

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



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

| | FOI | cale | endar year 2011 or tax year beginning | 4/1/2011 , a | nd ending | 3/ | /31/2012 | | | |
|--------------|-----------------------|--------|---|--------------------------------------|--|---------------------------------------|------------------------------|-------------------------------|--|--|
| - | Na | me of | foundation | | | A Employer identification number | | | | |
| | KAI | RET | SKY FAMILY MEMORIAL FUND AND SETH KAH | N FOUNDATION IN | C | 84-1193115 | | | | |
| - | Nu | mber a | and street (or P O box number if mail is not delivered to street ac | Idress) | Room/suite | B Telephone number (see instructions) | | | | |
| | 166 | 60 SI | LVER KING DRIVE | | | | (970) 927- | 2407 | | |
| - | | | wn, state, and ZIP code | | | C 16 | exemption application is pe | | | |
| | Δ Q I | PEN | | СО | 81611 | " | exemption application is pe | anding, check here | | |
| - | _ | | | al return of a former | | ١, , | F | | | |
| | G | Cile | | | bublic criarity | ו טן. | Foreign organizations, che | eck nere | | |
| | | | | ended return | | 2. | Foreign organizations mee | | | |
| 679 - | | | | ne change | | | check here and attach cor | nputation ► | | |
| 201 | Н | | ck type of organization 🔯 Section 501(c)(3) exe | | | E If | private foundation status w | as terminated | | |
| | | Sec | ction 4947(a)(1) nonexempt charitable trust | Other taxabl <mark>e private</mark> | foundation | | nder section 507(b)(1)(A), c | | | |
| Ø. | 1 | Fair | market value of all assets at end J Accounting | method X Cash | n | Fif | the foundation is in a 60-mi | onth termination | | |
| | | of ye | ear (from Part II, col. (c), Other (s | pecify) | | 1 * | nder section 507(b)(1)(B), c | | | |
| MAR | | | 16) ►\$ 322,954 (Part I, column (| d) must be on <mark>cash ba</mark> s | is) | | | | | |
| | Pa | rt I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | | | | (d) Disbursements | | |
| \Box | | | amounts in columns (b), (c), and (d) may not necessarily equal | expenses per | (b) Net investm income | ent | (c) Adjusted net income | for charitable | | |
| | | | the amounts in column (a) (see instructions)) | books | income | | income | purposes (cash basis only) | | |
| SCANNED | | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 105,580 | | | | | | |
| Ą | | 2 | Check ▶ if the foundation is not required to attach Sch B | | | - | | | | |
| X | | 3 | Interest on savings and temporary cash investments | 5 | | 5 | | | | |
| 40 | | 4 | Dividends and interest from securities | 4,322 | | 1,322 | | | | |
| | | | Gross rents | 7,022 | | <u>1,022</u> | | | | |
| | | | | | | | | | | |
| | Revenue | | Net gain or (loss) from sale of assets not on line 10 | 0 | | | | | | |
| _ | <u>e</u> | | O Gross sales price for all assets on line 6a | | | | | | | |
| 1 | 6 | 7 | Capital gain net income (from Part IV, line 2) | | | 3,544 | | | | |
| 1 | ~ | 8 | Net short-term capital gain | | - ,3 | | 0 | | | |
| , | | 9 | Income modifications | | | | | | | |
| • | | - | Gross sales less returns and allowances | | 72-07 - 19-10-00-00-00-00-00-00-00-00-00-00-00-00- | | | | | |
| | | | D Less Cost of goods sold | | | | | | | |
| | | | Gross profit or (loss) (attach schedule) | 0 | | | | | | |
| | | 11 | Other income (attach schedule) | 0 | · ··· | | 0 | | | |
| | | 12 | Total. Add lines 1 through 11 | <u></u> | | | | | | |
| - | | | - | 109,907 | 22 | 2,871 | 0 | | | |
| | enses | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | | | |
| | S | 14 | Other employee salaries and wages | | | | | | | |
| | ᆲ | 15 | Pension plans, employee benefits | | | | | | | |
| | ũ | | Legal fees (attach schedule) | 0 | | | 0 | 0 | | |
| | | | Accounting fees (attach schedule) | 0 | | 0 | | 0 | | |
| | Administrative | | Other professional fees (attach schedule) | 0 | | 0 | 0 | 0 | | |
| | # | 17 | Interest | | | | | | | |
| | 쀨 | 18 | Taxes (attach schedule) (see instructions) | 360 | | 0 | | 360 | | |
| | Ē | 19 | Depreciation (attacks Energy Windepletion | 0 | | 0 | 0 | | | |
| | 회 | 20 | Occupancy | | - | | | | | |
| | | 21 | Travel, contemptes, and meetings | 105 | | | | 105 | | |
| | and | 22 | | | | | | | | |
| | ō | 23 | Other expenses (attach schedule) | 0 | | 0 | 0 | 0 | | |
| | perating | 24 | Total operating and administrative expenses. | | | | | | | |
| | 2 | | Add lines 13 through 23 | 465 | | 0 | 0 | 465 | | |
| | 희 | 25 | Contributions, gifts, grants paid | 52,163 | | - I-2 FT. | | 52,163 | | |
| _ | 의 | 26 | Total expenses and disbursements Add lines 24 and 25 | 52,628 | | 0 | 0 | 52,628 | | |
| | | 27 | Subtract line 26 from line 12 | | | | | Flatele 23 Fire | | |
| | | а | Excess of revenue over expenses and disbursements | 57,279 | | | | | | |
| | ŀ | b | Net investment income (if negative, enter -0-) | | 22 | 2,871 | | | | |
| | | c | Adjusted net income (if negative, enter -0-) | | | | 0 | | | |

| Ð | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End | of year | | |
|-----------------------|----------|---|-----------------------|----------------|---------------------------------------|--|--|
| | 11411 | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash—non-interest-bearing | 820 | 11,770 | 11,770 | | |
| | 2 | Savings and temporary cash investments | | | | | |
| | 3 | Accounts receivable 0 | | | e e e e e e e e e e e e e e e e e e e | | |
| | | Less allowance for doubtful accounts | 0 | 0 | | | |
| | 4 | Pledges receivable ▶0 | | | | | |
| | | Less allowance for doubtful accounts | 0 | . 0 | .0 | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons (attach schedule) (see instructions) | 0 | 0 | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | | | |
| | | Less allowance for doubtful accounts | 0 | 0 | 0 | | |
| ţ | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| ¥ | 10 a | Investments—U.S. and state government obligations (attach schedule) | 0 | 0 | 0 | | |
| | Ł | Investments—corporate stock (attach schedule) | 148,941 | 195,270 | 311,184 | | |
| | 0 | Investments—corporate bonds (attach schedule) | 0 | 0 | 0 | | |
| | 11 | Investments—land, buildings, and equipment basis | | | | | |
| | | Less accumulated depreciation (attach schedule) | 0 | 0 | 0 | | |
| | 12 | Investments—mortgage loans | | | | | |
| | 13 | Investments—other (attach schedule) | 0 | 0 | 0 | | |
| | 14 | Land, buildings, and equipment basis ▶0 | | | <u> </u> | | |
| | | Less accumulated depreciation (attach schedule) ▶0 | 0 | 0 | 0 | | |
| | 15 | Other assets (describe) | 0 | 0 | 0 | | |
| | 16 | Total assets (to be completed by all filers—see the | | | | | |
| | <u> </u> | instructions Also, see page 1, item I) | 149,761 | 207,040 | 322,954 | | |
| | 17 | Accounts payable and accrued expenses | | | | | |
| S | 18 | Grants payable | | | | | |
| Liabilities | 19 | Deferred revenue | , | | | | |
| Ē | 20 | Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | | | |
| Ë. | 21 | Mortgages and other notes payable (attach schedule) | 0 | 0 | | | |
| _ | 22 | Other liabilities (describe) | 0 | 0 | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | | | |
| S | | Foundations that follow SFAS 117, check here | | | | | |
| ဗ္ဗ | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| lances | 24 | Unrestricted | | | | | |
| Ba | 25 | Temporarily restricted | | | | | |
| <u> </u> | 26 | Permanently restricted | | | | | |
| Ę | | Foundations that do not follow SFAS 117, check here | | | | | |
| Ē | | and complete lines 27 through 31. | | | | | |
| Net Assets or Fund Ba | 27 | Capital stock, trust principal, or current funds | 113,601 | 113,601 | | | |
| iet | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | |
| Ş | 29 | Retained earnings, accumulated income, endowment, or other funds | 36,160 | 93,439 | | | |
| ř | 30 | Total net assets or fund balances (see instructions) | 149,761 | 207,040 | | | |
| ž | 31 | Total liabilities and net assets/fund balances (see instructions) | 4 40 704 | 007.040 | | | |
| Da | rt III | | 149,761 | 207,040 | | | |
| | | Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line | 30 (must parce with | | | | |
| • | | f-year figure reported on prior year's return) | So tillast agree with | 1 | 149,761 | | |
| 2 | | amount from Part I, line 27a | | 2 | 57,279 | | |
| | | increases not included in line 2 (itemize) UNREALIZED APPRE | CIATION | 3 | 37,279 | | |
| | | nes 1, 2, and 3 | 5// (TION | 4 | 207,040 | | |
| | | eases not included in line 2 (itemize) | | 5 | 207,040 | | |
| | | net assets or fund balances at end of year (line 4 minus line 5)—Part II, c | olumn (h) line 30 | 6 | | | |
| <u> </u> | · Otal | not accept or faile balances at one or year time 4 millios line 5) Palt II, C | olarini (b), iiile 30 | | 207,040 | | |

| For | п 990-PF (2011) KARETSK | (Y FAMILY MEMORIAL FUND A | AND SETH K | AHN FOUNDATIO | ON, INC | 84-1193115 | Page 3 |
|----------|--|--|------------------|--|--------------|--|----------------------|
| Pa | (a) List and describe the | d Losses for Tax on Invest e kind(s) of property sold (e g , real estate se, or common stock, 200 shs MLC Co) | | (b) How acquired P—Purchase D—Donation | (c) Date acc | | ate sold day, yr) |
| 1a | STOCK VARIOUS | | | D—Donaton | · | | |
| | STOCK AXP | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| е | - - | | | L | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | (h) Gain or (loss) (e) plus (f) minus (g) | |
| а | 38,000 | 0 | | 42,177 | | | -4,177 |
| b | 26,501 | 0 | | 3,780 | | | 22,721 |
| <u>c</u> | 0 | 0 | | 0 | | | |
| <u>d</u> | 0 | 0 | | 0 | | | |
| e | | | u the foundation | | | | |
| | (i) F M V as of 12/31/69 | (I) Adjusted basis as of 12/31/69 | (k) Exces | ss of col (i) (j), if any | col (k | Gains (Col (h) gain mir k), but not less than -0 Losses (from col (h)) | |
| а | 0 | 0 | | 0 | - | | -4,177 |
| b | 0 | 0 | | 0 | | | 22,721 |
| С | 0 | 0 | | 0 | | | (|
| d | 0 | 0 | | 0 | | | (|
| е | 0 | 0 | | O | | | 0 |
| | · · · · · · · · · · · · · · · · · · · | | | rt I, line 7 | 2 | | 18,544 |
| P | | ler Section 4940(e) for Red | uced Tax o | n Net Investme | nt Incom | | |
| (Fo | r optional use by domestic p | private foundations subject to th | | | | | |
| | ection 4940(d)(2) applies, le | • | | | | | |
| | | ne section 4942 tax on the distril ot qualify under section 4940(e) | | | the base pe | eriod? Yes | ∐ No |
| 1 | Enter the appropriate amo | ount in each column for each ye | ar, see the in | structions before | making an | y entries | |
| C | (a) Base period years alendar year (or tax year beginning ir | (b) Adjusted qualifying distributions | Net value o | (c) of noncharitable-use ass | sets | (d) Distribution ratio (col (b) divided by col | |
| | 2010 | 39,3 | 07 | 231, | | 100: 107 0::::000 07 00: | 0 169843 |
| | 2009 | 25,7 | | 222, | | | 0 115673 |
| | 2008 | 57,9 | | 252, | | | 0 229731 |
| | 2007 | 32,0 | 25 | 309, | 832 | | 0 103362 |
| | 2006 | 109,5 | 40 | 330, | 995 | | 0 330942 |
| | Total of line 1, column (d) | | | | 2 | | <u>0 949551</u> |
| 3 | | or the 5-year base period—dividence in the first of the f | | | 3 | | 0 189910 |
| 4 | Enter the net value of nonc | haritable-use assets for 2011 fro | om Part X, lır | ne 5 | 4 | | 239,398 |

| Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948— | see | instru | ction | s) | | | |
|-----|--|------|--|--|----------------------|---------------|--|--|
| 1 | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 〕 | | | | -11 - 11 1-11 - 1 | af r an | | |
| | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | | | | | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | | | | |
| | here Name and enter 1% of Part I, line 27b | | | | | | | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | | | | | | | |
| | of Part I, line 12, col (b) | | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | 0 | | | |
| 3 | Add lines 1 and 2 | 3 | | | 229 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | | | | L | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 229 | | | |
| 6 | Credits/Payments | | | | | | | |
| | a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 0 | ### | | | | | | |
| | b Exempt foreign organizations—tax withheld at source 6b 7 | | | | | 1# E-1 | | |
| | c Tax paid with application for extension of time to file (Form 8868) d Region with helding arrange and withheld | | ###################################### | · · · | | | | |
| 7 | d Backup withholding erroneously withheld Total gradity and payments. Add lines 50 through 6d | | | | | | | |
| 8 | | 7 8 | . | | 0 | | | |
| 9 | | 9 | | | 229 | | | |
| 10 | and the contract of the contra | 10 | | | <u>229</u> | | | |
| 11 | | 11 | | | 0 | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | | | | |
| | a 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 | 103 | X | | |
| 1 | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the | | | Ia | | ^ | | |
| | instructions for definition)? | | | 1b | | Х | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | Ī, | | | |
| | published or distributed by the foundation in connection with the activities | | | | .: | | | |
| (| C Did the foundation file Form 1120-POL for this year? | | | 1c | | Χ | | |
| • | 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 ▶ \$ | | | | | | | |
| (| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | :-::: | | | |
| | on foundation managers \$ | | | | | , | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | <u> X</u> | | |
| _ | 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 | | | | | | | |
| 4 | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | <u>X</u> | | |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? o If "Yes," has it filed a tax return on Form 990-T for this year? | | | 4a | N/A | <u>X</u> | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | IV/A | X | | |
| • | If "Yes," attach the statement required by General Instruction T | | | 7. | 11. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | <u>; </u> | | | | |
| | By language in the governing instrument, or | | | | | · : . | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | | | | :: | | |
| | that conflict with the state law remain in the governing instrument? | | | 6 | Χ | | | |
| 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 | d Pa | rt XV | 7 | Х | | | |
| 8 8 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | :.:: | | |
| | COLORADO | | | | | !***. !!!! | | |
| 1 | o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney | | | Julian. | w.L. | Ľ. | | |
| _ | General (or designate) of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | | | | | ::: | | |
| | or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," | | | | | | | |
| 10 | Complete Part XIV | | | _9_ | | _ <u>X</u> _ | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | | | 4. | | | | |
| | their names and addresses | | | 10 | | _ <u>X</u> _ | | |

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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

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

if the foundation had excess business holdings in 2011)

2

3b

4a

4b

| Form 990-PF (2011) KARETSKY FAMILY MEMO | | | | 84-119 | 93115 | Page 6 |
|--|--|--|---|-------------------------------|-----------------------|--------------------|
| Part VII-B Statements Regarding Activi 5a During the year did the foundation pay or incur all | | orm 4720 Way be F | (conunuea) | | | |
| (1) Carry on propaganda, or otherwise attempt | • | on (section 4945(e))? | Yes | X No | | |
| (2) Influence the outcome of any specific publi | ` '' | | <u>~</u>] ,(0 | | | |
| on, directly or indirectly, any voter registrati | Yes | X No | | | | |
| (3) Provide a grant to an individual for travel, s | X No | | | | | |
| (4) Provide a grant to an individual for travel, s | Yes _[| NO | | | | |
| in section 509(a)(1), (2), or (3), or section 4 | Yes [| X No | | | | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | X No | | | | | |
| b If any answer is "Yes" to 5a(1)–(5), did any of the | e transactions fail to c | ualify under the excepti | ons described in | | | |
| Regulations section 53 4945 or in a current notice | | • | ons)? | _ | 5b | N/A |
| Organizations relying on a current notice regarding | | | ▶[| | | |
| c If the answer is "Yes" to question 5a(4), does the | | mption from the | | _ | | |
| tax because it maintained expenditure responsible If "Yes," attach the statement required by Regula | | 5–5(d) | · · L Yes | X No | | |
| 6a Did the foundation, during the year, receive any f premiums on a personal benefit contract? | unds, directly or indir | ectly, to pay | Yes | X No | | |
| b Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870 | is, directly or indirectl | y, on a personal benefit | contract? | | 6b | X |
| 7a At any time during the tax year, was the foundation | on a party to a prohib | ted tax shelter transact | on? Yes | X No | | |
| b If "Yes," did the foundation receive any proceeds | | | | | 7b | X |
| Part VIII Information About Officers | s, Directors, Tru | stees, Foundation | Managers, Highly P | aid En | nplove | es. |
| and Contractors | | • | 0 , 0 ; | | | • |
| A 1 t = 4 = 11 + 88' + | | | | | | |
| 1 List all officers, directors, trustees, found | dation managers | and their compensa | tion (see instructions) | | · | |
| | (b) Title, and averag | e (c) Compensation | (d) Contributions to | |) Expense | account, |
| 1 List all officers, directors, trustees, found (a) Name and address | | e (c) Compensation (If not paid, enter | | (e) |) Expense other allow | |
| (a) Name and address JENNIFER ANDRES | (b) Title, and average hours per week | e (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) | | |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 | (b) Title, and average hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans and deferred compensation | (e) | | |
| (a) Name and address JENNIFER ANDRES | (b) Title, and average hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) | | wances |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY | (b) Title, and average hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) | | wances |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES | e (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) | | 0 0 |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES | e (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) | | wances 0 |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | 0 0 0 | other allow | 0 0 |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | 0 0 0 | other allow | 0 0 |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY 2 Compensation of five highest-paid employed | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY oyees (other than | e (c) Compensation (If not paid, enter -0-) 00 0 0 00 0 0 those included on I | (d) Contributions to employee benefit plans and deferred compensation ine 1—see instructions (d) Contributions to employee benefit plans and deferred | 0 0 0 0 s). If no | other allow | 0 0 0 0 e account, |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY 2 Compensation of five highest-paid employenter "NONE." | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY oyees (other than hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) 00 0 0 00 0 0 those included on I | (d) Contributions to employee benefit plans and deferred compensation ine 1—see instructions (d) Contributions to employee benefit | 0 0 0 0 s). If no | other allow | 0 0 0 0 e account, |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY 2 Compensation of five highest-paid employenter "NONE." (a) Name and address of each employee paid more than \$56 | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY oyees (other than hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) 00 0 0 00 0 0 those included on I | (d) Contributions to employee benefit plans and deferred compensation ine 1—see instructions (d) Contributions to employee benefit plans and deferred | 0 0 0 0 s). If no | other allow | 0 0 0 0 e account, |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY 2 Compensation of five highest-paid employenter "NONE." (a) Name and address of each employee paid more than \$56 | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY oyees (other than hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) 00 0 0 00 0 0 those included on I | (d) Contributions to employee benefit plans and deferred compensation ine 1—see instructions (d) Contributions to employee benefit plans and deferred | 0 0 0 0 s). If no | other allow | 0 0 0 0 e account, |
| (a) Name and address JENNIFER ANDRES 1660 SILVER KING DRIVE ASPEN CO 81611 GERALDINE KARETSKY ROBERT KARETSKY ANDREW KARETSKY 2 Compensation of five highest-paid employenter "NONE." (a) Name and address of each employee paid more than \$56 | (b) Title, and average hours per week devoted to position PRESIDENT TREASURER VICE-PRES SECRETARY oyees (other than hours per week devoted to position PRESIDENT | e (c) Compensation (If not paid, enter -0-) 00 0 0 00 0 0 those included on I | (d) Contributions to employee benefit plans and deferred compensation ine 1—see instructions (d) Contributions to employee benefit plans and deferred | 0 0 0 0 s). If no | other allow | 0 0 0 0 e account, |

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

| CARETSKT FAMILT MEMORIAL FUND AND SETA RE | | 04-1193113 Faye 1 |
|--|---------------------------------------|-------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | oundation Managers, Highly Paid | l Employees, |
| 3 Five highest-paid independent contractors for professional services (see | instructions), If none, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | 0 |
| | | <u>_</u> |
| | | 0 |
| | | |
| | | 0 |
| | | |
| | | 0 |
| | | |
| | | 0 |
| Total number of others receiving over \$50,000 for professional services | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| Tart IX A Canalitary of Birect Charles Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant si | | Expenses |
| the number of organizations and other beneficiaries served, conferences convened, research pa | · ' | |
| 1 THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE | | |
| IS TO SUPPORT, BY CONTRIBUTIONS, OTHER 501(C)(3) EXEMPT O | RGANIZATIONS | =0.000 |
| | | 52,628 |
| 2 | | |
| ••••• | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| " | | |
| ••••• | | |
| Part IX-B Summary of Program-Related Investments (see in | | |
| Describe the two largest program-related investments made by the foundation during the tax year | | Amount |
| 1 | on mice variage | , anount |
| ' | | |
| ••••• | | |
| 2 | | |
| | | |
| ••••• | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |

Total. Add lines 1 through 3

Form **990-PF** (2011)

0

qualifies for the section 4940(e) reduction of tax in those years

| Par | Minimum Investment Return (All domestic foundations must complete this part. Foreign | found | ations, |
|------|---|-----------|---------|
| | see instructions) | | |
| 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 | 243,044 |
| b | Average of monthly cash balances | 1b | |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 243,044 |
| 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 | 243,044 |
| 4 | Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 3,646 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 239,398 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 11,970 |
| Pari | 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 | 11,970 |
| 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 0 | ********* | |
| С | Add lines 2a and 2b | 2c | 229 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 11,741 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 11,741 |
| 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 | 11,741 |
| Part | VII Qualifying Distributions (see instructions) | | |
| гагь | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 52,628 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 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 | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 52,628 |
| 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 | 229 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 52,399 |
| | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found | dation | |

b Excess from 2008

c Excess from 2009

d Excess from 2010

e Excess from 2011

45,614

15,172

28,095

40,887

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During t | If recipient is an individual, | Tor Future P | ayment | |
|--|---|----------------------|----------------------------------|--------|
| Recipient | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid dunng the year ASPEN MUSIC FESTIVAL | | | | 7.000 |
| ASPEN MUSIC FESTIVAL | | | | 7,800 |
| | | | | |
| ASPEN PUBLIC RADIO | | | | 14,650 |
| | | | | |
| ASPEN COMMUNITY THEATRE | | | | 250 |
| | | | | |
| ROBERT D SUTHERLAND FOUND | | | | 500 |
| ROBERT D SOTHERLAND FOUND | | | | 500 |
| | | | | |
| ASPEN WRITERS FOUNDATION | | | | 15,000 |
| | | | | |
| VARIOUS | | | | 9,840 |
| | | | | |
| ANSWORTH FOUNDATION | | | | 1,500 |
| ANOWORTH CONDATION | | | | 1,500 |
| | | | | |
| PLANNED PARENTHOOD | | | | 1,000 |
| | | | | |
| MCCJ | | | | 1,123 |
| | | | | |
| SPELLBINDERS | | | | 500 |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| Total | | г г | ▶ 3a | 52,163 |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total . | <u> </u> | <u> </u> | ▶ 3b | |

| Part XVI-A | Analysis of Income-Producing | Activities |
|------------|------------------------------|-------------------|
|------------|------------------------------|-------------------|

| Enter gross amounts unless otherwise indicated | Unrelated bus | iness income | Excluded by section | (e) | |
|--|----------------------|---------------|-----------------------|---------------------------------------|--|
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| a | | 0 | | 0 | 0 |
| | _ | 0 | | 0 | |
| | - | 0 | | 0 | <u>-</u> |
| d | - | 0 | | 0 | 0 |
| u | _ | 0 | | 0 | |
| f | - } | 0 | | 0 | <u> </u> |
| g Fees and contracts from government agencies | | | | | <u>_</u> |
| 2 Membership dues and assessments | | | | · · · · · · · · · · · · · · · · · · · | |
| 3 Interest on savings and temporary cash investments | | | 14 | 5 | İ |
| 4 Dividends and interest from securities | | | 14 | 4,322 | |
| 5 Net rental income or (loss) from real estate | | | | ងត់ជាន <i>ំ</i> ម | 才 作用 选择员 |
| 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 | | | 18 | 18,544 | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue a | | 0 | | 0 | 0 |
| b | | 0 | | 0 | 0 |
| c | | 0 | | 0 | 0 |
| d | | 0 | | 0 | <u> </u> |
| e | | 0 | | 0 | · |
| 2 Subtotal Add columns (b), (d), and (e) | | 0 | | 22,871 | |
| (3) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) | | | | 13 | 22,871 |

| Part XVI | -B Relationship of Activities to the Accomplishment of Exempt Purposes |
|--------------|---|
| Line No ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Form 990-PF (2011) KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC 84-1193115 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| ın : | | rganization directly i 501(c) of the Code ions? | | | | | | | | | Yes | No |
|---|---|--|---|--|---|---|--------------------------|------------------------|--|-----------------------------|---------|--------------------------------------|
| a Tra (1) (2) b Ott (1) (2) (3) (4) (5) (6) c Sh d If t | ansfers Cash Other her tran Sales Purch Renta Reim Loans Perfo aring of | from the reporting | charitable exem a noncharitation or other ments or membershent, mailing lispove is "Yes," sets, or services." | empt organicable exemper assets app or fundrates, other assets to the complete the given by | zation t organizati aising solici isets, or pai he following the reporti | on . tations id employee g schedule ng foundati | es Columr on If th | e foundation re | ceived less tha | n fair ma | arket | X X X X X X X X |
| (a) Line | | (b) Amount involved | | of noncharitable | - | · · · | | cription of transfers, | | | | |
| de | scribed | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ndirectly affilia | | | | | | | Yes X | No | |
| b If" | | complete the follow | | 1 | | | | | | | | |
| | | (a) Name of organization | | | (b) Type of org | janization | | (c) | Description of relati | onsnip | | |
| - | | | | | | | | | | | | |
| Sign Here | correct | penalues of perjury, I declare to the transfer of perium of the transfer of th | preparer fother than POO | | on all information | | r has any kr | nowledge | May the IRS with the prep instructions)* | discuss th | n below | |
| Paid | | | | , , | T) L | | | | Check X if | | | |
| Prepa | arer | Joseph Kowar, Es | | | ×17 | 201 | برا | 2/15/2013 | self-employed | P0028 | 6294 | |
| Use (| Only | | seph Kowar 1 1 Original Roa | | CO 81621 | | | | Firm's EIN Phone no (97 | 0) 027 1 | 2407 | |
| | | Timis address - 46 | original Ko | au, basait, | 00 6 1621 | - ** | | | | 0) 927-2 50m 99 0 | | (2011) |

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

| KARETSKY FAMILY MEM Organization type (check | | SETH KAHN FOUNDATI | ON, INC | 84-1193115 |
|--|---|---|---|---|
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | 501(c)(|) (enter number) orga | nızatıon | |
| | 4947(a)(1) | nonexempt charitable tru | ist not treated as a private fou | ndation |
| | 527 politica | l organization | | |
| Form 990-PF | X 501(c)(3) e | xempt private foundation | | |
| | 4947(a)(1) | nonexempt charitable tru | ist treated as a private foundate | ion |
| | 501(c)(3) ta | axable private foundation | | |
| instructions | c)(7), (8), or (10) orga | anization can check boxe | es for both the General Rule a | nd a Special Rule See |
| General Rule | | | | |
| | | 90-EZ, or 990-PF that rec mplete Parts I and II | ceived, during the year, \$5,000 | or more (in money or |
| Special Rules | | | | |
| sections 509(a)(1) | and 170(b)(1)(A)(vi) | and received from any o | that met the 33 1/3% support to one contributor, during the yea , line 1h, or (ii) Form 990-EZ, I | r, a contribution of the greater |
| the year, total con | tributions of more that | an \$1,000 for use exclus | o or 990-EZ that received from Ively for religious, charitable, s r animals Complete Parts I, II, | scientific, literary, or |
| the year, contribut total to more than year for an <i>exclus</i> | tions for use <i>exclusiv</i> \$1,000 If this box is <i>ively</i> religious, charif | rely for religious, charitate checked, enter here the table, etc., purpose Do r | o or 990-EZ that received from ole, etc., purposes, but these of total contributions that were not complete any of the parts ureligious, charitable, etc., cont | contributions did not eceived during the inless the General Rule |
| | | • | or the Special Rules does not to | |

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)

Employer identification number Name of organization KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC. 84-1193115 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. GERALDINE KARETSKY Person ___1___ Payroll 105,580 Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ...2 Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is a noncash contribution) Foreign Country (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person 3 Payroll Noncash Foreign State or Province (Complete Part II if there is a noncash contribution) Foreign Country (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 4 Payroll Noncash Foreign State or Province (Complete Part II if there is a noncash contribution) Foreign Country (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 __5__ Person Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution __6_ Person Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution)

Name of organization • Employer identification number
KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC 84-1193115

| KARETSK | Y FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATIO | N, INC | 84-1193115 |
|---------------------------|--|--|----------------------|
| Part II | Noncash Property (see instructions) Use duplicate co | pies of Part II if additional sp | ace is needed. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$0 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$0 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ <u>o</u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ <u>o</u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ <u>o</u> | |

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

| Name of org | | - | | | Employer identification number |
|-----------------|---|--------|---|-------------|-------------------------------------|
| | Y FAMILY MEMORIAL FUND AND SETH KA | | | - 504(.) | 84-1193115 |
| Part III | Exclusively religious, charitable, etc., ir total more than \$1,000 for the year. Com | | | | |
| | For organizations completing Part III, enter | | | | |
| | contributions of \$1,000 or less for the year | | | | |
| | Use duplicate copies of Part III if additional | | | | , , , , , , , , , , , , , , , , , , |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c |) Use of gift | (d |) Description of how gift is held |
| | | | | | |
| | | | | . | |
| | | | | - | |
| | | (a) T | ransfer of gift | <u> </u> | |
| | | (e) i | ransier of gift | | |
| | Transferee's name, address, and Z | IP + 4 | Relation | nship of | transferor to transferee |
| | | • | | | |
| | | | | | |
| | | | | | |
| (a) No. | For Prov Country | | | | ···· |
| 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, and Z | IP + 4 | Relation | nship of | transferor to transferee |
| | ••••• | | •••••• | | |
| | | | | | |
| | For Prov Country | | | | |
| (a) No. from | (b) Purpose of gift | (c | (c) Use of gift (d) Description of how gif | | \ Description of how gift is hold |
| Part I | (b) raipodd or gint | | (2) 20001194011011011011011011011011011011011011011 | | |
| | | | | - | |
| | | | | - | |
| | | | •••• | - | |
| | | (e) T | ransfer of gift | | |
| | | | - | | |
| | Transferee's name, address, and Z | IP + 4 | Relation | nship of | transferor to transferee |
| | | | | | |
| | | | | | |
| | For Prov Country | | | | |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (с |) Use of gift | (d |) Description of how gift is held |
| | | | | | |
| | | | | | |
| | | | • | - | |
| | | (a) T | ransfer of gift | | |
| | | (e) i | ransier or gill | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | transferor to transferee |
| | ,, , | | | | |
| | | | | | |
| | | | | | |
| | For Prov Country | | i . | | |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

| Street City State Zip Code Country | | Check "X" | | | | | Foreign | | Average |
|--|----------|-------------|------------------------|-------|-------|----------|---------|-----------|---------|
| 1660 SILVER KING DRIVE ASPEN CO 81611 | | if Business | Street | Cıty | State | Zip Code | Country | Title | Hours |
| | | | 1660 SILVER KING DRIVE | ASPEN | 8 | 81611 | | PRESIDENT | |
| | ΣΚΥ | | | ! | | | | TREASURER | |
| | | | | | | | | VICE-PRES | |
| | <u> </u> | | | | | | | SECRETARY | |
| | | | | | | | | | • |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |

Signature and Verification must be completed for Part II only.

| Under penalties of perjury, | I declare that I have examined this form | , including accompanying schedules and statements, | and to the best of my knowledge and belief. |
|-------------------------------|---|--|---|
| it is true, correct, and comp | plete, and that lam authorized to prepare | e this form | |

Signature >

EFTPS (Electronic Federal Tax Payment System) See instructions

► TREASURER/TRUSTEE

Date > 11-14-2017

8c | \$

Form 8868 (Rev 1-2012)