESIDENT 2.00	SECRETARY/TREASURER 3.00	GRAND TOTALS
NAME AND ADDRESS	STEPHEN R KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	MARY LYNNE KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

STEPHEN R KNELLER MARY LYNNE KNELLER

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	1,000.	10,000.	2,000.	10,000.	10,000.	10,000.
PURPOSE OF GRANT OR CONTRIBUTION	RESEARCH	ADAPTIVE SKI PROGRAM	READING PROMOTION	COMMUNITY FOOD BANK	CAPITAL IMPROVEMENTS	BROADCAST PROGRAM SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE 501(C)(3)	NONE 501(C)(3)	NONE 501(C)(3)	NONE 501(D)	NONE 501(C)(3)	NONE 501(C)(3)
RECIPIENT NAME AND ADDRESS	NATIONAL MS SOCIETY, LONE STAR CHAPTER PO BOX 4125 HOUSTON, TX 77210	BRECKENRIDGE OUTDOOR EDUCATION CENTER PO BOX 697 BRECKENRIDGE, CO 80424	DUBOIS FREINDS OF THE LIBRARY PO BOX 1269 DUBOIS, WY 82513	ST. THOMAS' EPISCOPAL CHURCH PO BOX 735 DUBOIS, WY 82513	SUMMIT COUNTY LIBRARY FOUNDATION PO BOX 770 FRISCO, CO 80443	SUMMIT PUBLIC RADIO PO BOX 6392 BRECKENRIDGE, CO 80424

1861-01

V 10-8.1

11:52:49 AM

10/19/2011

25018Y 2713

26-3854939

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		٠
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WESTERN FREMONT COUNTY HUMANE SOCIETY PO BOX 1198 DUBOIS, WY 82513	NONE 501(C)(3)	SUPPORT OF HUMANE SOCIETY PROGRAMS	2,000.
THE COLORADO TRAIL FOUNDATION 710 10TH STREET #210 GOLDEN, CO 80401	NONE 501(C)(3)	COVER COSTS OF MAINTAINING TRAIL	2,000.
THE IRISH WOLFHOUND FOUNDATION, INC. 150 CREEK ROAD PHILLIPSBURG, NJ 08865	NONE 501(C)(3)	неалтн кезеаксн	10,000.
TETON SCIENCE SCHOOLS 700 COYOFE CANYON ROAD JACKSON, WY 83001	NONE 501(C)(3)	SUPPORT OF EDUCATIONAL PROGRAMS	1,000.
COLORADO STATE UNIVERSITY FOUNDATION 510 UNIVERSITY SERVICES CENTER 601 SOUTH HOWES STREET FORT COLLINS, CO 80523	NONE 501(C)(3)	FUNDING OF ANIMAL CANCER CENTER	20,000.
EDINBORO UNIVERSITY FOUNDATION 210 MEADVILLE STREET EDINBORO, PA 16444	NONE 501(C)(3)	FUNDING OF SCHOLARSHIPS/PROGRAMS FOR THE GEOSCIENCES DEPARTMENT	10,000.

1861-01

V 10-8.1

11:52:49 AM

25018Y 2713 10/19/2011

26-3854939

	l	ŀ
	l	ŀ
	l	
ź		ŀ
Ξ	١	ŀ
ы	l	
H	١	ŀ
ÿ	l	l
Z	١	I
2	١	
Ω	l	
Δ	١	ĺ
S	l	
ē	l	
5	١	
318	١	
Ę	l	
ပ္ပ	l	
9	l	
2	١	
SE	١	ŀ
- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		
Ü	l	l
		١
×	ŀ	I
PART XV		۱
á	ĺ	١
	ł	I
ORM 990PF.	ĺ	١
9	١	I
δ	۱	١
Ö	۱	۱

PURPOSE OF GRANT OR CONTRIBUTION PROVISION OF FAMILY SAFETY RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT 501(C)(3) NONE RECIPIENT NAME AND ADDRESS 3805 MARSHALL STREET #100 WHEAT RIDGE, CO 80033 FAMILY TREE, INC.

1,000. PROVISION OF HEALTH CARE TO LIMITED INCOME, UNINSURED PEOPLE OF SUMMIT COUNTY

> 501(C)(3) NONE

360 PEAK ONE DRIVE, SUITE 100 SUMMIT COMMUNITY CARE CLINIC

FRISCO, CO 80443 PO BOX 4337

1,000.

AMOUNT

ATTACHMENT 9 (CONT'D).

90,000. TOTAL CONTRIBUTIONS PAID

1861-01

V 10-8.1

11:52:49 AM

25018Y 2713 10/19/2011

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

F	NELLER FAMILY FOUNDATION				26-38549	39	
Note	: Form 5227 filers need to complete only Pa	arts I and II.			•		
Par	Short-Term Capital Gains and Lo	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other to		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a				<u>,</u>			
				-			
	-		<u> </u>				
_			'	- .			
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1 b	0.
2	Short-term capital gain or (loss) from Fore	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner	ships. S corpora	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover. Enter the	ne amount, if any	, from line 9 of	the 2009 Capital Loss	s		(
5	Carryover Worksheet Net short-term gain or (loss). Combine lin	nes 1a through 4	ın column (f).	Enter here and on lin	e 13,	4	, ,
Par	column (3) on the back		Mara Than O		<u></u>	5	0.
rai	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other to		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
	···						
	,						
b	Enter the long-term gain or (loss), if any, f	rom Schedule D-	1, line 6b			6b	0.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
0	Gain from Form 4797, Part I					10	
1	Long-term capital loss carryover Enter th Carryover Worksheet	e amount, if any	, from line 14 c	of the 2009 Capital Los	ss	11	()
2	Net long-term gain or (loss). Combine line column (3) on the back	es 6a through 11	ın column (f)	Enter here and on lin	ne 14a,	12	0.
D	appropriate Paduction Act Notice see the Instru		 	 			o D (Form 1041) 2010

Sche	dule D (Form 1041) 2010					Page 2
Pai	t III. Summary of Parts I and II		(1) Beneficiaries'	(2) Esta	ate's	/2) Total
	Caution: Read the instructions before completing this	part.	(see instr)	or trus	st's	(3) Total
13	Net short-term gain or (loss)	13				0.
14	Net long-term gain or (loss):					
	Total for year					0.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b				
	28% rate gain	14c				
	Total net gain or (loss). Combine lines 13 and 14a ▶					0.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foint V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	rm 990)-T, Part I, line 4a) If line	s 14a and 15	5, colu shoot	mn (2), are net gains, go
		alliv	and the Capital LOSS Cal	Tyover Work.	311001,	as necessary
	TIV Capital Loss Limitation		4 6 4 1 1			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F					,
a Note	The loss on line 15, column (3) or b \$3,000	o i im	ne 22 (or Form 990-T li	ne 34) is a l	16 hss c	complete the Capital Loss
Салу	rover Worksheet on page 7 of the instructions to figure your capital loss carryove	er, III.	16 22 (OF 1 OFFI 930-1, II	110 54), 13 a i		Omplete the Supriul 200
Pai	Tax Computation Using Maximum Capital Gains Rate	es				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu			nount is ent	tered	ın Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more					
	tion: Skip this part and complete the worksheet on page 8 of the instruc-	ctions	ıt:			
	ither line 14b, col (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar	e dair	ns. or qualified divide	ends are in	ıclud€	ed in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	_	•			
	er line 14b, col. (2) or line 14c, col (2) is more than zero		•	•		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17			
18	Enter the smaller of line 14a or 15 in column (2)	•				
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20. If zero or less, enter -0		22			
23	Subtract line 22 from line 17. If zero or less, enter -0		23			
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	Is the amount on line 23 equal to or more than the amount on line 24					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23					
26	Subtract line 25 from line 24		26			
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ne 22	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
	0. http://doi.org/10.07					
29	Subtract line 28 from line 27					
30	Multiply line 29 by 15% (.15)				30	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rat				24	
	(see the Schedule Ginstructions in the instructions for Form 1041).	· · ·	• • • • • • • • • •	}	31	
22	Add lines 20 and 21				22	
32	Add lines 30 and 31		adula for Estatos	od Tructo	32	-
33	(see the Schedule Ginstructions in the instructions for Form 1041).				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33				<u> </u>	
J7	G, line 1a (or Form 990-T, line 36)				34	
	9, mio 14 (011 0mi 000-1, mio 00/	<u></u>	<u> </u>			edule D (Form 1041) 2010
						, = =

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust KNELLER FAMILY FOUNDATION

Employer identification number 26-3854939

rt I Short-Term Capital Gains an					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
\$100,000 CITIZENS BK FLINT MI C/D	01/28/2010	09/07/2010	100,000.	100,000.	
HI C/D	01/20/2010	09/01/2010	100,000.	100,000.	
	1				
		_			
		-			
-					
		_			
					-
		-			

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2010

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II . Long-Term Capital Gains and Losses - Assets Held More Than One Year					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a \$100,000 BANK COMWLTH NORFOLK VA C/D	04/30/2009	11/08/2010	100,000.	100,000.	
\$100,000 FIRST BUSINESS BK MADISON WI C/D	04/30/2009	11/10/2010	100,000.	100,000.	
	_				
			-		
- 1,5			, -,		
			. ,,		
,					
-					
-					
					
					.
					
•					
					·
				_	
			····		
a					
6b Total. Combine the amounts in colum	n (f). Enter here a	nd on Schedule D,	ine 6b		0.