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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

epartment of the Treasury	Treated as a Private Foundation
	Note. The foundation may be able to use a copy of this return to satisfy state reporting requirement
temal Revenue Service	intite, The foundation may be able to use a copy of this retain to satisfy state reporting requirement

		endar year 2011 or tax year beginning	TTON THE	, 2011,	and ending	A Employer identif	, 20
		of foundation GAMEZ FAMILY FOUNDA!	IION INC.			1	
_		GUALBERTO GAMEZ, DIRECTOR			Danielata	84-150599	
	Nume	er and street (or P O box number if mail is not delive	ered to street address)		Room/suite	I -	per (see instructions)
	0011	CUIDDAY HILLO BADM DDTUB	`			(8	77) 829-5500
-		5 CHERRY HILLS FARM DRIVE				 	
	City o	r town, state, and ZIP code				C If exemption applic	ration is
		THOOD GO 00110				pending, check her	е
		LEWOOD, CO 80110	Initial actions	-f o form	t. abaatt	1	
G	Cne	ck all that apply Initial return	Initial return	•	ublic charity	D 1 Foreign organiz	
		Final return	Amended ref			2 Foreign organiz 85% test, check	
-	<u> </u>	Address change ck type of organization X Section 501(Name change			computation .	▶ ∟
ï	\neg		Other taxable pr		hon	1 - '	on status was terminated
+	•	ection 4947(a)(1) nonexempt charitable trust	unting method X Ca				b)(1)(A), check here .
,		i (asn Acc	iruai		s in a 60-month termination
	-		ther (specify) column (d) must be on	cash hasis)		under section 507(b)(1)(B), check here . P
ı.		Analysis of Revenue and Expenses (The	colatilit (a) thast be on	00311 20313 /	 -		(d) Disbursements
4	या ।	total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inve	L L	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	incom	ne	income	purposes
٦		column (a) (see instructions))	52,025.				(cash basis only)
		Contributions, giffs, grants, etc., received (attach schedule) . If the foundation is not required to attach Sch. R.	02,020.				
	-	allaci Sci D	416.		416.		ATCH 1
		Interest on savings and temporary cash investments Dividends and interest from securities	271.		271.		ATCH 2
	4	Gross rents					111011 2
		Net rental income or (loss)					
•		Net gain or (loss) from sale of assets not on line 10	1,525.		- -		
Revenue		Gross sales price for all 59,538	•				
ķ	7	Capital gain net income (from Part IV, line 2).			1,525.		
2		Net short-term capital gain	-				
	9	Income modifications · · · · · · · · · · · · · · · · · · ·	-				
		Gross sales less returns	ī	··			
	h	and allowances Less Cost of goods sold .					
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
		Total. Add lines 1 through 11	54,237.		2,212.		
_		Compensation of officers, directors, trustees, etc	0	-			
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ben	i	Legal fees (attach schedule)					
Ř		Accounting fees (attach schedule)	2,025.		1,013.		1,01
	l.	Other professional fees (attach schedule)					
ä	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)					
ۼ	19	Depreciation (attach schedule) and depletion.					
Administrative	20	Occupancy					
9	21	Travel, conferences, and meetings					
ä	21 22	Printing and publications					
ing	23	Other expenses (attach schedule)					
rat	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	2,025.		1,013.	- -	1,01
Ų	25	Contributions, gifts, grants paid	1,000.				1,00
_	26	Total expenses and disbursements Add lines 24 and 25	3,025.		1,013.		2,01
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	51,212.	 			
		Net investment income (if negative, enter -0-)			1,199.		
	D	(negative, since to				-	

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2011) PAGE 2

Part II		Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End o	d of year	
ľ	artii	Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1 (Cash - non-interest-bear	ıng		_		
			cash investments	103,590.	151,990.	151,990.	
	3 /	Accounts receivable					
		_ess allowance for dou	btful accounts ▶				
		ess allowance for dou	btful accounts >				
			officers, directors, trustees, and other				
			tach schedule) (see instructions)				
			receivable (attach schedule)		-		
	i .		btful accounts				
	}						
şţ			Se				
Assets		•	leferred charges				
⋖			te government obligations (attach schedule),	27,946.	30,758.	27,120.	
	1		e stock (attach schedule) ATCH 3	27,340.	30,730.	27,120.	
	11	Investments - corporate Investments - land, building	e bonds (attach schedule).				
		Less accumulated depreca (attach schedule)	ation		18		
	12	Investments - mortgage	loans				
	13	Investments - other (atta	ach schedule)				
	14	Land, buildings, and equipment basis	· •				
		Less accumulated deprecia (attach schedule)	ation				
	15	Other assets (describe	>)				
			completed by all filers - see the				
		instructions Also, see p	page 1, item I)	131,536.	182,748.	179,110.	
	17	Accounts payable and a	accrued expenses				
	1						
Ś	19		,	·			
≅	20		ors, trustees, and other disqualified persons				
Liabilities	21		otes payable (attach schedule)				
Ë	22	0 0	e ►)		-	1	
		Otto: naominos (accomb	·			1	
	23	Total liabilities (add line	es 17 through 22)	o	C		
_			llow SFAS 117, check here ▶			1	
			24 through 26 and lines 30 and 31.			ļ	
S	1	•		\		į	
Š	24						
ala	25	Temporarily restricted		·· -	_ -		
8	26				······		
Š		Foundations that do	not follow SFAS 117, nplete lines 27 through 31.				
<u> </u>							
S	. I	•	icipal, or current funds			-	
set	28	•	or land, bldg , and equipment fund	131,536.	182,748.		
Ass	29	• .	ulated income, endowment, or other funds	131,536.	182,748.	_	
et	30		d balances (see instructions)	131,330.	102,740.		
Z	1		net assets/fund balances (see	121 526	100 740		
					182,748.	<u> </u>	
			anges in Net Assets or Fund				
1			palances at beginning of year - Part		į,	101 501	
		-	d on prior year's return)			131,536.	
		amount from Part I,			2	51,212.	
3	Other	r increases not includ					
		ines 1, 2, and 3			4	182,748.	
5	Decr	eases not included in			-		
<u>6</u>	Total	net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	182,748.	

Part IV	Capital Gains	and Losses for Tax on Inve	estment Income			1 090 0
	• •	d describe the kind(s) of property sold (-	(b) How acquired P-Purchase 0-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE	E PART IV SCHEI	OULE				
b						
		<u> </u>				
_d						
<u>e</u>			(a) Coat or other book	 -		L
(e) (Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	ļ	(h) Gain or (lo (e) plus (f) mini	
<u>a</u>				 		
						
_ <u>C</u>				 	- 	
_d				 		
<u>e</u>	molete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		C==== (C=) (b) ==	
		(i) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) g (k), but not less t	
(i) F.M	V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
				 		
				-		
<u> </u>					·	
				 		
<u>e</u>			gain, also enter in Part I, line 7	 		
2 Capita	I gain net income or		(loss), enter -0- in Part I, line 7	2		1,525.
		or (loss) as defined in sections 12				-
-		t i, line 8, column (c) (see inst				
Part I,	line 8	<u></u>	<u></u>	3		0
Part V			duced Tax on Net Investment In e section 4940(a) tax on net investi			
Was the			outable amount of any year in the b Do not complete this part	ase penod	d?	Yes X No
			, see the instructions before making	any entri	es.	
-	(a)	(b)	(c)		(d)	4-
	ase period years ear (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2010	3,000.	39,371.			0.076198
	2009		31,684.			
	2008					
	2007					
	2006			 		
0 T.4-1	-£1 41 (d)			_		0.076198
	of line 1, column (d)	for the 5-year base period - divide	the total on line 2 by 5 or by the	2		0.0/6198
	=	-	s than 5 years	3		0.015240
4 Enter	the net value of non	charitable-use assets for 2011 fro	m Part X, line 5	4		130,478.
				5		1,988.
6 Enter	1% of net investme	nt income (1% of Part I, line 27b)		6		12.
7 Add I	ines 5 and 6			7		2,000.
8 Enter	qualifying distributions	no form Don't VIII to a 4		•		

Par		struc	ctions)
1 a	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)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			12.
	here ▶ X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
	Add lines 1 and 2			12.
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			12.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
ь	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			_
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			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			12.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	ļ	Yes	No
	or Intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	'		
	instructions for definition)?	1 b	⊢—	Х
	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			v
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(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			
	on foundation managers \$	_		l ,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	Х	
-	conflict with the state law remain in the governing instrument?	7	X	
7		<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) CO,			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	1
0	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	"		<u> </u>
9	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			
		9		X
4.0	Part XIV			
10	· · ·	10		x
	and addresses		00.05	L

Form	990-RF (2011) GAMEZ FAMILY FOUNDATION INC. 84-150	5990	F	⊃age 5
	t VII-A Statements Regarding Activities (continued)			
	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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶N/A			
14	The books are in care of ► GUALBERTO GAMEZ, V.P. Telephone no ► 877-829	-550	0	
	Located at ▶2215 CHERRY HILLS FARM DRIVE ENGLEWOOD, CO ZIP+4 ▶ 80110			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	. 🔝
	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		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of			
	the foreign country			
Par	t 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
1 a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
	termination or government contact, it comments are self-yell, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
C	were not corrected before the first day of the tax year beginning in 2011?	1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	''		
2	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 ▶			
t	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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
t	olf "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)	3 b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
k	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?	4 b	L	X

Pai	t VII-B Statements Regarding Activities fo	or Which Form 47	720 May Be Requi	red (continued)				
5a	During the year did the foundation pay or incur any amou	nt to				1		
	(1) Carry on propaganda, or otherwise attempt to influen	ice legislation (section	4945(e))?	. Yes X 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 X No	.				
	(3) Provide a grant to an individual for travel, study, or other	ner sımılar purposes?		. Yes 🔀 No				
	(4) Provide a grant to an organization other than a	charitable, etc, org	anization described in	n				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	ee instructions)		. Yes X No	.			
	(5) Provide for any purpose other than religious, ch					Į		
	purposes, or for the prevention of cruelty to children o				.			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in	,			
	Regulations section 53 4945 or in a current notice regard				5b			
	Organizations relying on a current notice regarding disast			1 1				
c	If the answer is "Yes" to question 5a(4), does the f							
	because it maintained expenditure responsibility for the gr				, }			
	If "Yes," attach the statement required by Regulations sect							
6a	Did the foundation, during the year, receive any fund		ctly, to pay premium	s				
	on a personal benefit contract?							
b	Did the foundation, during the year, pay premiums, direct				6b	Х		
	If "Yes" to 6b, file Form 8870	•						
7 a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	. Yes X No				
	If "Yes," did the foundation receive any proceeds or have				7b			
_	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,			
_	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	compensation (see	instructions).				
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense a	account,		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow			
GU	ALBERTO GAMEZ	DIRECTOR						
221	5 CHERRY HILLS FARM DRIVE	1 00	0	q		0		
SII	JVIA GAMEZ	DIRECTOR						
221	5 CHERRY HILLS FARM DRIVE	1.00	0	q		0		
					-			
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instruction	ons). If non	e, enter		
(8	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 a other allow			
	NONE							
				- · 				
Tota	al number of other employees paid over \$50,000 .					0		
					Form 990.	PF (2011)		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	25,918.
b	Average of monthly cash balances	1b	106,547.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	132,465.
е			
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	132,465.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	1,987.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	130,478.
6	Minimum investment return. Enter 5% of line 5	6	6,524.
Pa	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	6,524.
2 a	Tax on investment income for 2011 from Part VI, line 5 2a 12		
b	Income tax for 2011 (This does not include the tax from Part VI.) 2b]	
С		2c	12.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,512.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	6,512.
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1		6,512.
Pa	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		0 010
а		1a	2,012.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2		2	
3	purposes Amounts set aside for specific charitable projects that satisfy the		,,,,,,
-		3a	
a			
b 4	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,012.
4	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	7	2,012.
5		5	12.
_	Enter 1% of Part I, line 27b (see instructions)		2,000.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	nculating whe	mer me roundation

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) Years prior to 2010 2010 2011 Corpus Distributable amount for 2011 from Part XI, 6,512. Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only 550 b Total for prior years 20 09 ,20 08 ,20 07 Excess distributions carryover, if any, to 2011: From 2006 From 2007 c From 2008 From 2009 From 2010 Total of lines 3a through e Qualifying distributions for 2011 from Part XII, 2,012. line 4 ▶ \$ 550 a Applied to 2010, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election required - see instructions) 1,462. d Applied to 2011 distributable amount e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be 5,050. distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a Analysis of line 9 10 a Excess from 2007 . . .

Form 990-PF (2011)

b Excess from 2008 . . .c Excess from 2009 . . .d Excess from 2010 . . .e Excess from 2011 . . .

Form	n 990-PF (2011)	GAMEZ FAM	ILY FOUNDATION	INC.	84	-1505990 Page 10
_		rating Foundations (see instructions and	Part VII-A, question	n 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2011, e	nter the date of the ruling		. ▶	
ь	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(0) 10421
	I or the minimum investment return from Part X for each					
	year listed					
ь	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					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line		•		•	
_	2d from line 2c		· ·			
3	Complete 3a, b, or c for the afternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
_	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties					
	toans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Б	(4) Gross investment income.	any Information /C	omplete this part	only if the found:	ation had \$5 000	or more in assets
Γ 6		during the year - se		only if the touride	alion naa \$0,000	01 111010 111 000010
1	Information Regardin	5				
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	l contributions recei	ved by the foundation
	before the close of any	y tax year (but only if tr	ney have contributed i	nore than \$5,000). (Se	ee section 507(d)(2)	,
_		GAMEZ, SILVIA GA			aration (as as assert	lu larga martiam -£ 4L -
þ	List any managers of ownership of a partner	the foundation who	own 10% or more of fwhich the foundation	r the stock of a corpo has a 10% or greater	oration (or an equali	ly large portion of the
	Ownership of a partite	isinpor other chitty, o	winon the roundation	, , , ao a 1070 or groator	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:	*****	 ,
	Check here ► X if t	the foundation only i	makes contributions	to preselected charit	able organizations	and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, gra	ants, etc (see instruct	ions) to individuals (or organizations under
	other conditions, com	·			··	
а	The name, address, a	and telephone number	of the person to whor	m applications should be	e addressed	
	The form in which app	dications should be ou	hmitted and informativ	on and materials they	should include	
D	me roun in water app	moduona anoulu be su	Direction and information	on and materials they	JGaia molado	
_						
С	Any submission deadl	ines				
d	Any restrictions or l	ımıtations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors					

		oved for Fu	ture Pavment	
Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor			
		}		
TTACHMENT 4				
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		1		
Total			▶ 3a	1,00
b Approved for future payment				
		1		

Form 990-PF		cing Activ	vities .			Page 12
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-						
b						
						
e f						
	and contracts from government agencies		· · ·			
_	ship dues and assessments					
	on savings and temporary cash investments			 	607	
	ds and interest from securities			14	687.	
	al income or (loss) from real estate		_			
	-financed property					
	Il income or (loss) from personal property	_		<u> </u>		
	vestment income					
	loss) from sales of assets other than inventory			14	1,525.	
9 Net inco	ome or (loss) from special events					
•	rofit or (loss) from sales of inventory					
	evenue a	-			-	
				<u> </u>		
e						
12 Subtota	I Add columns (b), (d), and (e)				2,212.	
	dd line 12, columns (b), (d), and (e)				13	2,212.
Part XVI	heet in line 13 instructions to venfy calciber B Relationship of Activities		complishment of F	exempt Purn	0202	
Line No.						
Ellie No. ▼	Explain below how each activit accomplishment of the foundation	•				
13	N/A					
						· · · · · · ·
				-		
					.	
			- -			
				<u>.</u>		
						

JSA 1E1492 1 000

Førm :	990-RF (2011)	GAMEZ FA	AMILY FO	NOITADNUC	INC.			84-150	15990	Page 13
Par	t XVII	Exempt Organ	nizations		· · · · · · · · · · · · · · · · · · ·		.		ships With Nor		ole
1	Did th	e organization direct	ly or indirectly	engage ir	n any of the	following	with any	y other orga	nization described	Ye	s No
	ın sec	tion 501(c) of the Co zations?									
_		fers from the reportin	a foundation to	n a noncha	aritable even	not organ	zation of			1 1	
а										1a(1)	x
		sh								1a(2)	X
		her assets		• • • • •		• • • • •				14(2)	+
b		transactions			4					45.44	×
		les of assets to a no								1b(1)	$\frac{1}{X}$
		rchases of assets fro								1b(2)	$\frac{\lambda}{x}$
		ental of facilities, equi								1b(3)	-
	(4) Re	eimbursement arrange	ements							1b(4)	- X
		ans or loan guarantee								1 1	X
		erformance of service			_						X
		ig of facilities, equipπ									X
d		answer to any of th									
		of the goods, other									
	value	in any transaction or	sharing arran	gement, s	how in colu	mn (d) th	e value o	of the goods	, other assets, or	services re	eceived.
(a) L	ine no	(b) Amount involved	(c) Name of	nonchantable	e exempt organiz	zation	(d) Desc	inption of transf	ers, transactions, and sh	anng arrangei	nents
		N/A					N/A				
					_				•		
							•				
		, <u>, , , , , , , , , , , , , , , , , , </u>								-	
										-	
			-								
					_						
		······································						,,			
		<u> </u>	-								
	descr	foundation directly ibed in section 501(c) s," complete the follo) of the Code (wing schedule		section 501	(c)(3)) or		527?			X No
		(a) Name of organizatio	n	1	(b) Type of orga	anization			c) Description of relatio	usinb	
			 	 							
					<u> </u>						
				 							
				<u> </u>			<u> </u>			4	
O	1 0000	er penalties of perjury, I declaration of	are that I have exam of preparer (outher than	mmed this retu itaxpayer) is ba:	ım, including acci ised on all informat	ompanying so Iron of which i	thedules and preparer has a	statements, and in Iny knowledge	o the best of my knowle	idge and belief	, it is true,
Sig	n 👞	1 1150			10-9-	2012	1		May the	RS discuss ti	his return
Her		Legal (C)/(C)	my				Melle	wrac	with the	preparer show	
	Sig	gnature of officer or trustee		D.	ate		Title		(see instructi	ons)? XYe	s No
	L_				1			10-4		DTIN	
Paid	d	Print/Type preparer's		Prepa	ared's signature	$\frac{1}{2}$		Date /8/	Check if	PTIN	_
		MARY C.	CARR, CI	4	/ Www	1		<u>/</u>	2 self-employed		712
	parer	Firm's name ► Bk		/	<u>/</u>	<u> </u>			Firm's EIN ▶ 44-	0160260	
USE	Only	Firm's address > 17	700 LINCOL	N STREE	T, SUITE	11400					

Phone no 303-861-4545

DENVER, CO

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

GAMEZ FAMILY FOUNDATION					
C/O GUALBERTO GAMEZ, I	DIRECTOR	84-1505990			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	lion			
501(c)(3) taxable private foundation					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See			
General Rule					
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or econtributor. Complete Parts I and II	or more (in money or			
Special Rules					
under sections 509(a)	s) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 100 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form I	e year, a contribution of			
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.					
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file S answer "No" on Part IV, line 2, of its Form 990, or check the box on line h F, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on			

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

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

Name of organization GAMEZ FAMILY FOUNDATION INC.
C/O GUALBERTO GAMEZ, DIRECTOR

Employer identification number 84-1505990

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1 _	LA FAVORITA, INC. 9330 BRIGHTON BOULEVARD HENDERSON, CO 80640	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

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

Name of organization GAMEZ FAMILY FOUNDATION INC. C/O GUALBERTO GAMEZ, DIRECTOR

Employer identification number 84-1505990

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

(a) No.	/h\	(c)	(d)
from	(b)	FMV (or estimate)	Date received
Part i	Description of noncash property given	(see instructions)	Date received

—— —			
		\$	
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(000 mondonom)	
1			
_			1
<u> </u>		\$	
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given		Date received
raiti		(see instructions)	
	_		
-		\$	
-			
(a) N-			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	•
		\$	
-			
(2) No			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
			
		\$	
-			
(2) 11-			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
1 —			
	· · · · · · · · · · · · · · · · · · ·	\$	
		\ \ \	
<u>_</u>			000 000 57 000 55) (0044)

	(Form 990, 990-EZ, or 990-PF) (2011)		Page 4					
Name of c	organization GAMEZ FAMILY FOUNDATION		Employer identification number					
	C/O GUALBERTO GAMEZ, D		84-1505990					
Part III	that total more than \$1,000 for the year organizations completing Part III, econtributions of \$1,000 or less for the	ear. Complete columns (a) the inter the total of exclusively re year. (Enter this information	eligious, charitable, etc.,					
(a) No	Use duplicate copies of Part III if addition	nai space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	.	-						
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
	<u> </u>							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
	Transferee's name, address, an	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transfered o manie, address, an							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		/_\ \						
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					

GAMEZ FAMILY FOUNDATION INC. 84-1505990
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F		INS AND LC		ription		OI D	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of 12/31/69	Excess of FMV over	۲	Gain or	
expenses of sale 30,441.	allowable	3700 SHS AMI 30,067.	12/31/69	1_12/31/69	adj basis		(loss) 01/14/2011 374.	02/01/2011
29,097.		1400 SHS CI: 27,946.	SCO SYSTEMS	INC			11/12/2010 1,151.	01/10/2011
OTAL GAIN(L	oss)						1,525.	
:								

, Form 8868 (R	Rev 1-2012)				Page 2
If you ar	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II	and check this box	► X
	complete Part II if you have already been grain				
If you ar	e filing for an Automatic 3-Month Extension, o	complete o	only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Ex	dension c	of Time. Only file the origin	nal (no copies needed).	
			Ent	ter filer's identifying number, see	instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification numb	er (EIN) or
Type or	GAMEZ FAMILY FOUNDATION INC.				
print	C/O GILBERT GAMEZ, DIRECTOR			X 84-1505990	
-	Number, street, and room or suite no If a P O bo	x, see instruc	ctions	Social security number (SSN))
File by the due date for	9330 BRIGHTON BOULEVARD				
filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
retum See Instructions	HENDERSON, CO 80640				
	Return code for the return that this application	is for (file a	separate application for each	ch return)	. 0 4
Application		Return	Application	sirrotarii, i i i i i i i i i i i i i i i i i i	Return
ls For	•	Code	Is For		Code
Form 990		01	1.5.7.0.		1
Form 990-E	Di	02	Form 1041-A		08
		01			09
Form 990-E		04	Form 4720		10
Form 990-F			Form 5227		11
	T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		12
	T (trust other than above) not complete Part II if you were not already	<u> </u>		sion on a proviously filed Form	
	ks are in the care of GILBERT GAMEZ,		automatic 3-month extens	sion on a previously filed For	11 0000.
	000 5500		TAY No. N	•	
		<u> </u>	AX No. ▶	- h	. [
	ganization does not have an office or place of				🏲 🗀
	for a Group Return, enter the organization's fo	-			
	ole group, check this box ▶ ☐ 1		art of the group, check this b	ox▶ [] and atta	acn a
	e names and EtNs of all members the extension			/15 00 10	
	uest an additional 3-month extension of time ui			<u>1/15</u> , 20 <u>12</u> .	
	alendar year 2011, or other tax year beginni		 : :	r 	20
	tax year entered in line 5 is for less than 12 m Change in accounting period				
	in detail why you need the extension ADDIT			ACCUMULATE THE	
INFO	RMATION NECESSARY TO FILE A COM	PLETE A	ND ACCURATE RETURN.		
			(D))		
			<i>J</i> / L	·····	
8a If this	s application is for Form 990-BL, 990-PF, 99	777 4Veo	or 6069, enter the tenta	ative tax, less any	
	efundable credits. See instructions			8a \$	4.
b If thi	s application is for Form 990-PF, 990-T,	4720, or	6069, enter any refund	lable credits and	
estim	ated tax payments made Include any pri	or year c	overpayment allowed as a	a credit and any	
amou	unt paid previously with Form 8868			8b \$	
c Balar	nce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if require	ed, by using EFTPS	
(Elec	tronic Federal Tax Payment System) See instru	ctions		8c \$	4.
	Signature and Verification	ation mu	st be completed for Pa	art II only.	_
	es of perjury, I declare that I have examined this form, ect, and complete, and that I am authorized to prepare this fo		companying schedules and stateme	ents, and to the best of my knowledge	ge and belief,
				n : •	
Signature >			Title ►	Date ►	/ 5
				Form 8868	(Rev 1-2012)

ATTACHMENT 1

INVESTMENTS	Control of the Contro
CASH	
ON TEMPORARY	
- INTEREST	
PART I -	
66 M	
FOR	

	NET	INVESTMENT	INCOME	416.	416.	
REVENUE		EXPENSES		416.	416.	
					TOTAL	
			DESCRIPTION	1ST BANK OF CHERRY CREEK		

ATTACHMENT 1 PAGE 20

DIVIDENDS AND INTEREST FROM SECURITIES	
FROM	•
INTEREST	
AND	
DIVIDENDS	
1	
PART]	
990PF,	
FORM	

NET INVESTMENT	INCOME	271.
REVENUE AND EXPENSES	PER BOOKS	271.
	DESCRIPTION	CHARLES SCHWAB

TOTAL

- CORPORATE STOCK

FORM 990PF, PART II

ATTACHMENT 3 PAGE 22

5245

ENDING BOOK VALUE

ENDING FMV

CHARLES SCHWAB

DESCRIPTION

30,758.

30,758.

27,120.

TOTALS

84-1505990

1,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

1300 SOUTH STEELE STREET DENVER, CO 80210-2599

ARCHDIOCESE OF DENVER

UNAFFILIATED

501 (C) (3)

RELIGIOUS

1,000

TOTAL CONTRIBUTIONS PAID

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

BQN0LL M698 10/4/2012

2:23·41 PM

5245

PAGE 23 ATTACHMENT 4

SCHEDULE D (Form 1041)

Capital Gains and Losses

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0092

Name of estate or trust GAMEZ FAMILY FOUNDATION INC.						Employer identification number				
	C/O GUALBERTO GAMEZ, DIRECTOR 84						84-1505990			
Note	e: Form 5227 filers need to complete only Pa									
Par	Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less									
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)			
1a										
										
	· ·									
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b			1b	1,525.			
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824									
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts									
4							()			
5	Net short-term gain or (loss). Combine	lines 1a throug	gh 4 in colum	n (f). Enter here and	d on line 13,	4	1 525			
Par	column (3) on the back	sses - Assets	Held More T	han One Year	>	5	1,525.			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)			
6a										
		<u> </u>								
b	b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b									
7	7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824									
8	8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8				
9	Capital gain distributions					9				
10						10				
11							()			
12	Net long-term gain or (loss). Combine in	nes 6a through	11 in columi	n (f). Enter here and	on line 14a,	11	<u>, , , , , , , , , , , , , , , , , , , </u>			
For F	column (3) on the back						e D (Form 1041) 2011			

Sched	ule D (Form 1041) 2011			Page 2		
Part		(1) Beneficiaries'	(2) Estate's	(2) T-4-1		
	Caution: Read the instructions before completing this part.	(see instr.)	or trust's	(3) Total		
13	Net short-term gain or (loss)			1,525.		
14	Net long-term gain or (loss):					
а	Total for year			J		
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)					
C	28% rate gain 14c			<u> </u>		
	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			1,525.		
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990-T, Part I, line 4	a) If lines 14a and 1	15, column (2), are net		
	go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete	e Part IV and the Capita	LOSS Carryover Work	Sileet, as fielessary		
Par						
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line			,		
a Note: <i>Carry</i> c	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line over Worksheet in the instructions to figure your capital loss carryover.	e 22 (or Form 990-T, Iii	ne 34), is a loss, com	plete the Capital Loss		
Par	V Tax Computation Using Maximum Capital Gains Rates					
Form	1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an am	nount is entered in	Part I or Part II and		
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than					
	ion: Skip this part and complete the Schedule D Tax Worksheet in the instruc	tions if				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	i 990-T trusts . Complete this part only if both lines 14a and 15 are gain	s or qualified divide	ands are included	in income in Part I		
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and coi					
	ner line 14b, col (2) or line 14c, col (2) is more than zero	•				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17				
18	Enter the smaller of line 14a or 15 in column (2)	• • •				
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 > 21					
22	Subtract line 21 from line 20. If zero or less, enter -0	22				
23	Subtract line 22 from line 17. If zero or less, enter -0-	23				
24	Enter the smaller of the amount on line 17 or \$2,300	24				
25	Is the amount on line 23 equal to or more than the amount on line 24?					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.					
	No. Enter the amount from line 23					
26	Subtract line 25 from line 24	26				
27	Are the amounts on lines 22 and 26 the same?	_				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28				
	0.14 11 004 1 07					
29	Subtract line 28 from line 27					
30	Multiply line 29 by 15% (15)		30			
31	31 Figure the tax on the amount on line 23 Use the 2011 Tax Rate Schedule for Estates and Trusts					
	(see the Schedule Ginstructions in the instructions for Form 1041)		31			
2.2	Add lines 30 and 31		32			
32	Add lines 30 and 31	odula for Estatos	od Truete			
33	(see the Schedule Ginstructions in the instructions for Form 1041)					
3.4	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a					
34	G, line 1a (or Form 990-T, line 36)					
	0, and 10 (011 0111 000-1, 1110 00)			ule D (Form 1041) 2011		

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SCHEDULE D-1 (Form 1041)

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

OMB No 1545-0092

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

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

Employer identification number

GAMEZ FAMILY FOUNDATION INC				84-1505990	
Part I Short-Term Capital Gains and	d Losses - Asset	ts Held One Year	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a 3700 SHS AMD	01/14/2011	02/01/2011	30,441.	30,067.	374.
1400 SHS CISCO SYSTEMS INC	11/12/2010	01/10/2011	29,097.	27,946.	1,151.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2011