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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2011**Department of the Treasury
Internal Revenue Service**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements**For calendar year 2011, or tax year beginning , 2011, and ending**VESELY FAMILY FOUNDATION
C/O JON S. VESELY
19587 N. 103RD STREET
SCOTTSDALE, AZ 85255-6636**A** Employer identification number
36-4325820**B** Telephone number (see the instructions)
(480) 419-5778**C** If exemption application is pending, check here ☐**D 1** Foreign organizations, check here ☐**2** Foreign organizations meeting the 85% test, check here and attach computation ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐**G** Check all that apply ☐ Initial return ☐ Initial Return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change**H** Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)
\$ 1,988,301.
J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| REVENUE | 1 Contributions, gifts, grants, etc., received (att sch) | 91,153. | | | |
| | 2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 85. | 85. | 85. | |
| | 4 Dividends and interest from securities | 37,798. | 37,798. | 37,798. | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain/(loss) from sale of assets not on line 10 | 358,188. | | | |
| | b Gross sales price for all assets on line 6a | 577,134. | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 358,188. | | |
| | 8 Net short-term capital gain | | | 1,721. | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit/(loss) (att sch) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| SEE STATEMENT 1 | 3,217. | 25,058. | | | |
| 12 Total. Add lines 1 through 11 | 490,441. | 421,129. | 39,604. | | |
| ADMINISTRATIVE EXPENSES | 13 Compensation of officers, directors, trustees, etc | 0. | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach sch) | | | | |
| | c Other prof fees (attach sch) SEE ST 2 | 750. | | | |
| | 17 Interest | 10,452. | | | |
| | 18 Taxes (attach schedule) (see instrs) SEE STM 3 | 153. | | | |
| | 19 Depreciation (attach sch) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) SEE STATEMENT 4 | 24,238. | 4,892. | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 35,593. | 4,892. | | |
| | 25 Contributions, gifts, grants paid PART XV | 110,200. | | | 110,200. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 145,793. | 4,892. | 0. | 110,200. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements. | 344,648. | | | | |
| b Net investment income (if negative, enter -0-) | | 416,237. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 39,604. | | |

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

Beginning of year

End of year

| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|--------------------------------|--|----------------|----------------|-----------------------|
| ASSETS | 1 Cash — non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 1,027,766. | 180,568. | 180,568. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach sch.) | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments — U.S. and state government obligations (attach schedule) | | | |
| | b Investments — corporate stock (attach schedule) | 429,346. | 1,036,483. | 1,036,483. |
| | c Investments — corporate bonds (attach schedule) | | | |
| | 11 Investments — land, buildings, and equipment basis | | | |
| LIABILITIES | Less: accumulated depreciation (attach schedule) | | | |
| | 12 Investments — mortgage loans | | | |
| | 13 Investments — other (attach schedule) | 545,000. | 771,250. | 771,250. |
| | 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) | 2,002,112. | 1,988,301. | 1,988,301. |
| | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| NET FUND ASSET BALANCES | 20 Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0. | 0. | |
| FOUNDATIONS | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | 2,002,112. | 1,988,301. | |
| | 28 Paid-in or capital surplus, or land, building, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| NET FUND ASSET BALANCES | 30 Total net assets or fund balances (see instructions) | 2,002,112. | 1,988,301. | |
| | 31 Total liabilities and net assets/fund balances (see instructions) | 2,002,112. | 1,988,301. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|----------|------------|
| 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 2,002,112. |
| 2 Enter amount from Part I, line 27a | 2 | 344,648. |
| 3 Other increases not included in line 2 (itemize) SEE STATEMENT 5 | 3 | 50. |
| 4 Add lines 1, 2, and 3 | 4 | 2,346,810. |
| 5 Decreases not included in line 2 (itemize) SEE STATEMENT 6 | 5 | 358,509. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 | 6 | 1,988,301. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|---|--|---|-------------------------------------|
| 1 a | SEE ATTACHED - CHARLES SCHWAB | P | VARIOUS | VARIOUS |
| b | SEE ATTACHED - CHARLES SCHWAB | P | VARIOUS | VARIOUS |
| c | SEE ATTACHED - PARTNERSHIPS | P | VARIOUS | VARIOUS |
| d | SEE ATTACHED - PARTNERSHIPS | P | VARIOUS | VARIOUS |
| e | SEE ATTACHED - CAPITAL GAIN DISTRIBUTIONS | P | VARIOUS | VARIOUS |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 31,118. | | 29,397. | 1,721. |
| b 538,339. | | 187,877. | 350,462. |
| c | | 1,672. | -1,672. |
| d 4,113. | | | 4,113. |
| e 3,564. | | | 3,564. |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (j) Fair Market Value as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | |
| a | | | 1,721. |
| b | | | 350,462. |
| c | | | -1,672. |
| d | | | 4,113. |
| e | | | 3,564. |

| | | | | |
|--|---|--|---|----------|
| 2 Capital gain net income or (net capital loss). | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> | | 2 | 358,188. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 </div> | | 3 | 1,721. |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2010 | 109,485. | 1,972,749. | 0.055499 |
| 2009 | 74,000. | 1,442,833. | 0.051288 |
| 2008 | 90,005. | 1,367,857. | 0.065800 |
| 2007 | 77,008. | 1,382,817. | 0.055689 |
| 2006 | 100,008. | 1,428,420. | 0.070013 |

| | | |
|--|---|------------|
| 2 Total of line 1, column (d) | 2 | 0.298289 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.059658 |
| 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 | 4 | 2,040,803. |
| 5 Multiply line 4 by line 3 | 5 | 121,750. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 4,162. |
| 7 Add lines 5 and 6 | 7 | 125,912. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 110,200. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

| | | | |
|--|----|---|--------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 8,325. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2. | | 3 | 8,325. |
| 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- | | 5 | 8,325. |
| 6 Credits/Payments: | | | |
| a 2011 estimated tax pmts and 2010 overpayment credited to 2011 | 6a | | |
| b Exempt foreign organizations – tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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. SEE STATEMENT 7 | 9 | | 8,638. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|-----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 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. | | |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ 0. (2) On foundation managers \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. | | X |
| 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 | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) IL | | |
| 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 | X | |
| 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 | | X |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. | | X |

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Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|---|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes', attach statement (see instructions). | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u> | 13 | X | |
| 14 | The books are in care of <u>BARBARA A. VESELY</u> Telephone no. <u>(480) 419-5778</u> Located at <u>19587 N. 103RD STREET SCOTTSDALE AZ</u> ZIP + 4 <u>85255-6636</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u> | | | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country | | | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

| | Yes | No |
|--|---|-----|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | N/A |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.) | 2b | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u> | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 foundation had excess business holdings in 2011) | 3b | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 8 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (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 | | 0 |

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|-------|----------|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | 0. |

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Form 990-PF (2011)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | |
|--|-----------|------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a Average monthly fair market value of securities | 1a | 867,514. |
| b Average of monthly cash balances | 1b | 473,325. |
| c Fair market value of all other assets (see instructions) | 1c | 731,042. |
| d Total (add lines 1a, b, and c) | 1d | 2,071,881. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 2,071,881. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 31,078. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,040,803. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 102,040. |

Part 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 this part.)

| | | |
|---|-----------|----------|
| 1 Minimum investment return from Part X, line 6 | 1 | 102,040. |
| 2a Tax on investment income for 2011 from Part VI, line 5 | 2a | 8,325. |
| b Income tax for 2011. (This does not include the tax from Part VI) | 2b | |
| c Add lines 2a and 2b | 2c | 8,325. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 93,715. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 93,715. |
| 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 | 7 | 93,715. |

Part XII Qualifying Distributions (see instructions)

| | | |
|---|-----------|----------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1a | 110,200. |
| b Program-related investments — total from Part IX-B | 1b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 110,200. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 110,200. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7. | | | | 93,715. |
| 2 Undistributed income, if any, as of the end of 2011: | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: 20____, 20____, 20____ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 | | | | |
| b From 2007 | | | | |
| c From 2008 | 40,619. | | | |
| d From 2009 | 74,000. | | | |
| e From 2010 | 109,485. | | | |
| f Total of lines 3a through e. | 224,104. | | | |
| 4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 110,200. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 110,200. | | | |
| d Applied to 2011 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 93,715. | | | 93,715. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 240,589. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions. | | 0. | | |
| e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a | 240,589. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2007 | | | | |
| b Excess from 2008 | | | | |
| c Excess from 2009 | 20,904. | | | |
| d Excess from 2010. | 109,485. | | | |
| e Excess from 2011 | 110,200. | | | |

N/A

- (4) Gross investment income**

[illegible]

SEE STATEMENT FOR LINE 2A

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|----------|
| Name and address (home or business) | | | | |
| a Paid during the year SEE STATEMENT 10 | | | | |
| Total | | | 3a | 110,200. |
| b Approved for future payment | | | | |
| Total | | | 3b | |

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 **VESELY FAMILY FOUNDATION**
C/O JON S. VESELY

Employer identification number
36-4325820

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II.)

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

VESELY FAMILY FOUNDATION

36-4325820

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 1 | JON S. VESELY 19587 N. 103RD STREET SCOTTSDALE, AZ 85255-6636 | \$ 44,096. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | JON S. VESELY 19587 N. 103RD STREET SCOTTSDALE, AZ 85255-6636 | \$ 46,923. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Employer identification number

36-4325820

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | 3,200 SHARES HOUSTON WIRE & CABLE COMPANY | \$ 44,096. | 3/16/11 |
| | ("HWC"/NASDAQ: HWCC) | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 2 | 3,083 SHARES HOUSTON WIRE & CABLE COMPANY | \$ 46,923. | 4/07/11 |
| | ("HWC"/NASDAQ: HWCC) | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | | |
| | | | |
| | | | |

Name of organization

VESELY FAMILY FOUNDATION

Employer identification number

36-4325820

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10)**organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entryFor organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)

► \$ N/A

Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|--------------------|--|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

2011

FEDERAL WORKSHEETS

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

PAGE 1

36-4325820

COMPUTATION OF 2011 NET OPERATING LOSS

| | |
|---|----------------|
| 1. TOTAL INCOME | -21,841. |
| 2. TOTAL DEDUCTIONS | 0. |
| 3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2) | -21,841. |
| 2011 NET OPERATING LOSS | <u>21,841.</u> |

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

STATEMENT 5
FORM 990-PF, PART III, LINE 3
OTHER INCREASES

MCM FUND - TAX-EXEMPT INCOME

TOTAL \$ 50.
\$ 50.

STATEMENT 6
FORM 990-PF, PART III, LINE 5
OTHER DECREASES

CHARLES SCHWAB - CHANGE IN FMV \$ 358,206.
IN:CAST, LLC - NONDEDUCTIBLE EXPENSES 295.
MCM FUND, LP - NONDEDUCTIBLE EXPENSES ... 8.
TOTAL \$ 358,509.

STATEMENT 8
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| JON S. VESELY 19587 N. 103RD STREET SCOTTSDALE, AZ 85255-6636 | PRESIDENT 1.00 | \$ 0. | \$ 0. | \$ 0. |
| BARBARA A. VESELY 19587 N. 103RD STREET SCOTTSDALE, AZ 85255-6636 | TREASURER 1.00 | 0. | 0. | 0. |
| JOHN J. VESELY 9449 E. MOHAWK LANE SCOTTSDALE, AZ 85255 | SECRETARY 1.00 | 0. | 0. | 0. |
| JEAN VESELY 9449 E. MOHAWK LANE SCOTTSDALE, AZ 85255 | DIRECTOR 1.00 | 0. | 0. | 0. |

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

STATEMENT 8 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| JARED VESELY 9221 E. DESERT VIEW SCOTTSDALE, AZ 85255 | DIRECTOR 1.00 | \$ 0. | \$ 0. | \$ 0. |
| TOTAL | | \$ 0. | \$ 0. | \$ 0. |

STATEMENT 9
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:
NAME: JON S. AND BARBARA A. VESELY
CARE OF:
STREET ADDRESS: 19587 N. 103RD STREET
CITY, STATE, ZIP CODE: SCOTTSDALE, AZ 85255-6636
TELEPHONE:
FORM AND CONTENT: RECIPIENT NAME AND ADDRESS, TAX-EXEMPT STATUS, AND AMOUNT REQUESTED.
SUBMISSION DEADLINES: NONE
RESTRICTIONS ON AWARDS: NONE

STATEMENT 10
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-------------------------|---------------------------|---------------------|------------|
| WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063 | NONE; PUBLIC CHARITY | | GENERAL FUND | \$ 21,700. |
| SHEPHERD OF THE DESERT LUTHERAN CHURCH 9590 E. SHEA BOULEVARD SCOTTSDALE, AZ 85260 | NONE; PUBLIC CHARITY | | GENERAL FUND | 5,000. |
| SOUL CITY CHURCH P.O. BOX 220279 CHICAGO, IL 60622 | NONE; PUBLIC CHARITY | | GENERAL FUND | 5,000. |
| MISSION COMMUNITY CHURCH 4450 EAST ELLIOT ROAD GILBERT, AZ 85234 | NONE; PUBLIC CHARITY | | GENERAL FUND | 20,000. |

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

STATEMENT 10 (CONTINUED)
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

| <u>NAME AND ADDRESS</u> | <u>DONEE RELATIONSHIP</u> | <u>FOUND- ATION STATUS</u> | <u>PURPOSE OF GRANT</u> | <u>AMOUNT</u> |
|---|-------------------------------|------------------------------------|-----------------------------|-----------------|
| EASTSIDE CHRISTIAN CHURCH 2002 E. MISSOURI AVENUE PHOENIX, AZ 85016 | NONE; PUBLIC CHARITY | | GENERAL FUND | \$ 50,000. |
| IMMANUEL LUTHERAN CHURCH 200 N. PLUM GROVE ROAD PALATINE, IL 60067 | NONE; PUBLIC CHARITY | | GENERAL FUND | 2,500. |
| STREETLIGHT P.O. BOX 6178 PEORIA, AZ 85381 | NONE; PUBLIC CHARITY | | GENERAL FUND | 5,000. |
| YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901 | NONE; PUBLIC CHARITY | | GENERAL FUND | 1,000. |
| TOTAL \$ | | | | <u>110,200.</u> |

2011

FEDERAL STATEMENTS

PAGE 1

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

| | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------|-----------------------------|---------------------------------|-------------------------------|
| INVESTMENT - SEE ATTACHED | \$ 3,217. | \$ 25,058. | |
| TOTAL | \$ 3,217. | \$ 25,058. | 0. |

STATEMENT 2
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| PROFESSIONAL FEES | \$ 750. | | | |
| TOTAL | \$ 750. | \$ 0. | \$ 0. | \$ 0. |

STATEMENT 3
FORM 990-PF, PART I, LINE 18
TAXES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| EXCISE TAX (2010 FORM 990-PF) | \$ 14. | | | |
| FOREIGN TAXES PAID (MCM FUND, LP) | 139. | | | |
| TOTAL | \$ 153. | \$ 0. | \$ 0. | \$ 0. |

STATEMENT 4
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| FLOW-THRU EXPENSES (PARTNERSHIPS) | \$ 19,226. | | | |
| INVESTMENT FEES (CHARLES SCHWAB) | 4,892. | \$ 4,892. | | |
| STATE FILING FEES (ANNUAL REPORT) | 120. | | | |
| TOTAL | \$ 24,238. | \$ 4,892. | \$ 0. | \$ 0. |

Vesely Family Foundation
FEIN: 36-4325820
Form 990PF, Part I, Other Income
For the tax period ended December 31, 2011

| Partnerships | Ordinary Income & Rental Real Estate | Interest Income | Dividend Income | Other Income | 990-PF Column A Revenue Expense Per Books | U.B.T.I Excluded from Net Investment Income | 990-PF Column B Net Investment Income |
|--------------|---|--------------------|--------------------|-----------------|---|---|---|
| MCM Fund, LP | (5,381) | 15,681 | 4,355 | 10,230 | 24,885 | (173) | 25,058 |
| In:Cast, LLC | (21,668) | | | | (21,668) | (21,668) | - |
| Totals | (27,049) | 15,681 | 4,355 | 10,230 | 3,217 | (21,841) | 25,058 |

Vesely Family Foundation
FEIN: 36-4325820
Form 990PF, Part I, Other Expense
For the tax period ended December 31, 2011

| Partnerships | Other Expenses | Charitable Contributions | Portfolio Expenses | 990-PF Total Other Expenses |
|---------------------|---------------------------|-------------------------------------|-------------------------------|--|
| MCM Fund, LP | 6,524 | 1 | 12,701 | 19,226 |
| Totals | 6,524 | 1 | 12,701 | 19,226 |

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

OTHER INCOME PRODUCING ACTIVITIES
INTEREST ON SAVINGS & CASH INVESTMENTS

| | | |
|-------------------------------------|----|------------|
| NORTHERN TRUST - INTEREST | \$ | 85. |
| TOTAL | \$ | <u>85.</u> |

OTHER INCOME PRODUCING ACTIVITIES
DIVIDENDS/INTEREST FROM SECURITIES.

| | | |
|--------------------------------------|----|----------------|
| CHARLES SCHWAB - DIVIDENDS | \$ | 37,798. |
| TOTAL | \$ | <u>37,798.</u> |

OTHER REVENUE
NET INVESTMENT INCOME

| | | |
|--------------------------------------|----|----------------|
| INVESTMENTS - SEE ATTACHED | \$ | 25,058. |
| TOTAL | \$ | <u>25,058.</u> |

OPERATING & ADMINISTRATIVE EXP. (990-PF)
INTEREST

| | | |
|---|----|----------------|
| INTEREST EXPENSE - MCM FUND, LP | \$ | 10,452. |
| TOTAL | \$ | <u>10,452.</u> |

BALANCE SHEET
CORPORATE STOCK (FORM 990-PF)[O]

| | | |
|---|----|-----------------|
| 130 SHARES - SCHLUMBERGER LTD. | \$ | 10,855. |
| 48 SHARES - UNION PACIFIC | | 4,448. |
| 50 SHARES - FREEPORT MCMORAN | | 6,005. |
| 416 SHARES - ORACLE CORPORATION | | 13,021. |
| 305 SHARES - FORD MOTOR CORP. | | 5,121. |
| 94 SHARES - UNITED TECHNOLOGIES | | 7,400. |
| 48 SHARES - AMAZON COM INC. | | 6,660. |
| 732 SHARES - CUMMINS INC. | | 80,527. |
| 176 SHARES - GOLDMAN SACHS | | 29,596. |
| 1,164 SHARES - ADOBE SYSTEMS INC. | | 35,828. |
| 500 SHARES - FMC CORP. | | 39,945. |
| 500 SHARES - OCCIDENTAL PETE CORP. | | 49,050. |
| 473 SHARES - FRANKLIN RESOURCES | | 52,602. |
| 277 SHARES - BROADCOM CORP. | | 12,063. |
| 155 SHARES - PRECISION CAST PARTS | | 21,577. |
| 341 SHARES - TARGET CORP. | | 20,504. |
| 250 SHARES - EMERSON ELECTRIC | | 14,293. |
| 1,477 SHARES - HOUSTON WIRE & CABLE | | 19,851. |
| TOTAL | \$ | <u>429,346.</u> |

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

**BALANCE SHEET
OTHER (FORM 990-PF)[O]**

| | | |
|----------------------------|-----------|------------------------|
| INVESTMENT - MCM FUND, LP. | \$ | 500,000. |
| INVESTMENT - IN:CAST, LLC | | 45,000. |
| TOTAL | \$ | <u>545,000.</u> |

**BALANCE SHEET
SAVINGS AND TEMPORARY CASH INVESTMENTS**

| | | |
|--------------------------------------|-----------|------------------------|
| CASH - NORTHERN TRUST (CHECKING) | \$ | 80,853. |
| CASH - CHARLES SCHWAB (MONEY MARKET) | | 99,715. |
| TOTAL | \$ | <u>180,568.</u> |

**BALANCE SHEET
CORPORATE STOCK (FORM 990-PF)[O]**

| | | |
|---|-----------|--------------------------|
| 9,647.8290 SHARES - ARTIO GLOBAL HIGH INCOME | \$ | 93,970. |
| 5,606.5530 SHARES - EATON VANCE FLOATING RATE | | 49,338. |
| 34,593.7680 SHARES - JPMORGAN CORE BOND SELECT | | 409,244. |
| 10,763.2040 SHARES - JPMORGAN STRATEGIC INCOME | | 121,732. |
| 11,463.7610 SHARES - PIMCO TOTAL RETURN | | 124,611. |
| 14,925.5230 SHARES - TEMPLETON GLOBAL BOND FUND | | 184,629. |
| 4,931.0660 SHARES - STEELPATH MLP ALPHA FUND | | 52,959. |
| TOTAL | \$ | <u>1,036,483.</u> |

**BALANCE SHEET
OTHER (FORM 990-PF)[O]**

| | | |
|---------------------------|-----------|------------------------|
| INVESTMENT - MCM FUND, LP | \$ | 748,213. |
| INVESTMENT - IN:CAST LLC | | 23,037. |
| TOTAL | \$ | <u>771,250.</u> |

**FMV OF ASSETS (990-PF)
SAVINGS AND TEMPORARY CASH INVESTMENTS**

| | | |
|--------------------------------------|-----------|------------------------|
| CASH - NORTHERN TRUST (CHECKING) | \$ | 80,853. |
| CASH - CHARLES SCHWAB (MONEY MARKET) | | 99,715. |
| TOTAL | \$ | <u>180,568.</u> |

**FMV OF ASSETS (990-PF)
CORPORATE STOCK [O]**

| | | |
|---|----|----------|
| 9,647.8290 SHARES - ARTIO GLOBAL HIGH INCOME | \$ | 93,970. |
| 5,606.5530 SHARES - EATON VANCE FLOATING RATE | | 49,338. |
| 34,593.7680 SHARES - JPMORGAN CORE BOND SELECT | | 409,244. |
| 10,763.2040 SHARES - JPMORGAN STRATEGIC INCOME | | 121,732. |
| 11,463.7610 SHARES - PIMCO TOTAL RETURN | | 124,611. |
| 14,925.5230 SHARES - TEMPLETON GLOBAL BOND FUND | | 184,629. |
| 4,931.0660 SHARES - STEELPATH MLP ALPHA FUND | | 52,959. |

2011

FEDERAL SUPPORTING DETAIL

PAGE 3

VESELY FAMILY FOUNDATION
C/O JON S. VESELY

36-4325820

FMV OF ASSETS (990-PF) (continued)
CORPORATE STOCK [O]

TOTAL \$ 1,036,483.

FMV OF ASSETS (990-PF)
OTHER [O]

INVESTMENT IN MCM FUND, LP.

\$ 748,213.

INVESTMENT IN IN:CAST LLC

23,037.

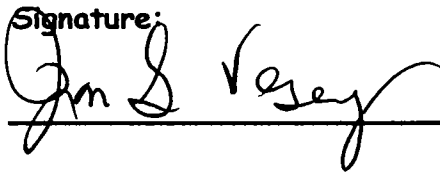
TOTAL \$ 771,250.

**SECTION 4942 ELECTION
AS TO THE TREATMENT OF QUALIFYING DISTRIBUTIONS**

Name: Vesely Family Foundation
Address: C/O Jon S. Vesely
19587 N. 103rd Street
Scottsdale, AZ 85255-6636
Federal Tax ID: 36-4325820
Year Ending: December 31, 2011

Pursuant to Regulation Section 53.4942(a)-3(d)(2), the above referenced foundation hereby elects to apply all of its 2006 qualified distributions to corpus distributions.

Signature:

A handwritten signature in cursive script, appearing to read "Jon S. Vesely", is written over a horizontal line.

**Jon S. Vesely
President**

Vesely Family Foundation
FEIN: 36-4325820
Form 990PF, Part I, Line 7 - Capital Gain Income
For the tax period ended December 31, 2011

| Quantity | Description | Date Acquired | Date Sold | Proceeds | Basis | Gain/(Loss) |
|--|--------------------------------|------------------|--------------|----------------|----------------|----------------|
| <u>Charles Schwab (Short-Term):</u> | | | | | | |
| 9 | AMAZON COM INC | VARIOUS | 4/1/2011 | 1,618 | 996 | 622 |
| 3,044.235 | EATON VANCE FLOATING RATE FUND | 12/31/2010 | 7/19/2011 | 27,459 | 27,245 | 214 |
| 18 | FREEMPORT MCMORAN COPPER | VARIOUS | 4/4/2011 | 1,006 | 539 | 467 |
| 11 | SCHLUMBERGER LTD | VARIOUS | 4/4/2011 | 1,034 | 617 | 417 |
| Charles Schwab (Short-Term) Totals | | | | <u>31,118</u> | <u>29,397</u> | <u>1,721</u> |
| Quantity | Description | Date Acquired | Date Sold | Proceeds | Basis | Gain/(Loss) |
| <u>Charles Schwab (Long-Term):</u> | | | | | | |
| 1,164 | ADOBE SYSTEMS INC | VARIOUS | 4/1/2011 | 39,778 | 15,569 | 24,210 |
| 29 | AMAZON COM INC | VARIOUS | 4/1/2011 | 5,034 | 1,702 | 3,332 |
| 473 | FRANKLIN RESOURCES INC | VARIOUS | 4/1/2011 | 60,114 | 20,311 | 39,803 |
| 277 | BROADCOM CORP | VARIOUS | 4/1/2011 | 10,617 | 4,920 | 5,697 |
| 732 | CUMMINS INC | VARIOUS | 4/1/2011 | 81,433 | 14,986 | 66,447 |
| 250 | EMERSON ELECTRIC CO | VARIOUS | 4/1/2011 | 14,734 | 10,429 | 4,305 |
| 305 | FORD MOTOR COMPANY | VARIOUS | 4/1/2011 | 4,618 | 1,650 | 2,968 |
| 82 | FREEMPORT MCMORAN COPPER | VARIOUS | 4/4/2011 | 4,585 | 1,022 | 3,563 |
| 500 | FMC CORP NEW | VARIOUS | 4/1/2011 | 43,048 | 30,256 | 12,792 |
| 176 | GOLDMAN SACHS GROUP | VARIOUS | 4/4/2011 | 28,246 | 20,508 | 7,738 |
| 3,200 | HOUSTON WIRE & CABLE | VARIOUS | 3/28/2011 | 46,423 | 149 | 46,275 |
| 200 | HOUSTON WIRE & CABLE | VARIOUS | 3/28/2011 | 2,901 | 9 | 2,892 |
| 1,277 | HOUSTON WIRE & CABLE | VARIOUS | 3/29/2011 | 18,546 | 59 | 18,487 |
| 416 | ORACLE CORPORATION | VARIOUS | 4/4/2011 | 14,172 | 7,448 | 6,724 |
| 500 | OCCIDENTAL PETE CORP | VARIOUS | 4/4/2011 | 52,180 | 17,540 | 34,640 |
| 155 | PRECISION CASTPARTS CORP | VARIOUS | 4/4/2011 | 23,135 | 16,049 | 7,087 |
| 119 | SCHLUMBERGER LTD. | VARIOUS | 4/4/2011 | 11,210 | 5,098 | 6,113 |
| 341 | TARGET CORPORATION | VARIOUS | 4/4/2011 | 17,167 | 12,944 | 4,223 |
| 48 | UNION PACIFIC | VARIOUS | 4/4/2011 | 4,715 | 2,142 | 2,572 |
| 94 | UNITED TECHNOLOGY | VARIOUS | 4/4/2011 | 8,025 | 4,944 | 3,081 |
| 3,083 | HOUSTON WIRE & CABLE | VARIOUS | 4/15/2011 | 47,657 | 143 | 47,514 |
| Charles Schwab (Long-Term) Totals | | | | <u>538,339</u> | <u>187,877</u> | <u>350,462</u> |
| <u>Partnership Activity:</u> | | | | | | |
| MCM FUND, LP | | VARIOUS | VARIOUS | 4,113 | 1,673 | 2,440 |
| Partnership (Short-Term) Totals | | | | - | 1,673 | (1,673) |
| Partnership (Long-Term) Totals | | | | <u>4,113</u> | - | <u>4,113</u> |
| | | | | <u>4,113</u> | <u>1,673</u> | <u>2,440</u> |
| <u>Capital Gain Distributions:</u> | | | | | | |
| CHARLES SCHWAB (Capital Gain Distribution) | | VARIOUS | VARIOUS | 3,564 | - | 3,564 |
| Capital Gain Distributions Totals | | | | <u>3,564</u> | - | <u>3,564</u> |
| Total Short-Term Gains/(Losses) | | | | 31,118 | 31,070 | 48 |
| Total Long-Term Gains/(Losses) | | | | <u>546,016</u> | <u>187,877</u> | <u>358,139</u> |
| Totals | | | | <u>577,133</u> | <u>218,947</u> | <u>358,186</u> |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

| | | |
|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | VESELY FAMILY FOUNDATION | <input checked="" type="checkbox"/> 36-4325820 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | Social security number (SSN) |
| | 19587 N. 103RD STREET | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SCOTTSDALE, AZ 85255 | |

Enter the Return code for the return that this application is for (file a separate application for each return) ... **04**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of. ▶ **BARBARA A. VESELY**

Telephone No. ▶ **(480) 419-5778**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ ☒ calendar year 20 11 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|---|--|--|
| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | VESELY FAMILY FOUNDATION | <input checked="" type="checkbox"/> 36-4325820 |
| | Number, street, and room or suite number. If a P O box, see instructions | Social security number (SSN) |
| | 19587 N. 103RD STREET | <input type="checkbox"/> |
| File by the extended due date for filing the return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SCOTTSDALE, AZ 85255 | |

Enter the Return code for the return that this application is for (file a separate application for each return). **04**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. ☒ **BARBARA A. VESELY**
Telephone No. ☒ (480) 419-5778 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. ☐ . If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15 , 20 12.
- 5 For calendar year 2011 , or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension. . . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | | |
|--|-------|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐ Title ☒ **PRESIDENT** Date ☐

BAA

FIFZ0502L 07/29/11

Form 8868 (Rev 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|---|--|--|
| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | VESELY FAMILY FOUNDATION | <input checked="" type="checkbox"/> 36-4325820 |
| File by the extended due date for filing the return. See instructions | Number, street, and room or suite number. If a P.O. box, see instructions. | Social security number (SSN) |
| | 19587 N. 103RD STREET | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SCOTTSDALE, AZ 85255 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **04**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **BARBARA A. VESELY**
Telephone No. **(480) 419-5778** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 12.

5 For calendar year 2011, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | | |
|--|-------|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | 0. |
| 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | 0. |
| 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **BAA** Title **PRESIDENT** Date _____

FIFZ0502L 07/29/11

Form 8868 (Rev 1-2012)