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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2011

For	calend	dar year 2011 or tax year beginning		, 2011	, and e	enaing		, 20	
Nar	ne of fou	ndation		_		A Employer	identification number		
ВЕ	ELL FA	MILY FOUNDATION				45 -	4043971		
Nur	nber and	street (or P O box number if mail is not delivered to street address)		Room/	suite	B Telephone	number (see instruction	is)	
49	51 E J	OHN JOHN COURT				907	- 373-8642		
		, state, and ZIP code			-	C If exempt	ion application is pendi	na check he	re > [7]
W	ASILLA	A, AK 99654				• п схотр.	ion application to police	ng, onoon ne	
			n of a former p	oublic (charity	D 1. Foreign	n organizations, check l	nere	►□
_		☐ Final return ☐ Amended							
		☐ Address change ☐ Name cha	nge				n organizations meeting here and attach compu		st, ▶□
H	Check	type of organization: Section 501(c)(3) exempt p		ıtion			·		
		n 4947(a)(1) nonexempt charitable trust			ation		foundation status was t 07(b)(1)(A), check here	erminated ui	nder ▶ □
		arket value of all assets at J Accounting method							_
		year (from Part II, col. (c), Other (specify)	_				ndation is in a 60-montl ction 507(b)(1)(B), check		▶□
	line 16		on cash basis)					_
	art I	Analysis of Revenue and Expenses (The total of	Ĭ					(d) Disburse	ements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p			investment come	(c) Adjusted net income	for charit	able
		the amounts in column (a) (see instructions))	books			COITIC	income	(cash basis	
	1	Contributions, gifts, grants, etc., received (attach schedule)	400	,000	-	. 24 turg 12 V	**************************************	~ 4 ,	* +
	2	Check ► ☐ if the foundation is not required to attach Sch. B					7 .4		<u>~</u>
	3	Interest on savings and temporary cash investments							1490 348
	4	Dividends and interest from securities						1 th	3.3
	5a	Gross rents							9. 90.
	ь	Net rental income or (loss)		,	<u> </u>	, 4. ,			iĝ.
ē	6a	Net gain or (loss) from sale of assets not on line 10			150 } (你說 .
Ę	b	Gross sales price for all assets on line 6a	. 214			1. The state of th		***	37.
Revenue	7	Capital gain net income (from Part IV, line 2)	See See See See					. J	
æ	8	Net short-term capital gain	// / / / / / / / / / / / / / / / / / /		· 3.4	F 12		, 38 ·) (e., \$1
	9	Income modifications		يند تقد	× ′	All the say		* >*	ige - c
	10a	Gross sales less returns and allowances	15 - 135%	200				i di	
	b	Less: Cost of goods sold						912 94 153 AV 27 - 163 163 AV	: 17. 1
	С	Gross profit or (loss) (attach-schedule)			3				<i>588</i>
	11	Other income (attach schedule) من المادي						YAD''	3 /4/1
	12	Total. Add tines 1 through 11 . \ Q\\	400	,000		0	0	."	
S	13	Compensation of officers, directors, trustees, etc.		0		. 0	0		0
enses	14	Other employee salaries and wages (į					
ē	15	Pension plans, employee benefits			_				
Ÿ	16a	Legal fees (attach schedule)							
	b	Accounting rees (attach schedule)	<u></u>]					
	С	Other professional fees (attach schedule)							
4	17	Interest							
<u>S</u>	18	Taxes (attach schedule) (see instructions)						de Mari	600 3 3 3
<u>.</u>	19	Depreciation (attach schedule) and depletion	<u> </u>						
ğ	∮20	Occupancy							
0	21	Travel, conferences, and meetings						_	
آھ	22	Printing and publications							
<u> </u>	23	Other expenses (attach schedule)				-			
atii	24	Total operating and administrative expenses. Add lines 13 through 23		ا ٍ		•	_		_
Operating and Administrative?Exp		-		0		0	0		0
Q	25	Contributions, gifts, grants paid					, ~ * €		
_	26	Total expenses and disbursements. Add lines 24 and 25				<u></u>	_ () . (84886 t.).	3.57	<u>. i</u>
	27	Subtract line 26 from line 12:	400	000					34.1
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) .	400		3 x 300 x 6			7900	(30 · 18:24) 10 · 18:24
	b	· · · · · · · · · · · · · · · · · · ·	and and and a		, , ,	, W 650		1 / 2 / 4	·Z, ·*,
	C	Adjusted net income (if negative, enter -0-)	Tramer at \$1.200		,		L	,	42

D۵	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year			f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash-non-interest-bearing		400	,000	400,000
	2	Savings and temporary cash investments		. <u>-</u>		
	3	Accounts receivable ▶	. is the	Ž.	Sic sai	
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		** * * *	× . \$5	***
		Less: allowance for doubtful accounts ▶	N. M. 180			
	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 schedule) ▶				***
	•	Less allowance for doubtful accounts ▶			<u>X</u>	
s	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
SS	_	Investments—U.S. and state government obligations (attach schedule)				
1	_	Investments—corporate stock (attach schedule)				
	b	Investments—corporate bonds (attach schedule)	_		_	
				£7 .	ó	XXX.
	11	Investments—land, buildings, and equipment: basis ►			<u> </u>	
	40	Less: accumulated depreciation (attach schedule) ▶		·		
	12	Investments—mortgage loans				
	13	Investments – other (attach schedule)		2407 0 4		@2
	14				, î	
		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 l)	0	400	,000	400,000
	17	Accounts payable and accrued expenses				
Ś	18	Grants payable				
tie	19	Deferred revenue				
Ξ Θ	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0		0	
٠,		Foundations that follow SFAS 117, check here ▶ 🔲				
ances		and complete lines 24 through 26 and lines 30 and 31.				
JE	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ ☑				
·F		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds				
)ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund		400	,000	
SS	29	Retained earnings, accumulated income, endowment, or other funds				
Ä	30	Total net assets or fund balances (see instructions)	0	400	,000	
ē	31	Total liabilities and net assets/fund balances (see				
~		instructions)	0	400	,000	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colu				
	end-	of-year figure reported on prior year's return)			1	
2	Ente	r amount from Part I, line 27a			2	400,000
3		er increases not included in line 2 (itemize)			3	127:10
4		lines 1, 2, and 3			4	400,000
5	_				5	
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	400,000

Part	V Capital Gains and L	osses for Tax on Investm	nent Income			
		nd(s) of property sold (e.g., real estate or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b					<u> </u>	
<u>C</u>						
<u>d</u> e					_	
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g)
а						
<u>b</u>						 -
<u>c</u>						-
<u>d</u>						
<u>е</u>	Complete only for assets shown	ng gain in column (h) and owned	by the foundation	on 12/31/69	(1) Cours (Co	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but no	I (h) gain minus t less than -0-) or rom col (h))
а						
b						
<u>c</u>			<u> </u>			
<u>d</u>						. 2
e 2	Capital gain net income or (r		ı also enter ın Pa , enter -0- in Pa		2	
3		or (loss) as defined in sections line 8, column (c) (see instru	s 1222(5) and (6)):		
	Part I, line 8				3	
Part		Section 4940(e) for Redu				
(For o	ptional use by domestic priva	te foundations subject to the	section 4940(a)	tax on net inves	tment income.)	
If sec	tion 4940(d)(2) applies, leave t	his part blank.				
Was t	he foundation liable for the se s," the foundation does not qu	ection 4942 tax on the distribu			base period?	☐ Yes ☐ No
1		nt in each column for each ye			aking any entries.	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value o	(c) of noncharitable-use a		(d) stribution ratio divided by col (c))
	2010					
	2009					
	2008					
	2007			·		
	2006	<u> </u>				
2	Total of line 1, column (d)					
3		r the 5-year base period—div tion has been in existence if l				
4	Enter the net value of nonch	naritable-use assets for 2011	from Part X, line	5	. 4	
5	Multiply line 4 by line 3 .				5	
6	Enter 1% of net investment	income (1% of Part I, line 27)	b)		6	
7	Add lines 5 and 6				. 7	<u> </u>
8	Enter qualifying distributions If line 8 is equal to or greate	s from Part XII, line 4 er than line 7, check the box i	 in Part VI, line 1	b, and complete	that part using a	1% tax rate. See the
	Part VI instructions.					

Part \		nstru	ction	<u>s)</u>			
	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)	,					
	The state of the s						
	here Dand enter 1% of Part I, line 27b		N/A				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		ľ	Ì			
	Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0				
3	Add lines 1 and 2		0				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0				
6	Credits/Payments:						
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	. íĽ					
b	Exempt foreign organizations—tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c		3 1	3			
d	Backup withholding erroneously withheld			لخت			
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 Tay due if the total of lines 5 and 8 is more than line 7, enter amount owed						
9	Tax due: If the total of lines o did o to more than line 1, since different over		0				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11		-				
Part							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	. :	Yes	No			
	participate or intervene in any political campaign?	1a		$\overline{\checkmark}$			
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		✓			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			753			
	published or distributed by the foundation in connection with the activities.	iù	<u>NJ</u>				
С							
d	· · · · · · · · · · · · · · · · · · ·						
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	7.	* 1				
	on foundation managers. ▶ \$		* 2.1				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		∀ 1 * (3			
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	18	d is	. 10			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		··			
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		-			
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/	<u> </u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1			
	If "Yes," attach the statement required by General Instruction T.	7 %	¥:4.	1.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	346					
•	By language in the governing instrument, or	- 21 .	. 4				
	• 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	✓				
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	√				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	1.	. \$				
	ALASKA	7 +		3			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1.00	- 1	Ĭ.			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓ 3	-			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1			
	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		 -			
10	names and addresses	10		1			
	names and addresses	1 10	V				

.

Form 99	90-PF (2011)		P	age 5
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		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			,
40	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	√	
14	Website address ► The books are in care of ► BRIAN BELL Telephone no. ► 907	-273	8642	
17	TID. 4 N. AOSA E JOURI COURT WASHIA AV	99654		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		<u></u>	
	and enter the amount of tax-exempt interest received or accrued during the year	•	•	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		,4	
	the foreign country	, niz *	,	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	[a]		
	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):			3.
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a 			1
	disqualified person?	٠,٠,١	,\$.	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes			*
	(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)?	2		
	(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.)		`a	
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)?	-202	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here	1b	N.	A ₩V
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		*	1
	were not corrected before the first day of the tax year beginning in 2011?	1c	Million radional	<u>~</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		3	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	3		ž
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	, na	1	3
	6e, Part XIII) for tax year(s) beginning before 2011?	٠.	cå.	100 N
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	***		(4) (4)
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			an X No. ¥
	(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.)	Ob.	N/	<u></u>
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	N/	A A
С	► 20 , 20 , 20 , 20) X Y ,	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		,	,
	at any time during the year?	8 4 A		
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			<u> </u>
_	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? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		-
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	li	
			1	

Part	VII-B · Statements Regarding Activities	for W	hich Form	<u>4720 N</u>	/lay Be R	equire	d (contın	ued)		
5a	During the year did the foundation pay or incur a	•		n (sooti	on 4945/o\	12	☐Yes	 ✓ No		
	 (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, stud(4) Provide a grant to an organization other than	dy, or c	ritable, etc., d	organiza	ation descr	ibed in	Yes	☑ No	l I	
	section 509(a)(1), (2), or (3), or section 4940(d (5) Provide for any purpose other than religious,						☐ Yes	☑ No	y	
L	purposes, or for the prevention of cruelty to of If any answer is "Yes" to 5a(1)–(5), did any of the							✓ No		
b	Regulations section 53.4945 or in a current notice	regardir	ng disaster as	sistance	e (see instri	rctions),	?			NA A
С	Organizations relying on a current notice regarding lift the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation claim	exemp	tion from	the tax	 N/A □Yes	_		
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any	tions se	ection 53.494	15–5(d). directly,	to pay pre	miums	□Yes	✓ No		
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.								6b	
7a	At any time during the tax year, was the foundation a	a party t	o a prohibited	I tax she	elter transac	tion?	Yes		<u> </u>	
	If "Yes," did the foundation receive any proceeds VIII Information About Officers, Direct								1 1	N/A -
ı uı	and Contractors									,
1	List all officers, directors, trustees, foundation									
	(a) Name and address	` hou	e, and average rs per week ed to position		npensation paid, enter -0-)	emplo	Contributions yee benefit perred compe	olans	(e) Expense a other allow	
4951	AN BELL E JOHN JOHN COURT, WASILLA, AK 99654	1			0			0		0
	RLETT BELL E JOHN JOHN COURT, WASILLA, AK 99654	1			0			0		0
BRI	GUM BELL	0			0			0		0
495	1 E JOHN JOHN COURT, WASILLA, AK 9965									
				<u>. </u>		<u></u>				
2	Compensation of five highest-paid employed "NONE."	es (oth	er than thos	se inclu	ided on li	ne 1—:	see instri	uction	s). If none	, enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper		(d) Contribution of the complex of t	benefit leferred	(e) Expense a other allow	
NON	E			:		0		0		0
			 							
									_	
Total	number of other employees paid over \$50,000 .		<u> </u>		<u> </u>		<u> </u>	. ▶	 	

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI	NE .	
Tota	number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
or	panizations and other beneficiaries served, conferences convened, research papers produced, etc	
1	SINCE THE FOUNDATION STARTED IN DECEMBER 2011, ONLY DONATIONS WERE RECEIVED IN 20	
	IN 2012 THE FOUNDATION WILL CONTRIBUTE FUNDS TO OTHER CHARITIES AND INDIVIDUALS	0
_	APPROPRIATE UNDER THE BYLAWS OF THE ORGANIZATION	
2		
3		
4		
	LIV D. Communication of Drawners Deleted Investments (occinetarystics)	
	t IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	, unoditi
'		
2		
Al	other program-related investments. See instructions	
3		
		1

Part :	· · · · · · · · · · · · · · · · · · ·	gn foundations,
	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	
	purposes:	
	Average monthly fair market value of securities	1a
	Average of monthly cash balances	1b
	Fair market value of all other assets (see instructions)	1c
	Total (add lines 1a, b, and c)	1d
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
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	
	instructions)	4
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5
6	Minimum investment return. Enter 5% of line 5	6
Part 2	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
2a	Tax on investment income for 2011 from Part VI, line 5	
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b	
С	Add lines 2a and 2b	2c
3	Distributable amount before adjustments. Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
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
Part	XII Qualifying Distributions (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	38
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a
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:	
а	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
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
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the foundation

art :	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c) 2010	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010		2011
_	line 7	1 (a) 35	<u> </u>	/ <u>*</u>	× ; ;
2	Undistributed income, if any, as of the end of 2011: Enter amount for 2010 only				
a b	Enter amount for 2010 only				* *
3	Excess distributions carryover, if any, to 2011:	*	** **	***	`,,
а	From 2006	۰ *			35
b	From 2007			×	
C	From 2008	* ~	** * * * * * * * * * * * * * * * * * * *	3	
d	From 2009		Á color	i i i i i i i i i i i i i i i i i i i	
e	From 2010		· was go a way in the same		
4	Total of lines 3a through e				4
7	line 4: > \$				
а	Applied to 2010, but not more than line 2a .	. `			
b	Applied to undistributed income of prior years				3
	(Election required—see instructions)			5. · ; \$2. ; **. · \$.	
С	Treated as distributions out of corpus (Election				
	required—see instructions)	7 8 9* 50°- 7 & 8 €			
d e	Remaining amount distributed out of corpus	<u> </u>	**************************************		**
5	Excess distributions carryover applied to 2011		LACTOR A STA	44	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
2	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2.2			4
b	Prior years' undistributed income. Subtract	. 356	N		
	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				
е	Undistributed income for 2010. Subtract line		. 		
	4a from line 2a. Taxable amount—see				
	Undistributed income for 2011. Subtract lines		Aka.	*** ,>	· · · · · · · · · · · · · · · · · · ·
f	4d and 5 from line 1. This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus			\$ \	
	to satisfy requirements imposed by section				
_	170(b)(1)(F) or 4942(g)(3) (see instructions) .				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions).		() () () () () () () () () ()	Mar of Mark a	
9	Excess distributions carryover to 2012.			3, /	
	Subtract lines 7 and 8 from line 6a		. Š	i. ii	
10	Analysis of line 9:				
а	Excess from 2007			44.	
b	Excess from 2008				
C	Excess from 2009 Excess from 2010	-			
d	Excess from 2011	1 / 2		**	

Page	1	n
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Form 990-PF (2011)	Form	990-	PF I	(2011)	
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Part .	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	r 2011, enter the da	te of the ruling .	▶		
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ction	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	each year listed					
b	85% of line 2a					<u> </u>
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					-
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	of minimum investment return shown in					
	Part X, line 6 for each year listed			,		
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		าร.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contribu	uted more than 29	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more tr	nan \$5,000). (See s	section 507(a)(2).)	
BRI	AN BELL			1 1	, II 1	
b	List any managers of the foundation					irge portion of the
	ownership of a partnership or other e	nuty) of writer the	iounuation nas a	10% or greater int	erest.	
	t to the state of	- O O:# 1		nto Duomenomo:		
2	Information Regarding Contribution Check here ▶ ☑ if the foundation unsolicited requests for funds. If the	only makes cont foundation makes	ributions to prese	elected charitable		
	other conditions, complete items 2a,					
а	The name, address, and telephone no	umber of the perso	on to whom applic	cations should be a	addressed:	
b	The form in which applications should	d be submitted an	d information and	materials they sho	ould include:	
_						
C	Any submission deadlines:					
d	Any restrictions or limitations on a factors:	wards, such as b	y geographical a	ireas, charitable fi	elds, kinds of ins	stitutions, or other

Part XV Supplementary Information (continued)										
_3										
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount					
	Name and address (home or business)	or substantial contributor	recipient	CONTIDUION						
а	Paid during the year									
					İ					
			1							
	Total			▶ 3a	1					
<u>b</u>	Approved for future payment	<u> </u>	<u> </u>							
_	, , , , , , , , , , , , , , , , , , , ,									
			1							
		1	1							
	Total			. <u> ▶</u> _ 3b)					

	t XVI-A Analysis of Income-Producing Ac		oinogo incomo	Evaluded by seet	on 512 512 or 514	
:nter	gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions.)
1	Program service revenue:					(000
	a					
	b					
	C					
	d					
	e					-
						- -
_	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3 4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:			1020000	C. Marie	
3	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income		-			
8	Gain or (loss) from sales of assets other than inventory		-			· ·
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					ļ <u>-</u>
	c					
	d			-		
	e	Section 1		**************************************		
	Subtotal. Add columns (b), (d), and (e)					<u></u>
13	Total Add line 12 columns (b) (d) and (e)					
ممک					. 10	
(See	worksheet in line 13 instructions to verify calculation	ns.)			. 10	
See Par	worksheet in line 13 instructions to verify calculation † XVI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		importantly to the
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Part	XVII	Information	n Regarding Trans	fers To and Transa	ctions and Re	elationship	ps With N	loncha		
			ganizations			•	•			
1	ın sec organi	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of:								No
а		-		•	-	τ:				
	(1) Ca								1a(1)	√
	- •	her assets .							1a(2)	√
b		transactions:								
	(1) Sales of assets to a noncharitable exempt organization									✓
				ole exempt organizatio					1b(2)	√
				assets					1b(3)	√
			<u> </u>						1b(4)	. 1
		ans or loan gua							1b(5)	✓
_				o or fundraising solicit					1b(6)	/
C				s, other assets, or paid					1c	<u> </u>
d				" complete the follow es given by the report						
				ment, show in column						
(a) Line) Amount involved		ritable exempt organization		tion of transfer				
(=) =	- (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)					.,	33	
	-					 -				
	-									
							_			
				· · · · · · · · · · · · · · · · · · ·			_			
						-				
				 -						
				·						
						<u> </u>				
										
_										
			· <u> </u>							
-										
_										
2a b	descr	ibed in section 5		liated with, or related ther than section 501(c			ot organiza	ations · · [N/A ☐ Yes ☐	No
		(a) Name of organ	nization	(b) Type of organ	zation		(c) Description	n of relatio	onship	
									<u>.</u>	
				<u></u>						
	_									
										
0:		r penalties of perjury, l ct. and complete. Decl	I declare that I have examined laration of preparer (other that	this return, including accompa n taxpayer) is based on all infor	anying schedules and s mation of which prepa	statements, and rer has anv knov	to the best of wledge.	my knowle	dge and belief,	it is true,
Sign	'	11/1		- /- /- /- /- /- /- /- /- /- /- /- /- /-	\				IRS discuss this	
Here		UNSI	Wed		CPA			(see instru	preparer shown actions)? [2] Yes	Delow
	Sign	ature of officer or tru			Title	Date	<u> </u>	<u></u>		
Paid		Print/Type preparer	r's name	Preparer's signature		Date		k ∐ ıf	PTIN	
Prep	arer			<u></u>		L		mployed		
Use	Only	Firm's name					Firm's ElN ▶	<u> </u>		
		Firm's address ▶					Phone no		000 51	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

BELL F	AMILY FOUNDATIO	N	45 -	- 4043971
Organiz	ation type (check on	e):		
Filers of	•	Section:		
Form 99	0 or 990-EZ	501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation	
		☐ 527 political organization		
Form 990-PF		501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation	
		☐ 501(c)(3) taxable private foundation		
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . (), (8), or (10) organization can check boxes for both the General Rule	and a Spec	ial Rule. See
General	Rule			
Ø		filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, one contributor. Complete Parts I and II.	000 or more	e (in money or
Special	Rules			
	under sections 509((3) organization filing Form 990 or 990-EZ that met the $33^{1/3}$ % suppo a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) F d II.	the year, a	a contribution of
	during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, chooses, or the prevention of cruelty to children or animals. Complete Par	arıtable, sc	ientific, literary,
	during the year, cornot total to more the year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions for use exclusively for religious, charitable, etc., purposes, lean \$1,000. If this box is checked, enter here the total contributions the ely religious, charitable, etc., purpose. Do not complete any of the paraization because it received nonexclusively religious, charitable, etc., are the contributions of the paraization because it received nonexclusively religious, charitable, etc., are the contributions of the paraization because it received nonexclusively religious, charitable, etc., are the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contributions of the paraization because it received nonexclusively religious, charitable, etc., and the contribution of the paraization of the paraization because it received nonexclusively religious, charitable, etc., and the contribution of the paraization of the paraizati	but these co at were rece ts unless th contribution	ontributions did eived during the ne General Rule ns of \$5,000 or
Caution	n. An organization tha	at is not covered by the General Rule and/or the Special Rules does n	ot file Sche	dule 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).

		(,		, -	 , , ,-	
		_		_		 	_
Name	Of (organ	ızatı	on			

Employer identification number 45 - 4043971

BELL FA	MILY FOUNDATION		45 - 4043971
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BRIAN AND SCARLETT BELL 4951 E JOHN JOHN COURT WASILLA, AK 99654	\$ 150,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BELL INVESTMENTS, LLC 4951 E JOHN JOHN COURT WASILLA, AK 99654	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

(Rev March 2012) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OIVIB NO. 1545-0150
For IRS Use Only
Received by
Name
Telephone
_

Power of Attorney

	Caution: A separate Form 2848 should be for any purpose other than representation	•		payer. Form 2848 Wil	. 110T DE 1	nonorea	Function Date		_/
	Taxpayer information. Taxpayer must sign and date	e this form on pa	ge 2, line	7.					
Taxpa BELL	yer name and address FAMILY FOUNDATION		Taxpayer identification		` '				
	JOHN JOHN COURT	Daytime telephone number Plan n				umber (if a	pplical	ble)	
WASII	LLA, AK 99654			907-373-864		1			,
hereby	appoints the following representative(s) as attorney	/(s)-in-fact:			· -				
_ 2	Representative(s) must sign and date this form o	n page 2, Part II.							
Name and address CHRIS SLINKARD, CPA, CITP, CGMA				CAF No.	020	058053R			
	ELDER RD			PTIN	P004	41246			
DIAMO	OND, MO 64840			Telephone No.					
Check	if to be sent notices and communications	7	Check	Fax No. If new: Address ✓	Telepho	ne No 📝	Fa	 x No.∫	
Name and address				CAF No.					
				PTIN					
				Telephone No.					
<u> </u>	far by and added and accomplishing	П	Charle	Fax No If new: Address	Tolopho				\Box
	ff to be sent notices and communications	<u>L</u>	Check	CAF No.					<u> </u>
Name	and address			PTIN					
				Telephone No.		••••			
		· 	Check	if new: Address 🗌	Telepho	ne No. 🗌] Fa	x No.	
to rep	resent the taxpayer before the Internal Revenue Sen Matters	vice for the follow	wing matte	ers.					
	ption of Matter (Income, Employment, Payroll, Excise, Estate, (Gift, Whistleblower,	1	Tax Form Number		Year(s) or	Period(s) (of appl	ıcable)
P	ractitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instruc	tions for line 3)	(1040,	941, 720, etc.) (if appli	cable)	(see in	structions	for line	e 3)
NONP	PROFIT APPLICATION		1023		ľ	2011 - 201	5		
NONPROFIT ANNUAL RETURN 990-PF 2011 - 2015					15				
PAYR	OLL		941, 940	940 2011 - 2015			5		
4	Specific use not recorded on Centralized Auth	norization File (CAF). If th	e power of attorney is	for a spe	cific use r	not recorde	d on (CAF,
	check this box. See the instructions for Line 4. Sp	ecific Uses Not	Recorde	d on CAF		<u> </u>	<u>.</u>	<u></u>	_ ► [
5	Acts authorized. Unless otherwise provided be information and to perform any and all acts that I sign any agreements, consents, or other docu amounts paid to the client in connection with this unless the appropriate box(es) below are checked or return information to a third party, substitute ar I Disclosure to third parties; Substitute or	can perform wit iments. The rep s representation d, the representa	h respect resentativ (including tive(s) is (a ative or ad	to the tax matters desce(s), however, is (are) refunds by either election not authorized to e	cribed on not auth stronic me xecute a atives, or	line 3, for orized to eans or pa request fo sign certai	example, t receive or per checks r disclosure in tax return	he aut negot). Add of tax s.	hority to late any litionally creturns
	Other acts authorized:					 			 -
					(se	e instructi	ons for mo	re info	mation
	Exceptions. An unenrolled return preparer can An enrolled actuary may only represent taxpayer 230) An enrolled retirement plan agent may only return preparer may only represent taxpayers to ton tax matters partners. In most cases, the stud supervision of another practitioner).	s to the extent p represent taxpa he extent provid	rovided in yers to the led in sect	section 10.3(d) of Tre extent provided in section 10.3(f) of Circular 2	easury De ction 10 3 30. See t	partment B(e) of Circ he line 5 in	Circular No ular 230. A estructions	. 230 regist for res	(Circula ered tax
	List any specific deletions to the acts otherwise a	uthorized in this	power of	attorney					

Page 2

6	attorney of	on file with the Internal File a prior power of attorne	Revenue Service for the same r y, check here	natters and year	r of attorney automatically revokes all ear s or periods covered by this document. If y WANT TO REMAIN IN EFFECT.	
7	of attorne	ey even if the same repre- receiver, administrator,	esentative(s) is (are) being app	ointed. If signed	as filed, the husband and wife must each fi by a corporate officer, partner, guardian, that I have the authority to execute this fo	tax matters partner,
	▶ IF NO	T SIGNED AND DAT	ED. THIS POWER OF ATT	ORNEY WILL	BE RETURNED TO THE TAXPAYER.	
				(111/12	PRESIDENT	
		Signature		(Dafe	Title (if applicable)	
RDIAN	BELL					
DINA					BELL FAMILY FOUNDATION	
		Print Name	Pl	N Number	Print name of taxpayer from line 1 if ot	her than individual
Part	II De	eclaration of Repre	esentative			
		of perjury, I declare that:				
• I am	not curren	tly under suspension or	disbarment from practice befor	e the Internal Re	venue Service;	
• I am	aware of re	egulations contained in (Circular 230 (31 CFR, Part 10),	as amended, cor	ncerning practice before the Internal Reven	ue Service;
• I am	authorized	I to represent the taxpay	er identified in Part I for the ma	tter(s) specified t	there, and	
• I am	one of the	following:				
a A	ttomey-a	member in good standir	ng of the bar of the highest cou	rt of the jurisdict	ion shown below.	
b C	ertified Pui	blic Accountant-duly qu	ualified to practice as a certifie	d public account	ant in the junsdiction shown below	
c E	nrolled Age	ent-enrolled as an agen	t under the requirements of Ci	rcular 230.		
d O	fficer-a b	ona fide officer of the tax	xpayer's organization.			
e F	ull-Time Er	nployee—a full-time emp	oloyee of the taxpayer.			
		ber—a member of the teer, or sister).	axpayer's immediate family (for	example, spous	e, parent, child, grandparent, grandchild, s	tep-parent, step-
th	ne Internal	Revenue Service is limite	ed by section 10.3(d) of Circula	r 230).	ctuaries under 29 U.S.C. 1242 (the authority	
re	eturn under	Return Preparer—Your a rexamination and have s arers in the instruction	signed the return. See Notice 2	Internal Revenue 2011-6 and Spec	Service is limited. You must have been eligible rules for registered tax return prepartition.	gible to sign the ers and unenrolled
	ractice be	fore the Internal Revenue	Service is limited. You must h	ave been eligible	irements of section 10.4 of Circular 230 Yo to sign the return under examination and I and unenrolled return preparers in the i	have signed the
k S	tudent Atto orking in L	orney or CPA—receives p LTC or STCP under sect	permission to practice before the ion 10.7(d) of Circular 230. See	ne IRS by virtue o	of his/her status as a law, business, or acco Part II for additional information and require	ounting student ements.
		tirement Plan Agent—en enue Service is limited b		nt under the requ	irements of Circular 230 (the authority to p	ractice before the
Þ	F IF THIS	DECLARATION OF D. REPRESENTATIV	REPRESENTATIVE IS N VES MUST SIGN IN THE O	OT SIGNED A	AND DATED, THE POWER OF ATTI IN LINE 2 ABOVE. See the instruction	ORNEY WILL BE
	For desigr ore informa		le, position, or relationship to the	ne taxpayer in the	e "Licensing jurisdiction" column. See the ir	nstructions for Part I
Inse	gnation— ert above ter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.		Signature	Date
	b	MISSOUR	020413		Moldel	1/17/12
						177

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

•	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-Month Extension, 6	•	-				. ▶ 🗸
Do not con	mplete Part II unless you have already been o	granted an	automatic 3-month exte	ension on a previou	ısly fıl	led Form 8	3868.
a corporation 8868 to receive Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extens d in Part I or Part II wit Contracts, which must	ion of time. You ca h the exception of be sent to the IR	n ele Forn S ın	ctronically n 8870, In paper fo	file Form formation rmat (see
Part I	Automatic 3-Month Extension of Time	e. Only sub	omit original (no copie	es needed).			
	ion required to file Form 990-T and reque	sting an a	utomatic 6-month exte	ension-check this			nplete
All other co	orporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to requ	iest a	an extensio	on of time
to file incon	ne tax returns.						
	This section is a section of the sec		Er	nter filer's identifying	~~		
Type or	Name of exempt organization or other filer, see in BELL FAMILY FOUNDATION	nstructions		Employer identifi		n number (E 43971	:IN) or
print	Number, street, and room or suite no. If a P.O b	ox. see instri	uctions.	Social security n			
File by the due date for	4951 EAST JOHN JOHN COURT	,				. ()	
filing your return See	City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instructions				
Instructions	WASILLA, AK 99654						
Enter the R	eturn code for the return that this application	is for (file a	separate application fo	r each return) .			0 4
Application	on	Return	Application				Return
Is For		Code	Is For				Code
Form 990		01	Form 990-T (corporation)				07
Form 990-		02	Form 1041-A				08
Form 990-		01	Form 4720 Form 5227				09
Form 990-	-Pr -T (sec. 401(a) or 408(a) trust)	04	Form 6069		<u>10</u>		
	-T (trust other than above)	06	Form 8870		12		
10111330	T (trade other than above)	1 00	17011110010				
• The book	s are in the care of BRIAN BELL					•	
If the orgaIf this is for the who	ne No. ► 907-373-8642 anization does not have an office or place of boor a Group Return, enter the organization's foole group, check this box ► If the names and EINs of all members the extens	ousiness in ur digit Gro it is for par	the United States, chec up Exemption Number	(GEN)	•	 If this	
1 I red	quest an automatic 3-month (6 months for a c	orporation	required to file Form 99	0-T) extension of til	me		
unti	AUGUST 15 , 20 12 , to file the exe	mpt organi	zation return for the org	anızatıon named al	bove	The exter	nsion is
for t	the organization's return for:						
▶ [•	calendar year 20 <u>11</u> or						
	tax year beginning	, 20	, and ending			, 20	
	te tax year entered in line 1 is for less than 12. Change in accounting period	months, ch	eck reason: Initial re	eturn 🗌 Fınal reti			
	nis application is for Form 990-BL, 990-PF, 99 irefundable credits. See instructions.	0-T, 4720,	or 6069, enter the tenta	ative tax, less any	3a	\$	
	his application is for Form 990-PF, 990-T,	4720, or 6	6069, enter any refund	able credits and	Ja		
esti	mated tax payments made. Include any prior	year overpa	ayment allowed as a cre	edit.	3b	\$	
	ance due. Subtract line 3b from line 3a Including [PS] (Electronic Federal Tax Payment System).			equired, by using	3с	\$	
Caution. If	you are going to make an electronic fund withdrawa	l with this Fo	orm 8868, see Form 8453-l	O and Form 8879-E0			structions