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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
The foundation may be able to use a copy of this return to satisfy state reportin

OMB No 1545-0052 2011

|  |   |   |              | 1110 10011000                      |            |              |                         | <del> </del> | io retain to su | usiy state ic    | 90:00            | grequirements  |  |               |
|--|---|---|--------------|------------------------------------|------------|--------------|-------------------------|--------------|-----------------|------------------|------------------|--|--|---------------|
| F  | or cal  | lendar year 2011 or   | tax          | year beginn                        | ing        |              |                         |              | , 2011          | , and endir      | ng               |  | , 20   |               |
|  | Name  | of foundation   |              |                                    |            |              |                         |              |                 |                  |                  | A Employer identi  | fication number                                  |               |
| THE SAMUEL GARY JR. FAMILY FOUNDATION  Number and street (or P O box number if mail is not delivered to street address)  |   |   |              |                                    |            |              |                         |              |                 | 26-230752        | 8                |  |  |               |
| Number and street (or P O box number if mail is not delivered  |   |   |              |                                    | ed to stre | eet add      | ress)                   |              | Room/su         | te               | B Telephone numb | er (see instructions)  |  |               |
|  |   |   |              |                                    |            |              |                         |              | (303) 831-4673  |                  |                  |  |  |               |
|  | 151   | 5 WYNKOOP ST.,  |              | SUITE 700                          | 1          |              |                         |              |                 |                  |                  | •  | •  |               |
| _  | $\overline{}$   | r town, state, and ZIP  |              |                                    | -          |              |                         |              | <del></del>     |                  |                  |  |  |               |
|  | •   | , ,   |              |                                    |            |              |                         |              |                 |                  |                  | C If exemption applica   | tion is  |               |
|  | DEN   | VER, CO 80202   |              |                                    |            |              |                         |              |                 |                  | l                | pending, check here  |  |               |
| _  |   | ck all that apply   |              | Initial retur                      | <br>n      |              | Ini                     | tal return   | of a former p   | ublic charit     |                  | _  |  |               |
| Ŭ  | 0110  | on all that apply   | _            | Final return                       |            | <del> </del> | _                       | nended re    | •               | ublic criarit    | <b>у</b>         | D 1 Foreign organiza   |  | لــــا        |
|  |   |   | $\vdash$     | Address ch                         | •          | -            | → ` ```                 | me chang     |                 |                  |                  | 2 Foreign organizations meeting the<br>85% test, check here and attach |  |               |
| _  | Cho   | ck type of organizati   |              |                                    |            | 2)/2) 2)     |                         |              |                 |                  |                  | computation .  |  |               |
| 7  |   | • • •   |              | X Secti                            |            |              |                         |              |                 |                  |                  | E If private foundation  | status was terminated                            | $\overline{}$ |
| Ť  |   | ection 4947(a)(1) none  |              |                                    |            |              |                         |              | vate foundat    |                  |                  | under section 507(b  | )(1)(A), check here                              | لــا          |
| 1  |   | market value of all a   |              |                                    |            | _            |                         | oq 📉 C       | asn Ac          | crual            |                  |  | n a 60-month termination                         |               |
|  |   | ear (from Part II, col<br>▶ \$  |              | , <i>une</i><br>111.               |            | ther (s      | pecity                  | )<br>        | n cash basis    | · <del>, -</del> |                  | under section 507(b  | )(1)(B), check here .                            |               |
|  |   |   |              |                                    |            |              | 11 (u) 1                | nust be o    | T Casii Dasis   | <del>/</del>     |                  | <del> </del>   | 1 (0.0 -)  | <del></del>   |
| Li   | all   | Analysis of Rever<br>total of amounts in co<br>may not necessarily<br>column (a) (see instr | olum<br>equa | ins (b), (c), an<br>al the amounts | d (d)      | [ (a)        | Rever<br>xpense<br>bool |              | (b) Net inv     |                  | (6               | c) Adjusted net income   | for charitable purposes (cash basis onli         |               |
| _  | 1   | Contributions, gifts, grants e  |              |                                    | edule) .   |              | 1                       | 50,000       |                 |                  |                  |  |  |               |
|  | 2   | if the fo   | unda         | ation is not requ                  | ured to    |              |                         |              |                 |                  |                  | <del></del>  | <del> </del>                                     |               |
|  | 3   | Interest on savings and to  |              |                                    |            |              |                         | 64           |                 | 64.              |                  |  | ATCH 1   |               |
|  | 4   | Dividends and interes   |              | •                                  |            |              |                         |              |                 |                  |                  |  | 111011 1   |               |
|  | 5 a   | Gross rents   |              |                                    |            |              |                         |              |                 |                  |                  | <del></del>  |  |               |
|  | l   | Net rental income or (los   |              |                                    |            |              |                         |              |                 |                  |                  | · · · · · · · · · · · · · · · · · · ·                                  |  |               |
| •  | l   |   |              |                                    |            |              | Г                       | DE           | CEIVE           | 7                |                  |  |  |               |
| Revenue  | 6 a Net gain or (loss) from sale of assets not on lin b Gross sales price for all assets on line 6a |   | 110 10       |                                    |            | - RE         |                         | <del></del>  |                 |                  |                  |  |  |               |
| eve  | 7   | Capital gain net incom  | e (fi        | rom Part IV, Iu                    | ne 2) .    |              | 15                      |              | 0 0 201         | 2 01             |                  |  |  |               |
| œ  | 8   | Net short-term capital  | •            |                                    | , -        |              | 16                      | 81 AUG       | 0 6 201         | ر ان             |                  |  |  |               |
|  | 9   | Income modifications  |              |                                    |            |              | 7                       | _            |                 | K                |                  |  | 1  |               |
|  | 10 a  | Gross sales less returns and allowances · · ·   |              |                                    |            |              |                         | ~~           | DENI            | T                |                  |  |  |               |
|  | ь   | Less Cost of goods sold   |              |                                    |            |              |                         | UC           | DEN, C          |                  |                  |  |  |               |
|  | ł   | Gross profit or (loss) (  | -            | ch schedule)                       |            |              |                         |              |                 |                  |                  |  |  |               |
|  | 11  | Other income (attach  |              |                                    |            |              |                         |              |                 |                  |                  |  |  |               |
|  | 12  | Total Add lines 1 thro  |              |                                    |            |              | 1.                      | 50,064.      |                 | 64.              |                  |  |  |               |
| _  | 13  | Compensation of officers  |              |                                    |            |              |                         | (            | )               |                  |                  |  | 1  |               |
|  | 14  | Other employee salar  |              |                                    |            |              |                         |              |                 |                  |                  |  | 1 -  |               |
| Ś  | 15  | Pension plans, emplo  |              |                                    |            |              |                         |              | -               | _                |                  |  |  |               |
|  |   | Legal fees (attach sch  |              |                                    |            | <del></del>  |                         |              | <u> </u>        |                  |                  |  |  |               |
| g.   |   | Accounting fees (attack   |              |                                    |            |              |                         | 1,000.       | <del></del>     |                  |                  | <del></del>  | <del>                                     </del> |               |
| ű  |   | Other professional fee  |              |                                    |            | <u> </u>     |                         | ·            | <b></b>         |                  |                  |  |  |               |
| <u>Š</u>   | 17  | Interest  |              |                                    |            |              |                         |              |                 | _                |                  |  |  |               |
| trat   | 18  | Taxes (attach schedule)   |              |                                    |            |              |                         | _            | <del> </del>    |                  |                  |  | <del> </del>                                     |               |
| ist  | ĺ   | · ·   |              |                                    |            | <u> </u>     |                         |              |                 |                  |                  |  | <del> </del> -                                   |               |
| Ē  | 19  | Depreciation (attach s  |              |                                    |            | <del></del>  |                         |              |                 |                  |                  |  | <del> </del>                                     |               |
| 16 a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) ATCH 2 24 Total operating and administrative expenses Add lines 13 through 23 |   |   | <del></del>  |                                    |            | <del> </del> |                         |              |                 | <del> </del>     |                  |  |  |               |
|  |   |   | <b></b>      |                                    |            |              | -                       |              | <del>'</del>    |                  |                  |  |  |               |
| g  | 22  | Other expenses (attac   |              |                                    |            |              |                         | 2,400.       |                 |                  |                  |  | -  |               |
| Ē  | 23  | • •   |              | ,                                  |            |              |                         | 2,400.       |                 |                  |                  |  | <del> </del>                                     |               |
| era  | 24  | Total operating and a   |              | -                                  |            |              |                         | 3,400.       |                 |                  |                  |  |  |               |
| g  |   | Add lines 13 through 2  |              |                                    |            | <u> </u>     | 2                       | 41,600.      |                 |                  |                  |  | 241  |               |
| -  | 25  | Contributions, gifts, gr  |              |                                    |            | <u></u>      |                         |              | -               |                  |                  | <del></del>  | 241,   |               |
| _  | 26  | Total expenses and disbur   |              |                                    | and 25     |              |                         | 45,000.      |                 |                  |                  | <u>-</u>   | 241,   | 600           |
|  | 27  | Subtract line 26 from   |              |                                    |            |              |                         | 04 00 0      |                 |                  |                  |  |  |               |
|  | l .   | Excess of revenue over ex   |              |                                    |            | <u> </u>     |                         | 94,936.      | ļ               |                  |                  |  | <del> </del>                                     |               |
|  | l .   | Net investment incor  |              | . •                                | ,          |              |                         |              |                 | 64.              |                  |  |  |               |
|  |   | Adjusted not income   | /if r        | negativo ente                      | ٠ ٨ ١      | I            |                         |              | I .             |                  |                  |  | 1  |               |

Form 990-PF (2011)

|             |                      | Attached schedules and amounts in the  | Beginning of year           | End o                                  | of year               |
|-------------|----------------------|--|-----------------------------|--|-----------------------|
| Li          | art II               | Balance Sheets description column should be for end-of-year amounts only (See instructions)  | (a) Book Value              | (b) Book Value                         | (c) Fair Market Value |
|             | 1                    | Cash - non-interest-bearing  | <del></del>                 | 15,111.                                |                       |
|             | 2                    | Savings and temporary cash investments   |                             |  | 10/111                |
|             | 1                    | Accounts receivable  |                             |  |                       |
|             | -                    | Less allowance for doubtful accounts   |                             |  |                       |
|             | 4                    |  |                             |  |                       |
|             | •                    | Pledges receivable ▶  Less allowance for doubtful accounts ▶   |                             |  |                       |
|             | 5                    |  |                             |  |                       |
|             | *                    | Grants receivable  |                             |  |                       |
|             | 6                    | Receivables due from officers, directors, trustees, and other  |                             |  |                       |
|             | l _                  | disqualified persons (attach schedule) (see instructions)  |                             |  |                       |
|             | 7                    | Other notes and loans receivable (attach schedule)   |                             | -                                      |                       |
|             |                      | Less allowance for doubtful accounts   |                             |  |                       |
| ţ           | 8                    | Inventories for sale or use  |                             |  |                       |
| ssets       | 9                    | Prepaid expenses and deferred charges  |                             |  |                       |
| Ä           | 10 a                 | Investments - U S $$ and state government obligations (attach schedule)  |                             |  |                       |
|             |                      | Investments - corporate stock (attach schedule)  |                             |  | <u> </u>              |
|             | 11 C                 | Investments - corporate bonds (attach schedule)  |                             |  |                       |
|             | ' '                  | Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)   |                             |  |                       |
|             | 12                   | Investments - mortgage loans   |                             |  |                       |
|             | 13                   | Investments - other (attach schedule)  |                             |  |                       |
|             | 14                   | Land, buildings, and   |                             |  |                       |
|             |                      | equipment basis Less accumulated depreciation (attach schedule)  | ,                           | ************************************** | -                     |
|             | 15                   | Other assets (describe   |                             |  |                       |
|             | 16                   | Total assets (to be completed by all filers - see the  |                             |  |                       |
|             |                      | instructions Also, see page 1, item I)   |                             | 15,111.                                | 15,111.               |
| _           | 17                   | Accounts payable and accrued expenses  |                             | 20,211.                                | 13/111                |
|             | 18                   |  |                             |  |                       |
| s           | 1                    | Grants payable   |                             | <del></del>                            |                       |
| Liabilities | 20                   | Loans from officers, directors, trustees, and other disqualified persons   |                             |  |                       |
| Ē           | 21                   | Mortgages and other notes payable (attach schedule)  |                             |  |                       |
| Ë           | 22                   | Other liabilities (describe  |                             |  |                       |
|             | 22                   | Other liabilities (describe  |                             | <del></del>                            |                       |
|             | 23                   | Total liabilities (add lines 17 through 22)  | o                           |  |                       |
| _           | 23                   |  | <u> </u>                    |  |                       |
|             |                      | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.   |                             |  |                       |
| /۵          |                      | · -  |                             |  |                       |
| ances       | 24                   | Unrestricted   |                             |  |                       |
| lan         | 25                   | Temporarily restricted   |                             |  |                       |
| or Fund Bal | 26                   | Permanently restricted   |                             |  |                       |
| p           |                      | Foundations that do not follow SFAS 117,   |                             |  |                       |
| 3           |                      | check here and complete lines 27 through 31. $\blacktriangleright X$   |                             |  |                       |
| ō           | 27                   | Capital stock, trust principal, or current funds   |                             |  |                       |
| ets         | 28<br>29<br>30<br>31 | Paid-in or capital surplus, or land, bldg , and equipment fund   |                             | ·                                      |                       |
| SS          | 29                   | Retained earnings, accumulated income, endowment, or other funds   | 110,047.                    | 15,111.                                |                       |
| Ă           | 30                   | Total net assets or fund balances (see instructions)   | 110,047.                    | 15,111.                                |                       |
| ž           | 31                   | Total liabilities and net assets/fund balances (see  |                             |  |                       |
| _           |                      | instructions)  | 110,047.                    | 15,111.                                |                       |
| P           | art II               | Analysis of Changes in Net Assets or Fund  | Balances                    |  |                       |
| 1           |                      | net assets or fund balances at beginning of year - Part  | II, column (a), line 30 (   | must agree with                        |                       |
|             |                      |  |                             | · · ·                                  | 110,047.              |
| 2           |                      | amount from Part I, line 27a   |                             |  | -94,936.              |
|             |                      | r increases not included in line 2 (itemize)   |                             |  |                       |
| 4           | Add I                | ines 1, 2, and 3   |                             |  | 15,111.               |
|             |                      |  |                             | 5                                      |                       |
|             |                      | net assets or fund balances at end of year (line 4 minus line  | e 5) - Part II. column (b). |  | 15,111.               |
| _           |                      | The second of th | , , colainii (b), i         |  |                       |

| P | aa | e | 3 |
|---|----|---|---|
|   |    |   |   |

|                             | d describe the kind(s) of property sold (e rick warehouse, or common stock, 200 s  | <del>-</del> ·  | (b) How acquired P-Purchase D-Donation           | (c) Date<br>acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr )   |
|-----------------------------|--|---|--|---|--|
|                             |  |   |  |   |  |
| b                           |  |   |  |   |  |
| С                           |  |   |  |   |  |
| d                           |  |   |  |   |  |
| е                           |  |   |  |   | <u> </u>   |
| (e) Gross sales price       | (f) Depreciation allowed (or allowable)  | (g) Cost or other basis<br>plus expense of sale   |  | (h) Gain or (lo<br>(e) plus (f) mini    |  |
| <u>a</u>                    | <u> </u>   |   | -  | <del></del> -                           |  |
| <u>b</u>                    |  |   | <del> </del>                                     |   |  |
| d .                         |  | <del> </del>  | <del> </del>                                     | <del></del>                             |  |
| e                           | <del></del>  | <del> </del>  | <del>                                     </del> |   |  |
|                             | showing gain in column (h) and owned b   | by the foundation on 12/31/69   |  | O + (O - 1 / h) -                       |  |
| (i) F M V as of 12/31/69    | (j) Adjusted basis   | (k) Excess of col (i)   |  | Gains (Col (h) g<br>(k), but not less t | han -0-) <b>or</b>   |
| (1) 1 WI V as 01 12/3 1/09  | as of 12/31/69   | over col (j), if any  |  | Losses (from co                         | ol (h))<br>  |
| <u>a</u>                    | <u> </u>   |   | <del></del>                                      |   |  |
| <u>b</u> _                  |  |   | <del> </del>                                     |   |  |
| <u>c</u>                    |  |   | <del> </del>                                     |   |  |
| <u>d</u>                    |  | <del>                                     </del>  | <del> </del>                                     |   | <del></del>  |
| <u>e</u> _                  |  | grup also enter in Bort Lline 7   | + -  |   |  |
| Capital gain net income or  | (net capital loss)   | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7  | 2  |   |  |
| Net short-term capital gain | or (loss) as defined in sections 122   |   | \ <del></del>                                    |   | <del></del>  |
|                             |  | tructions) If (loss), enter -0- in  |  |   |  |
| it dain also enter in Pa    |  |   |  |   |  |
| _                           |  |   | [ 2  |   |  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s   | uced Tax on Net Investment I  |  | )                                       |  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank he section 4942 tax on the distribute   | uced Tax on Net Investment II section 4940(a) tax on net investment able amount of any year in the base   | nt income  | )                                       | Yes X N  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribute to the qualify under section 4940(e).  | uced Tax on Net Investment Insection 4940(a) tax on net investment able amount of any year in the base o not complete this part   | nt income  |   | Yes X N  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e) Do to the section of the sec | uced Tax on Net Investment Intection 4940(a) tax on net investment able amount of any year in the base o not complete this part see the instructions before making a  | nt income  | (d)                                     | Yes X N  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribute to the qualify under section 4940(e).  | uced Tax on Net Investment Insection 4940(a) tax on net investment able amount of any year in the base o not complete this part   | nt income  | (d) Distribution re                     | itio   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank  the section 4942 tax on the distribution qualify under section 4940(e) Do bunt in each column for each year, so (b)  Adjusted qualifying distributions   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets   | nt income  | (d)                                     | itio   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do nunt in each column for each year, section 4940(e).  (b)  Adjusted qualifying distributions.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets   | nt income  | (d) Distribution re                     | atio<br>col (c))<br>0.762128   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do nunt in each column for each year, so Adjusted qualifying distributions 121,000.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets   | nt income  | (d) Distribution re (col (b) divided by | o.762128<br>3.831906   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do nunt in each column for each year, section 4940(e).  (b)  Adjusted qualifying distributions.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766. 21,595.   | nt income  | (d) Distribution re (col (b) divided by | atio<br>col (c))<br>0.762128   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do nunt in each column for each year, so Adjusted qualifying distributions 121,000.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766. 21,595.   | nt income  | (d) Distribution re (col (b) divided by | o.762128<br>3.831906   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do nunt in each column for each year, so Adjusted qualifying distributions 121,000.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766. 21,595.   | nt income  | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do punt in each column for each year, so (b)  Adjusted qualifying distributions  121,000. 82,750. 29,750.   | able amount of any year in the base o not complete this part see the instructions before making a (c) Net value of nonchantable-use assets  158,766. 21,595. 576.   | nt income e period? ny entries                   | (d) Distribution ra (col (b) divided by | o.762128<br>3.831906   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distribution qualify under section 4940(e). Do punt in each column for each year, so (b)  Adjusted qualifying distributions  121,000. 82,750. 29,750.   | able amount of any year in the base o not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766.  21,595.  576.  | nt income e period? ny entries                   | (d) Distribution ra (col (b) divided by | 0.762128<br>3.831906<br>51.649306  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank the section 4942 tax on the distributed qualify under section 4940(e). Do the found in each column for each year, so (b)  Adjusted qualifying distributions  121,000. 82,750. 29,750.   | able amount of any year in the base o not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576.  | period?  | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>51.649306  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distribute not qualify under section 4940(e) De punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.  | able amount of any year in the base on not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576.   | period? ny entries                               | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>51.649306  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distributation qualify under section 4940(e). Do punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.   | able amount of any year in the base on not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576.   | period?  | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>51.649306  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distribute tot qualify under section 4940(e) De punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.  for the 5-year base period - divide the dation has been in existence if less to   | able amount of any year in the base on not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576.   | period? ny entries                               | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>01.649306<br>01.649306<br>01.8.747780<br>38,782. |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distribute tot qualify under section 4940(e) De punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.  for the 5-year base period - divide the dation has been in existence if less to   | able amount of any year in the base on not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576.   | period? ny entries                               | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>51.649306  |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distribute tot qualify under section 4940(e) De punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.  for the 5-year base period - divide the dation has been in existence if less to   | able amount of any year in the base on not complete this part see the instructions before making a (c) Net value of nonchantable-use assets 158,766. 21,595. 576. he total on line 2 by 5, or by the than 5 years   | period? ny entries                               | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>01.649306<br>01.649306<br>01.8.747780<br>38,782. |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the s eave this part blank the section 4942 tax on the distribute tot qualify under section 4940(e). Do punt in each column for each year, s  (b) Adjusted qualifying distributions  121,000. 82,750. 29,750.  for the 5-year base period - divide the dation has been in existence if less to charitable-use assets for 2011 from the income (1% of Part I, line 27b).   | uced Tax on Net Investment Insection 4940(a) tax on net investment able amount of any year in the base of not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766.  21,595.  576.  he total on line 2 by 5, or by the than 5 years  Part X, line 5 | period? ny entries 2 3 4 5                       | (d) Distribution re (col (b) divided by | 0.762128<br>3.831906<br>51.649306<br>56.243340<br>18.747780<br>38,782.   |
| Part I, line 8              | Jnder Section 4940(e) for Red private foundations subject to the seave this part blank  the section 4942 tax on the distributed to qualify under section 4940(e). Do to the found in each column for each year, so (b)  Adjusted qualifying distributions  121,000. 82,750. 29,750.  for the 5-year base period - divide the dation has been in existence if less to charitable-use assets for 2011 from   | uced Tax on Net Investment Insection 4940(a) tax on net investment able amount of any year in the base of not complete this part see the instructions before making a (c)  Net value of nonchantable-use assets  158,766.  21,595.  576.  he total on line 2 by 5, or by the than 5 years  Part X, line 5 | period? ny entries 2 3 4 5                       | (d) Distribution re (col (b) divided by | 3.831906<br>61.649306<br>62.243340<br>18.747780<br>38,782.<br>727,076.   |

| Form     | 990-PF(2011) THE SAMUEL GARY JR. FAMILY FOUNDATION 26-230   | 7528    | : 1  | Page <b>4</b> |
|----------|---|---------|------|---------------|
| Pai      | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr  | ructio  | ons) |               |
| 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 letter if necessary - see instructions)  |         |      |               |
| b        | Domestic foundations that meet the section 4940(e) requirements in Part V, check  |         |      | 1.            |
|          | here and enter 1% of Part I, line 27b   |         |      |               |
| С        | 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   |         |      | 1.            |
| 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-  |         |      | 1.            |
| 6        | Credits/Payments  |         |      |               |
|          | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a  |         |      |               |
| b        | Exempt foreign organizations - tax withheld at source   |         |      |               |
|          | Tax paid with application for extension of time to file (Form 8868)   |         |      |               |
| d        | Backup withholding erroneously withheld 6d 6d   |         |      |               |
| 7        | Total credits and payments Add lines 6a through 6d  |         |      | 0             |
| 8        | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8  |         |      |               |
| 9        | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |         |      | <u>1.</u>     |
| 10<br>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 2012 estimated tax ► Refunded ► 11  t VII-A Statements Regarding Activities   |         |      |               |
|          |   |         | · ·  | т             |
| та       | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate  |         | Yes  | No            |
|          | or intervene in any political campaign?   | 1a      |      | X             |
| b        | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the   |         |      | ,,            |
|          | Instructions for definition)?   | 1b      |      | X             |
|          | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or  |         |      |               |
|          | distributed by the foundation in connection with the activities   |         |      |               |
| 4        | Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year   | 1c      |      | X             |
| u        | (1) On the foundation   \$\Bigs\\$ \bigs\\$ \bigs |         |      |               |
|          | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed   |         |      |               |
| C        | on foundation managers $\blacktriangleright$ \$   |         |      |               |
| 2        | Has the foundation engaged in any activities that have not previously been reported to the IRS?   |         |      | . X           |
| -        | If "Yes," attach a detailed description of the activities   | 2       |      |               |
| 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  | 2       |      | X             |
| 4a       | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 3<br>4a |      | X             |
| b        | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b      |      | X             |
| 5        | Most bors a liquidation termination dissolution as with test of each standard to the contract of the contract   | 5       | _    | X             |
| -        | If "Yes," attach the statement required by General Instruction T  |         |      | <u> </u>      |
| 6        | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  |         |      | 1             |
|          | By language in the governing instrument, or   |         |      |               |
|          | By state legislation that effectively amends the governing instrument so that no mandatory directions that  |         |      |               |
|          | conflict with the state law remain in the governing instrument?   | 6       | Х    |               |
| 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       | Х    |               |
| 8a       | Enter the states to which the foundation reports or with which it is registered (see instructions)  |         |      |               |
|          | CO,   |         |      |               |
| b        | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General  |         |      |               |
|          | (or designate) of each state as required by General Instruction G°If "No," attach explanation   | 8b      | Х    |               |
| 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete   |         |      | [             |
|          | Part XIV  | 9       |      | Х             |
| 10       | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names  |         |      |               |
|          | and addresses   | 10      |      | Х             |
|          |   |         | n.DE |               |

Form **990-PF** (2011)

Χ

3b

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

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

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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 2011?

Form 990-PF (2011)

JSA

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

THE SAMUEL GARY JR. FAMILY FOUNDATION 26-2307528 Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc Expenses Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

| Form | gan. | DF | (201 | 1 |
|------|------|----|------|---|

All other program-related investments. See instructions

3 NONE

Total. Add lines 1 through 3

| Pa | Minimum Investment Return (All domestic foundations must complete this part. For see instructions )                | oreign foundation                                 | ns,             |
|----|--|---|-----------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc                    | С,  |                 |
|    | purposes   | \\  |                 |
| а  | Average monthly fair market value of securities  | _   1a  |                 |
| b  | Average of monthly cash balances   | 1b  | 39,373.         |
| С  | Fair market value of all other assets (see instructions)   | 1c  |                 |
| d  |  | 1d  | 39,373.         |
| 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   |                 |
| 3  | Subtract line 2 from line 1d   | 3   | 39,373.         |
| 4  | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see                        |   |                 |
|    | instructions)  | 4   | 591.            |
| 5  | Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5   | 38,782.         |
| 6  | Minimum investment return. Enter 5% of line 5  | 6   | 1,939.          |
| Pa | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating                    |   |                 |
|    | foundations and certain foreign organizations check here ▶ and do not complete the                                 |   |                 |
| 1  | Minimum investment return from Part X, line 6  | 1   | 1,939.          |
|    | Tax on investment income for 2011 from Part VI, line 5   | 1.  |                 |
| b  | Income tax for 2011 (This does not include the tax from Part VI) 2b  |   |                 |
| С  | Add lines 2a and 2b  | 2c  | 1.              |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1   | 1 - 1   | 1,938.          |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4   |                 |
| 5  | Add lines 3 and 4  | 5   | 1,938.          |
| 6  | Deduction from distributable amount (see instructions)   | 6   |                 |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,                          |   |                 |
|    | line 1   | <u>.</u> 7  | 1,938.          |
| Pa | art XII Qualifying Distributions(see instructions)   |   |                 |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                          |   | <del></del>     |
| ·  |  |   | 241,600.        |
| b  |  |   |                 |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et                      |   |                 |
| _  |  |   |                 |
| 3  | purposes Amounts set aside for specific charitable projects that satisfy the                                       | • • •   | ***             |
| а  |  | 3a d  |                 |
| b  |  | · · ·   |                 |
| 4  | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4           | 4   | 241,600.        |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income                | · · · <del>                                </del> | 211, 300.       |
| •  | Enter 1% of Part I, line 27b (see instructions)  | 5   | 0               |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6   | 241,600.        |
| •  | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when                            | · · · <u> </u>                                    |                 |
|    | qualifies for the section 4940(e) reduction of tax in those years  | . 52.00.00.00                                     | 110 10411041011 |

Form **990-PF** (2011)

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (a) (c) (d) Distributable amount for 2011 from Part XI, Corpus Years prior to 2010 2010 2011 1,938. Undistributed income, if any, as of the end of 2011 Enter amount for 2010 only . . . **b** Total for pnor years 20 09,20 08,20 07 Excess distributions carryover, if any, to 2011 a From 2006 ..... **b** From 2007 . . . . . . 29,721 c From 2008 ..... d From 2009 . . . . . . 81,673. e From 2010 . . . . . . . [ 113,076. 224,470 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 241,600. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . d Applied to 2011 distributable amount .... 1,938. 239,662 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 464,132 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2010 Subtract line
4a from line 2a Taxable amount - see f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 ........ Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a ..... 464,132. 10 Analysis of line 9 a Excess from 2007 . . . b Excess from 2008 . . . 29,721. c Excess from 2009 . . . 81,673.

Form 990-PF (2011)

d Excess from 2010 . . .

e Excess from 2011

113,076.

239,662.

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

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factors

Page 11

| Part XV Supplementary Information (c  | continued)                     |                          |                                  |              |
|---|--------------------------------|--------------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid Durin Recipient Name and address (home or business) | g the Year or Appr             | oved for F               | uture Payment                    |              |
| Recipient   | If recipient is an individual, | Foundation               | Purpose of grant or              |              |
| Name and address (home or business)   | any foundation manager         | status of recipient      | Purpose of grant or contribution | Amount       |
| a Paid during the year  | Or addistantial Continuator    |                          |                                  |              |
| a raid danning the year   |                                |                          |                                  |              |
| 7 mm 7 Olivanim 4   |                                |                          |                                  |              |
| ATTACHMENT 4  |                                |                          |                                  |              |
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|   |                                |                          |                                  |              |
|   |                                |                          |                                  |              |
| Total   |                                | <u> </u>                 | ▶ 3a                             | 241,600.     |
| b Approved for future payment   | <del> </del>                   | <del>' ' ' ' ' ' '</del> | 3a                               | 231,000.     |
| b Approved for future payment   |                                |                          |                                  |              |
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|   | <u> </u>                       |                          | <del></del>                      | <del> </del> |
| Total   | <u> </u>                       |                          | ▶ 3b                             |              |

| m 990-PF (2011)  art XVI-A Analysis of Income-Produ   | icing Acti        | vities              |                |                             |                                   |
|---|-------------------|---------------------|----------------|-----------------------------|-----------------------------------|
| Enter gross amounts unless otherwise indicated  |                   | ted business income | Excluded by    | section 512, 513, or 514    | (e)                               |
|   | (a) Business code | (b)                 | (c)            | (d)                         | Related or exempt function income |
| Program service revenue a   | Business code     | Amount              | Exclusion code | Amount                      | (See instructions )               |
| b   |                   |                     |                |                             |                                   |
| d   |                   |                     | <u> </u>       |                             |                                   |
| f   |                   |                     |                |                             |                                   |
| Membership dues and assessments   |                   |                     | 1.4            |                             |                                   |
| Interest on savings and temporary cash investments  Dividends and interest from securities  |                   |                     | 14             | 6                           | 4.                                |
| Net rental income or (loss) from real estate  a Debt-financed property  |                   |                     |                |                             | _                                 |
| Not debt-financed property  |                   |                     |                |                             |                                   |
| Net rental income or (loss) from personal property Other investment income  |                   |                     |                |                             |                                   |
| Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events   | \                 |                     |                |                             |                                   |
| Gross profit or (loss) from sales of inventory  |                   |                     | -              |                             |                                   |
| Other revenue a   |                   |                     |                |                             |                                   |
|   |                   |                     | <u> </u>       |                             |                                   |
| 4   | l .               |                     | l i            |                             | Į.                                |
| е   |                   |                     |                |                             |                                   |
| e Subtotal Add columns (b), (d), and (e)  |                   |                     |                | <del> </del>                | 4.                                |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities   | ations) to the Ac | complishment of E   | Exempt Purp    |                             | (                                 |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B  Relationship of Activities   | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  Relationship of Activities  The No. Explain below how each activities | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activities                             | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activities                             | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activity                               | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  Relationship of Activities   | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activities                             | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activity                               | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activity                               | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  ne No. Explain below how each activity                               | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  Relationship of Activities  The No. Explain below how each activities | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  Relationship of Activities  The No. Explain below how each activities | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities  Relationship of Activities  The No. Explain below how each activities | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities ine No.  Explain below how each activities                            | ations) to the Ac | complishment of E   | Exempt Purp    | ooses e) of Part XVI-A cont | ributed importantly to            |

| Form 990 | -PF (201   | 1)  | THE SAMU                | JEL GARY JE           | R. FAMILY             | FOUNDAT I       | ON                          | 26-230                 | 7528     | Pa        | ıge 13   |
|----------|--|---|-------------------------|-----------------------|-----------------------|-----------------|-----------------------------|------------------------|----------|-----------|--|
| Part >   | (VII   | Information R<br>Exempt Orga                                |                         | ansfers To            | and Transa            | ctions an       | d Relationshi               | ps With Non            | char     | itabl     | e  |
| 1 D      | id the   | organization direct   | ly or indirectly        | engage in any         | of the follows        | ng with an      | y other organizati          | on described           |          | Yes       | No   |
| ın       | sectio   | n 501(c) of the Co  | ode (other than         | section 501(c)        | (3) organizatio       | ons) or in s    | ection 527, relatir         | ng to political        |          |           |  |
|          | rganiza  |   |                         |                       |                       |                 |                             |                        |          |           | l  |
| a T      | ransfer  | s from the reporting  | j foundation to a       | noncharitable         | exempt organi         | zation of       |                             |                        |          |           | ł  |
| (1       | i) Cash  | ٠   |                         |                       |                       |                 |                             |                        | 1a(1)    |           | Х  |
|          |  | er assets   |                         |                       |                       |                 |                             |                        | 1a(2)    |           | Х  |
|          |  | ansactions  |                         |                       |                       |                 |                             |                        |          |           |  |
| (1       | I) Sale  | s of assets to a non  | ncharitable exem        | not organization      | 1                     |                 |                             |                        | 16(1)    |           | x  |
| (2       | 2) Purc  | hases of assets from  | m a noncharitab         | le exempt orga        | ınızatıon             |                 |                             |                        | 1b(2)    |           | Х  |
| (3       | 3) Reni  | tal of facilities, equip                                    | oment, or other         | assets                |                       |                 |                             |                        | 1b(3)    |           | Х  |
| 14       | l) Rein  | nbursement arrange  | ements                  |                       | • • • • • • •         | • • • • • •     |                             |                        | 1b(4)    |           | X  |
| 15       | i) Loar  | ns or loan guarantee  | es                      |                       |                       |                 |                             |                        | 1b(5)    |           | X  |
|          |  | ormance of services   |                         |                       |                       |                 |                             |                        | 1b(6)    |           | X  |
| •        | -  | of facilities, equipm                                       |                         | _                     |                       |                 | • • • • • • • • •           |                        | 1c       |           | <del>                                     </del> |
|          |  | nswer to any of the   |                         |                       |                       |                 |                             |                        |          | for m     |  |
|          |  | the goods, other  |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  | any transaction of  |                         |                       |                       |                 |                             |                        |          |           |  |
| (a) Line |  | (b) Amount involved   |                         |                       |                       |                 | cription of transfers, trai |                        |          |           |  |
| (a) Line | 110  | N/A   | (c) Name of t           | nonchantable exem     | pt organization       | <del></del>     | cription of transfers, trai | nsactions, and snan    | ng arrai | igemen    | <u></u>  |
|          |  | N/A   | <del> </del>            |                       |                       | N/A             | <del></del>                 |                        |          |           |  |
|          |  |   | <del> </del>            |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | <del> </del>            | - <del>-</del>        |                       |                 |                             |                        |          |           |  |
|          |  |   | <del></del>             |                       | <del></del>           |                 | ·                           |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | <del></del>             |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         | <del></del>           |                       |                 |                             | <del></del>            |          |           |  |
|          |  |   | ļ <u> </u>              |                       |                       |                 | <u></u>                     |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | ļ <u> </u>              |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
| d        |  | oundation directly ed in section 501(c) complete the follow | ) of the Code (c        |                       |                       |                 |                             | anızatıons             |          | es X      | ] No   |
|          | ,  | (a) Name of organizatio                                     |                         | (b) Ty                | pe of organization    |                 | (c) De                      | scription of relations | ship     |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | 7                       |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | /                       |                       |                       |                 |                             |                        |          |           |  |
|          |  |   |                         |                       |                       |                 |                             |                        |          |           |  |
|          |  |   | 1-/                     |                       |                       |                 |                             |                        |          |           |  |
|          | Under  | penalties of penuity, I deci                                | dare that I have exam   | nined this return inc | luding accompanying   | schedules and   | statements, and to the      | best of my knowled     | ge and   | belief it | is true  |
| Sign     | correct,   | penalties of pening, I deci<br>and complete. Peclaration    | of preparer (other than | taxpayer) is based on | all information of wh | ch preparer has | any knowledge               |                        |          |           |  |
| Here     |  | 11/1-   | Yu 1                    | 1 11                  | 30/12                 | MA              | maree                       |                        | S discu  |           | return   |
| Here     | Signa  | ature of officer or trustee                                 | 1-V-                    | Date /                | 7.0                   | Title           | Mayor                       | with the p             | reparer  | Yes       | below<br>No                                      |
|          | J.g.,  |   |                         | 24.0                  |                       |                 | J                           | (256 high actio        | اردار    |           |  |
|          | <del>_                                    </del> | Print/Type preparer's                                       | name                    | Preparer's            | signature             |                 | Date                        | Check If               | PTIN     |           |  |
| Paid     |  | GREG DICKE  |                         | Gre                   | 3.                    |                 | 7/23/12                     | Icueck [ ii ]          | P002     | 3265      | 50   |
| Prepa    | arer   |   | EIN & ASSOC             |                       | 7-27 4"               |                 |                             | n's EIN ► 84-0         |          |           | , 0  |
| Use (    | 1  | Firm's name HI Firm's address > 1                           |                         |                       | 000                   |                 | - Fitu                      | IS EIN PO4-U           | 1432     | J J       |  |
| '        | }  | i iiii s addiess 🗩 📘  | DECEMBER OF CELL        | 71 DOTTE 41           | 000                   |                 | Ì                           |                        |          |           |  |

80202

Form **990-PF** (2011)

Phone no 303-298-9600

DENVER, CO

## Schedule B

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

## **Schedule of Contributors**

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

OMB No 1545-0047

2011

| Name of the organization   | AMILY POUNDATION   | Employer identification number  |
|--|--|---|
| THE SAMUEL GARY JR. FA   | AMILI FOUNDATION   | 26-2307528  |
| Organization type (check one)  |  |   |
| Filers of:   | Section:   |   |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization  |   |
|  | 4947(a)(1) nonexempt charitable trust not treated as a private four  | ndation   |
|  | 527 political organization   |   |
| Form 990-PF  | X 501(c)(3) exempt private foundation  |   |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  | 1   |
|  | 501(c)(3) taxable private foundation   |   |
|  | ered by the General Rule or a Special Rule.  8), or (10) organization can check boxes for both the General Rule and a Spe  | ecial Rule See  |
| General Rule   |  |   |
|  | ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II  | ore (in money or  |
| Special Rules  |  |   |
| under sections 509(a)(   | organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year of (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9   | ar, a contribution of   |
| during the year, total c   | ), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, an  | ole, scientific, literary,  |
| during the year, contribution on total to more than seeing year for an exclusively | ), (8), or (10) organization filing Form 990 or 990-EZ that received from any coutions for use exclusively for religious, charitable, etc., purposes, but these \$1,000. If this box is checked, enter here the total contributions that were receively religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions. | e contributions did<br>ceived during the<br>the General Rule<br>ons of \$5,000 or |
| 990-EZ, or 990-PF), but it <b>must</b>   | not covered by the General Rule and/or the Special Rules does not file Sche<br>answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of<br>to certify that it does not meet the filing requirements of Schedule B (Form 9  | f its Form 990-EZ or on   |

Name of organization THE SAMUEL GARY JR. FAMILY FOUNDATION

Employer identification number 26-2307528

| Part I     | Contributors (see instructions) Use duplicate copies of Par    | t I if additional space is need | ded   |
|------------|--|---------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions      | (d)<br>Type of contribution   |
| 1_         | SAMUEL GARY JR.  1515 WYNKOOP ST., SUITE 700  DENVER, CO 80202 | \$150,000.                      | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions      | (d)<br>Type of contribution   |
|            |  | \$                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |

(a)

No.

Person Payroll Noncash (d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(c) Total contributions

(b)

Name, address, and ZIP + 4

Name of organization THE SAMUEL GARY JR. FAMILY FOUNDATION

Employer identification number

26-2307528

| Part I None               | cash Property (see instructions). Use duplicate copies | s of Part II if additional space is need       | eded                 |
|---------------------------|--|--|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | <br> <br>\$                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | s  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | <b>\$</b>                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | <br> <br>\$                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | <br> <br> \$                                   |                      |
| 1                         |  | j  | 1                    |

Employer identification number

26-2307528

| Part III                  | Exclusivel yeligious, charitable, etc., i that total more than \$1,000 for the year | ndividual contributions. Complete column                  | ons to section 50<br>ns (a) through (e)         | 1(c)(7), (8), or (10) organizations<br>and the following line entry |  |  |  |
|---------------------------|---|---|---|---|--|--|--|
|                           | For organizations completing Part III, el contributions of \$1,000 or less for the  | nter the total of <i>exclus</i><br>year (Enter this infor | s <i>ively</i> religious, c<br>mation once. See | haritable, etc ,<br>e instructions.) ►\$                            |  |  |  |
|                           | Use duplicate copies of Part III if addition  | onal space is needed                                      |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of  | gift  | (d) Description of how gift is held                                 |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   | (e) Transfer  | of miss   |   |  |  |  |
|                           | Transferee's name, address, and   |   | •   | ship of transferor to transferee                                    |  |  |  |
|                           | mansieree s name, audress, and  | 1211  | Relationship of transferor to transferee        |   |  |  |  |
|                           |   |   |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of  | gift  | (d) Description of how gift is held                                 |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   | (e) Transfer  | of gift   |   |  |  |  |
|                           |   |   | _   |   |  |  |  |
|                           | Transferee's name, address, and   | Transferee's name, address, and ZIP + 4 Relati            |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of  | gift  | (d) Description of how gift is held                                 |  |  |  |
|                           |   |   | <del></del>                                     |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           | (e) Transfer of gift  |   |   |   |  |  |  |
|                           | Transferee's name, address, and   | d ZIP + 4   | Relation  | ship of transferor to transferee                                    |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   | <u> </u>  |  |  |  |
|                           |   |   |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c) Use of  |   | gift  | (d) Description of how gift is held                                 |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           | (e) Transfer of gift  |   |   |   |  |  |  |
|                           | Transferee's name, address, and   |   | Relationship of transferor to transferee        |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   |   |   |  |  |  |
|                           |   |   | <del></del>                                     |   |  |  |  |

| INVESTMENTS |
|-------------|
| CASE        |
| TEMPORARY   |
| NO          |
| INTEREST    |
| I           |
| PART I      |
| 990PF,      |
| FORM        |

| NET<br>INVESTMENT<br>INCOME             | 64.      | 64.   |
|---|----------|-------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 64.      | 64.   |
|   |          | TOTAL |
| DESCRIPTION                             | INTEREST |       |

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

MARKETING

REVENUE AND

EXPENSES

PER BOOKS

2,400.

TOTALS

2,400.

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

V 11-4.6

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| EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES                 | 0   | 0  | 0            |
|---|---|--|--------------|
| CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS           | 0   | 0  | 0            |
| COMPENSATION  | 0   | 0  | 0            |
| TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | PRESIDENT<br>1.00   | VICE PRESIDENT<br>1.00   | GRAND TOTALS |
| NAME AND ADDRESS  | SAMUEL GARY, JR.<br>1515 WYNKOOP ST., SUITE 700<br>DENVER, CO 80202 | KATHRYN W. GARY<br>1515 WYNKOOP ST., SUITE 700<br>DENVER, CO 80202 |              |

FORM 990DE, PART AV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| AMOUNT   | 45,000  | 2,500   | 1,000.   | 5,000  | 160,000  | 7,500  |
|--|---|---|--|--|--|--|
| PURPOSE OF GRANT OR CONTRIBUTION   | CONSERVATION OF BIRDS OF PREY                                       | LAND CONSERVATION   | LAND CONSERVATION  | LAND CONSERVATION  | PRESERVATION OF LAND MATER.  | LAND PRESERVATION.   |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOP AND FOUNDATION STATUS OF RECIPIENT | NONE 501(C)(3)  | NONE 501(C)(3)  | NONE 501(C)(3)   | NONE 501(C)(3)   | NONE 501(C)(3)   | NONE 501(C)(3)   |
| RECIPIENT NAME AND ADDRESS   | THE PEREGRINE FUND<br>5668 WEST FLYING HAWK LANE<br>BOISE, ID 83709 | COLORADO COALÍTION OF LAND TRUSTS<br>1245 E COLFAX AVE #203<br>DENVER, CO 80218 | CONTINENTAL DIVIDE LAND TRUST PO BOX 4488 FRISCO, CO 80443 | COLORADO CONSERVATION TRUST<br>1551 OGDEN STREET<br>DENVER, CO 80218 | THE NATURE CONSERVANCY<br>4245 N FAIRFAX DRIVE<br>ARLINGTON, VA 22203-1606 | THE MONTANA LAND RELIANCE<br>324 FULLER AVE<br>HELENA, MT 59624-0355 |

ATTACHMENT 4 (CONT.D)

## THE SAMUEL GARY JR FAMILY FOUNDATION

# FORM 940PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

|  | RELATIONSHIP TO SUBSTANTIAL CONTPIBUTOR<br>AND |   |        |
|--|--|---|--------|
| RECIPIENT NAME AND ADDRESS   | FOUNDATION STATUS OF RECIPIENT                 | PURPOSE OF GRANT OR CONTRIBUTION  | AMOUNT |
| SOUL OF THE SUMMIT 111A LINCOLN AVE PO BOX 4000 BRECKENRIDGE, CO 80424             | NONE 501(C)(3)                                 | PROVIDE SCHOLARSHIPS AND GRANTS TO NONPROFIT ORGANIZATIONS THROUGHOUT SUMMIT COUNTY                         | 4,000  |
| TROUT UNLIMITED<br>1300 N 17TH ST<br>ARLINGTON, VA 22209                           | NONE 501(C)(3)                                 | TO CONSERVE, PROTECT, AND RESTORE NORTH AMERICA'S<br>COLDWATER FISHERIES AND THEIR WATERSHEDS<br>WATERSHEDS | 3,000  |
| CENTER OF THE AMERICAN WEST 282 UCB UNIVERSITY OF COLORADO BOULDER, CO 80309       | NONE 501(C)(3)                                 | TO PROVIDE SUPPORT TO ENABLE TO THE CENTER TO CARRY OUT ITS MISSION   | 2,500  |
| WESTERN STATE COLLEGE FOUNDATION<br>909 EAST ESCALANTE DRIVE<br>GUNNISON, CO 81230 | NONE 501(C)(3)                                 | TO SUPPORT WESTERN'S MISSION AND SERVE THE<br>STUDENTS, FACULTY, AND PROGRAMS IN A TANGIBLE<br>WAY          | 2,500  |
| IMAGINE FOUNDATION<br>1400 DIXON STREET<br>LAFAYETTE, CO 80026                     | NONE 501(C)(3)                                 | TO SUPPORT IMAGINE'S MISSION TO AID<br>DEVELOPMENTALLY DISABLED PEOPLE                                      | 1,000  |
| DENVER MUSEUM OF NATURE AND SCIENCE<br>2001 COLORADO BLVD<br>DENVER, CO 80205      | NONE 501(C)(3)                                 | TO SUPPORT THE DENVER MUSEUM OF NATURE AND SCIENCE  | 2,600  |

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

PELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 4 (CONT'D)

5,000

TO SUPPORT THE ORGANIZATION'S WORK WITH AT-RISK, URBAN YOUTH

TOTAL CONTRIBUTIONS PAID

241,600

ATTACHMENT 4

V 11-4 6

94886W 4409 6/26/2012

DENVER, CO 80211

3914 KING ST

COLORADO UPLIFT

RECIPIENT NAME AND ADDRESS

NONE 501(C)(3)

26-2307528

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

| Internal Revenue               | e Service       | ► File a s   | eparate app                           | olication for each return. |                            |       |              |          |          |
|--------------------------------|-----------------|--|---------------------------------------|----------------------------|----------------------------|-------|--------------|----------|----------|
| <ul> <li>If you are</li> </ul> | filing for an   | Automatic 3-Month Extension, co  | mplete on                             | ly Part I and check this   | s box                      |       |              | ▶        | X        |
| <ul><li>If you are</li></ul>   | filing for an   | Additional (Not Automatic) 3-Mon   | th Extensi                            | on, complete only Part     | II (on page 2 of this fo   | rm)   |              |          |          |
| Do not comp                    | olete Part II   | unlessou have already been grante  | ed an auto                            | matic 3-month extension    | n on a previously filed Fo | rm 8  | 3868         |          |          |
| Electronic fi                  | ling (e-file)   | You can electronically file Form 8                                       | 868 if you                            | u need a 3-month auto      | matic extension of time    | to    | file (6      | 3 month  | s for    |
|                                |                 | to file Form 990-T), or an additiona                                     |                                       |                            |                            |       |              |          |          |
|                                |                 | tension of time to file any of the f                                     |                                       |                            |                            |       |              |          |          |
|                                |                 | issociated With Certain Personal details on the electronic filing of thi |                                       |                            |                            |       |              |          | (see     |
|                                |                 | Month Extension of Time. Onl   |                                       |                            |                            | ues   | & IVOI       | ipronis  |          |
|                                |                 | file Form 990-T and requesting an  |                                       | <del></del>                |                            |       |              |          |          |
| •                              | •               | · · · · · · · · · · · · · · · · · · ·                                    | automatic                             | O-MOMENT EXCENSION - CITE  | sox una box and complet    | -     |              | •        |          |
|                                |                 | cluding 1120-C filers), partnerships,                                    | REMICs                                | and trusts must use For    |                            | tens  | ion ol       | f time   | ш        |
| to file income                 | •               |  | , , , , , , , , , , , , , , , , , , , | and tradito made 200 7 or  | Enter filer's identifyin   |       |              |          | ctions   |
|                                |                 | empt organization or other filer, see insti                              | ructions                              |                            | Employer identificati      |       |              |          |          |
| Type or                        | ype or          |  |                                       |                            |                            |       | , ,          |          |          |
| print                          | THE SAM         | MUEL GARY JR. FAMILY FOU   | UNDATIO                               | N                          | X 26-230752                | 3     |              |          |          |
| File by the                    | Number, str     | reet, and room or suite no. If a P.O. box,                               | see instruc                           | tions                      | Social security numb       | oer ( | SSN)         |          |          |
| due date for<br>filing your    | 1515 W          | YNKOOP ST., SUITE 700  |                                       |                            |                            |       |              |          |          |
| return See<br>instructions     | City, town o    | or post office, state, and ZIP code. For a                               | foreign add                           | ress, see instructions     |                            |       |              |          |          |
|                                | DENVER          | , CO 80202   |                                       |                            |                            |       |              |          |          |
| Enter the Re                   | turn code fo    | or the return that this application is fo                                | or (file a se                         | parate application for ea  | ach return)                |       |              | <u>c</u> | 4        |
|                                |                 |  |                                       |                            |                            |       |              |          |          |
| Application                    |                 |  | Return                                | Application                |                            |       |              | Reti     |          |
| Is For                         |                 |  | Code                                  | Is For                     |                            |       |              | Co       |          |
| Form 990                       |                 |  | 01                                    | Form 990-T (corporate      | orporation)                |       |              | 0        |          |
| Form 990-BI                    |                 |  | 02                                    | Form 1041-A                | <del></del>                |       |              | 00       |          |
| Form 990-E2                    |                 |  | 01                                    | Form 4720                  |                            |       |              | 09       |          |
| Form 990-PI                    |                 | ) or 409(p) trust)   | 04<br>05                              | Form 5227<br>Form 6069     |                            |       |              | 10       |          |
| Form 990-T                     |                 | or 408(a) trust)   | 06                                    | Form 8870                  |                            |       |              | 12       |          |
| 1 01111 330-1                  | (trust other    | (ilaii above)  |                                       | 1 0111 0070                | <del></del>                |       |              |          | <u></u>  |
| • The book                     | s are in the    | care of ▶ THE SGJ FAMILY   | FOUNDAT                               | TION                       |                            |       |              |          |          |
| 71.0000.                       | 0 0,0 0,0       |  |                                       |                            |                            | _     |              |          |          |
| Telephon                       | e No ▶          | 303 831-4673   | 1                                     | FAX No ▶ 303 333           | 3-1818                     |       |              |          |          |
|                                |                 | es not have an office or place of bu                                     | <br>Isiness in t                      | he United States, check    | this box                   | _     |              | •        |          |
| • If this is fo                | or a Group F    | Return, enter the organizatio <u>n's</u> four                            | digit Grou                            | p Exemption Number (C      | GEN)                       |       | If f         | this is  |          |
| for the whole                  | e group, ch     | eck this box ▶ 🔲 If  | it is for pa                          | rt of the group, check th  | ıs box ▶ [                 |       | and a        | attach   |          |
|                                |                 | d EINs of all members the extension                                      |                                       |                            |                            |       |              |          |          |
|                                |                 | natic 3-month (6 months for a corpor                                     |                                       |                            |                            |       |              |          |          |
|                                |                 | 08/15, 20 12, to file the e  | xempt org                             | anization return for the o | organization named abov    | e T   | he ex        | tension  | IS       |
| ~                              |                 | n's return for   |                                       |                            |                            |       |              |          |          |
| ► X                            |                 | ear 20 <u>11</u> or  |                                       |                            |                            | ^^    |              |          |          |
| ▶∟                             | tax year be     | eginning   | , 20                                  | , and ending               | <del></del> ,              | 20 -  |              |          |          |
| 2 litibot                      | av vaar ante    | ared in line 1 is for loss than 12 man                                   | the chock                             | rosson                     | eturn Final returr         |       |              |          |          |
|                                | -               | ered in line 1 is for less than 12 mon                                   | uis, check                            | reason Initial re          | etum [] rinametum          | 1     |              |          |          |
|                                | Jilaliye ili ai | ccounting period   |                                       |                            |                            |       |              |          |          |
| 3a If this                     | application     | is for Form 990-BL, 990-PF, 99   | 0-T 4720                              | or 6069 enter the          | tentative tax less any     | T     | $\Box$       |          |          |
|                                |                 | edits See instructions   | , ,, 20                               | , 5555, 511161 1116        | ionidate tan, lood dily    | 3a    | s            |          | 0        |
|                                |                 | n is for Form 990-PF, 990-T,   | 4720. o                               | r 6069, enter any r        | efundable credits and      | -     | -            |          |          |
|                                | • •             | ments made Include any prior yea   |                                       | •                          |                            | 3ь    | s            |          | 0        |
|                                |                 | stract line 3b from line 3a Include                                      | <u>-</u> _                            |                            |                            | +     | <u> </u>     |          | <u>-</u> |
|                                |                 | al Tax Payment System) See instruc                                       |                                       | ,                          |                            | 3c    | \$           |          | 0        |
|                                |                 | ing to make an electronic fund v   |                                       | with this Form 8868,       | see Form 8453-EO a         |       |              | 8879-E   | O for    |
| payment ins                    |                 |  |                                       | <del></del>                |                            |       |              |          |          |
| For Privacy A                  | ct and Pape     | rwork Reduction Act Notice, see Instru                                   | ctions.                               |                            |                            | For   | n <b>886</b> | 8 (Rev 1 | 1-2012)  |