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### Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

A Employer Identification number  36 - 45 45 339  137 CANNA WAY  Corrotions also and 2P Code  NAPLES, FL 34 10 5  G Check all that apply: Install return Ins	For	calendar year 2012 or tax year beginning		, and ending		
Number of a State of a PC Data Analysis of Recomplaints in all delivered to event addressy.  21.13 CANAN WAY  City or town, stats, and 2IP code  NAPLBSS, FL 34.10.5  G Ones at that stappy: Initial return Initial return of a former public charity Initial return of a former public ch	Na	ne of foundation			A Employer identification	n number
21.13 CANNA WAY  (239) 263-7283  Of exampton, clate, and ZIP code  NAPLES, PL 34105  Giver from, clate, and ZIP code  NAPLES, PL 34105  Of exampton application is eventury, clearly in the clamp.  Initial return in linkial return of a former public charity  Initial return in linkial return of a former public charity  Initial return in linkial return of a former public charity  Initial return in linkial return of a former public charity  Initial return in linkial return of a former public charity  Initial return in linkial return of a former public charity  Initial return of a fo					36-4545339	)
Cot or form, statis, and ZP code  NAPLES F1 34.105  6 Dreck all that apply:			Room/suite			
NAPLES FI. 34.105 6 Check all that apply: Install return   Install return   Anemode return					(239) 263-	7283
Check all that apply:					C if exemption application is p	ending, check here
Final return						
Address change	G (			ormer public charity	D 1. Foreign organizations	s, check here 🕨 📖
H. Check type of organization: X. Section 604(2)(3) exempt private foundation    Section 404(2)(4) noise-state charable text   Other taxable or			_		2. Foreign organizations me	eeting the 85% test.
Section 497(a)(1) nonexempt charable trust					check here and attach co	omputation
Farm market value of all assets at end of year   J Accounting method:   X  Cash   Accrual   First foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation is in a 60-month termination   Under section 507(b)(1)(B), check here   Month of the foundation in continue to the fo	H	<del>-</del>		L. at		
Concession   Con	<u> </u>		<del></del>			•
Part.   Analysis of Revenue and Stygenses (The total of amounts (b) (c) and (g) must be on cash basss)  Part.   Analysis of Revenue and Stygenses (The total of amounts (b) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g) (c) and (g) may not more than a common (g)		· I —		Accrual	1	
Part.     Analysis of Revenue and Expenses (more fined in the process of the p				hasis )	under section 507(b)(1)	)(B), check here
The lotal of manufactor and column (a) control for the column (b) control for the column (c) control f		art   Analysis of Revenue and Expenses	T		(a) Advected not	(d) Dishursements
1 Contributions, girts, grants, etc., received   2 Cheek		(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
2 Check ► ★ Improved the temporary cash everteness and temporary cash everteness and temporary cash everteness and temporary cash everteness 4. Divorce the temporary cash everteness 5 a Gross rents 5 a Gross rents 5 a Gross rents 6 a Gross rents 6 a Gross rents 7 cash everteness 7 cash everteness 8 a Gross rents 9 a				WATER OF	N/A	<u> </u>
Part   Direct Consumptions and temporary   Direct Consumptions			Sec. 2 1. 54 506 2 1 1	5.%; XMD C.X		
4 Dividends and interest from securities 5 Gross rents b Net retain accome or (loss) 6 A Margain or feast from sell of assets not on ine 10 0 B S Margain or feast from sell of assets not on ine 10 0 B S Margain or feast from sell of assets not on ine 10 0 B S Margain or feast from sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 B S Margain or feast some sell of assets not on ine 10 0 C S Margain or feast some sell of assets not on ine 10 0 C S Margain or feast some sell of assets not on ine 10 0 C S Margain or feast some sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell of assets not on ine 10 0 C S Margain or sell		Interest on savings and temporary	22. "	100 mm mm m m m m m m m m m m m m m m m	_ ascalates \	
Sa Gross rents   Sa G		i e e e e e e e e e e e e e e e e e e e	241.145.	241.145.		
B Net gain or flossal from sale of assets not on line 10 b seats to flow professor from part IV, line 2)  B Net short-rem capital gain 9 income modifications 10 a did attoriances 10 a did attoriances 10 a did attoriances 10 a did attoriances 11 income 11 income 12 income 12 income 14 income 14 income 15 i						
Section   Part   Section			12 11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MMSKILLED PROMOCED I	
D   Script sales price for all   1,664,938.	•	6a Net gain or (loss) from sale of assets not on line 10				200
8 Net short-erm capital gain 9 Income modifications 10a and allowances 11 Other income 12 Income modifications 11 Other income 12 Income modifications 11 Other income 12 Income modifications 12 Income modifications 13 Compensation of offices, prefer in the state of	ž	b Gross sales price for all 1,664,938.		44.		
8 Net short-erm capital gain 9 Income modifications 10a and allowances 11 Other income 12 Income modifications 11 Other income 12 Income modifications 11 Other income 12 Income modifications 12 Income modifications 13 Compensation of offices, prefer in the state of	eve				man 2.75 1 1 1 1 1 1 1 1	
9 Income modifications 100 and allowances returns 100 and allowances return	œ	8 Net short-term capital gain	36.87			State Age
10 and allowances   10 and allowances   10 and allowances   11 Other income   12   Total Add Jines 21 through 11   514,556. 514,556.   12   Total Add Jines 24 through 11   514,556. 514,556.   13 Compensation of officers of the professional fees   5   5   5   5   5   5   5   5   5		• moonio moanioadono	Company of the Compan			
11 Other income   12		Gross sales less returns and allowances		The water	M: 1 344 1	
11 Other income   12		Less Cost of goods regid			-1 2 (de) 1 11	· Comment of the
11 Other income   12	İ _	C Grose profit (of Close)				1 1200
The compensation of officers, circle pris, trustees, etc. 14 Other-employee; salaries and wages Grands on blans, employee benefits  16a Legal fees  b Accounting fees  c Other professional fees  STMT 2  c Other professional fees  STMT 3  34,756.  34,756.  17 Interest  18 Taxes  STMT 4  13,618.  7,118.  0.  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  STMT 5  710.  0.  710.	ကြ	11 Other income				,
44—Other-employee-salaries and wages  Creation plans, employee benefits  16a Legal fees  b Accounting fees  c Other professional fees  STMT 2  street  18 Taxes  STMT 4  13,618.  7,118.  0.  19 Depreciation and depletion  0 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses. STMT 5  710.  0 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  Add lines 24 and 25  Add lines 24 and 25  N/A  10 Description and depletion  10 Occupancy  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see instructions.  Form 990-PF (2012)				·		
Carlos bio Mags, Enhologe benefits   16a Legal fees   b Accounting fees   STMT   2   5,500   0   0   5,500   0   0   0   0   0   0   0   0   0	Ш	, — ,	0.	0.		0.
b Accounting fees b Accounting fees STMT 2 5,500. 0. 5,500.  c Other professional fees STMT 3 34,756. 34,756. 0.  It Interest 18 Taxes STMT 4 13,618. 7,118. 0.  Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 710. 0. 710.  Total operating and administrative expenses. Add lines 13 through 23 54,584. 41,874. 6,210.  Contributions, gifts, grants paid 422,200. 41,874. 428,410.  Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if nega	-	CC Carter employee salaries and wages				
b Accounting fees STMT 2	بيسا					
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see instructions.  422,200.  476,784.  41,874.  428,410.	nse	_	5 500			5 500
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25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  1223501  12-05-12  LHA For Paperwork Reduction Act Notice, see instructions.  422,200.  422,200.  422,200.  422,200.  472,682.	ber 2	expenses. Add lines 13 through 23		41,874.		6,210.
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12 LHA For Paperwork Reduction Act Notice, see instructions.	ו		63) 1 -4.55 5			Say and a comment
12 LHA For Paperwork Reduction Act Notice, see instructions.	<u> </u>	-				(1)%44
12 LHA For Paperwork Reduction Act Notice, see instructions.	_ <b>(</b> 2232)	11			N/A	
	12-05	-12 LHA FOT Paperwork Reduction Act Notice, see	instructions.			Form <b>990-PF</b> (2012)

Г	árť	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	94,759.	443,388.	443,338.
	2	Savings and temporary cash investments			
	3	Accounts receivable >		(2. × 4.5.)	
		Less: allowance for doubtful accounts		in the state of th	And the second s
	4	Pledges receivable ▶	~ 3 Jan 18. 18. 1 - 1.	3 3 3 3 4 4 4 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	85.42 1.54 COM 55 1. 1. 1.
		Less; allowance for doubtful accounts	and the state of the second state of the second state of the second second second second second second second	enterente de la companya de la comp	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable			
	l '	Less; allowance for doubtful accounts			and the second s
	١.			· · · · · · · · · · · · · · · · · · ·	
Assets	8	Inventories for sale or use		<del></del>	<u></u>
Ass	19	Prepard expenses and deferred charges			
		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	0	Investments - corporate bonds	*		<del></del>
	11	Investments - land, buildings, and equipment, basis		- was a substant of the substa	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	7,389,900.	7,090,600.	8,326,339.
	14	Land, buildings, and equipment basis		- 1 , - 12 hypro-	2 2 2 2 2
	ŀ	Less accumulated depreciation			
	15	Other assets (describe ► )		-	
	l				
	16	Total assets (to be completed by all filers)	7,484,659.	7,533,988.	8,769,677.
	17	Accounts payable and accrued expenses			2 March 18 M
	18	Grants payable			
s	19	Deferred revenue		<del></del>	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	6,000.	<del></del>	
Ē	21	Mortgages and other notes payable			March Street
Ë	ı	Other liabilities (describe )			
		Other hashing fooders >		<del>_</del>	
	23	Total liabilities (add lines 17 through 22)	6,000.	0.	(1) (8) (4) (1) (1)
_	20	Foundations that follow SFAS 117, check here	0,000.		
		and complete lines 24 through 26 and lines 30 and 31.			
S	۱,,	Unrestricted			
ž	24	'		<del></del>	
ag	25	Temporarily restricted			
Q B	26	Permanently restricted			See Million
Ę		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.	7 470 650	g 533 000	
ţ	27	Capital stock, trust principal, or current funds	7,478,659.	7,533,988.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Š	30	Total net assets or fund balances	7,478,659.	7,533,988.	
_	31	Total liabilities and net assets/fund balances	7,484,659.	7,533,988.	
	art	Analysis of Changes in Net Assets or Fund B	alances		
Ľ	arı	III Allayolo of Changes in Not Access of A and 2			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	7,478,659.
2	Ente	r amount from Part I, line 27a		2	37,772.
3	Othe	r increases not included in line 2 (itemize) TIMING DIFF	ERENCES	3	17,557.
		lines 1, 2, and 3	<del></del>	4	7,533,988.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	7,533,988.
_					Form <b>990-PF</b> (2012)

(a) List and desc	ribe the kind	(s) of property sold (e.g. common stock, 200 shs	, real estate,	t income	Т( <b>Б</b> ) Р	low a	cquired   chase ation	(c) Date	acquired day, yr.)	(d) Date sold (mo., day, yr.)
2 PERSHING, LLC - SEE ATTACHED STATEMENT			- Don	P	VARI					
b CAPITAL GAINS			IAIEME	11 T	-		F	VAKI	.005	VARIOUS
C ,	<u></u>				$\vdash$				<del></del> -	
d							-			
е		· · ·								
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale		,	•		ain or (loss s (f) minus	
a 1,656,686.				1,391,52	27.					265,159
ь 8,252.			_							8,252
С										
<u>d</u>									-	
_e										-
Complete only for assets showir	ng gain in co	lumn (h) and owned by t	he foundation	on 12/31/69					Col. (h) gain	
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		ccess of col. (i) col. (j), if any			CO	l. (k), but Losses	not less that (from col.	n -0-) <b>or</b> (h))
a		-								265,159
b										8,252
C										
d									-	
е										
2 Capital gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7	}	2				273,411
3 Net short-term capital gain or (los	s) as define	`			ĺ			<del></del>		
If gain, also enter in Part I, line 8,	column (c).	a 55545115 1222(5) 411	u (0).		ĴΙ					
If (loss), enter -0- in Part I, line 8	. ,				Л	3	<u> </u>		N/A	
(For optional use by domestic private		ction 4940(e) for					nent Ind	come		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	ion 4942 tax ify under sec	on the distributable ame tion 4940(e). Do not cor	nplete this pa	rt.						Yes X No
(a)	acii colullili		su ucuons be	iore making any ei						(d)
Base period years Calendar year (or tax year beginnii	20 ID)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchari	ıtable-	use assets		Distrit	oùtión ratio
2011	ig iii)		1,089.				0,996		(col. (b) alt	vided by col. (c))
2010			2,957.				$\frac{0,990}{6,013}$			.045683
2009			8,815.	<del></del>			$\frac{5,013}{5,290}$		·	.047352
2008			9,468.				$\frac{3,230}{2,905}$		<u> </u>	.042499
2007			0,934.	-			$\frac{2,903}{2,903}$			.033278
	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_	
2 Total of line 1, column (d)								2		.212516
3 Average distribution ratio for the 5	5-vear base r	period - divide the total o	n line 2 by 5.	or by the number	of vea	ırs		<u>-</u>		
the foundation has been in exister				o. 5, 110 Hambo.	o. , oa			3		.042503
4 Enter the net value of noncharitab	le-use assets	s for 2012 from Part X, li	ne 5					4	<u></u>	8,506,623.
5 Multiply line 4 by line 3								5		361,557.
6 Enter 1% of net investment incom	e (1% of Pai	rt I, line 27b)						6		4,727.
7 Add lines 5 and 6								7		366,284.
8 Enter qualifying distributions from	Part XII, line	e <b>4</b>						8		428,410.
If line 8 is equal to or greater than	-							لــــــا		

	1 990-PF (2012) DIERMETER FAMILY FOUNDATION 36-4545	,339		Page t
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JEFFREY J. DIERMEIER Telephone no. ▶ (239)	263	-72	83
	Located at ► 2113 CANNA WAY, NAPLES, FL ZIP+4 ►34	105		
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	N	[/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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	, y, 1, 1, 1, 1, 1	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1000
	country >	",		\$ 30,000
Pá	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		<u> </u>
	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):		14.46	1.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1 %
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1988	130	
	a disqualified person?	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	, ,	\ \	**
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		احا	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	,		<b>1</b>
	for the benefit or use of a disqualified person)?		1. 3.	
	(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		3,	
	termination of government service, if terminating within 90 days.)  Yes X No			,
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	\		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	7.%S	Sound of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1,7,7,3		
(		10		X
۰	before the first day of the tax year beginning in 2012?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	<del> </del>	<u> </u>
2		], ]	, , , ,	,
	defined in section 4942(j)(3) or 4942(j)(5)):	, \>	,3 £	15 TO 8
ě	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?  Yes X No		~	
		1	20	. *> *
	If "Yes," list the years \( \brightarrow\).  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			<u></u>
	statement - see instructions.)  N/A	2b	200 K	├
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	£833		
	<u> </u>	1313	1,32	35,00
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			[.
	during the year?		/	
t	b if "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	[. ]	12	
	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		7,48	3.3
	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,			120
_	Form 4720, to determine if the foundation had excess business holdings in 2012)  N/A	3b		1
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del>  </del>	X
	h Did the foundation make any investment in a prior year (but after December 31, 1969) that could legislative its charitable purpose that		. 51	

Form **990-PF** (2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

0

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

NONE

All other program-related investments. See instructions.
3 NONE

Total. Add lines 1 through 3

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Р	art X Minimum Investment Return (All domestic foundations must complete this part. Fo	reign foundations, se	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	200 Hz	
a	Average monthly fair market value of securities	1a	8,109,875.
b	Average of monthly cash balances	1b	8,109,875. 526,290.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	8,636,165.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,636,165.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	129,542.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,506,623.
6	Minimum investment return. Enter 5% of line 5	6	425,331.
P	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here   and do not complete this part.)	dations and certain	
1	Minimum investment return from Part X, line 6	1	425,331.
2a	Tax on investment income for 2012 from Part VI, line 5	727.	
b	Income tax for 2012. (This does not include the tax from Part VI.)	, M. W. C.	
C	Add lines 2a and 2b	2c	4,727.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	420,604.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	420,604.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	420,604.
느	art XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		128 110
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<del></del>	428,410.
	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	<del></del>
	Cash distribution test (attach the required schedule)	3b   4	428,410.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	420,410.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	1 727
c	income. Enter 1% of Part I, line 27b	5	4,727.
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 calculating whether the fo 4940(e) reduction of tax in those years.	unuation qualifies for t	IE SECTION

Form **990-PF** (2012)

### Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4 8 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI,				
line 7 '	**, ***, ***, ***, ***, ***, ***, ***,	A STATE OF S	The same of the sa	420,604.
2 Undistributed income, if any, as of the end of 2012	10 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The remarks of the control of the co	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	/ 1.58 ·
a Enter amount for 2011 only	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* * * * * * * * * * * * * * * * * * * *	425,008.	3 1/2
<b>b</b> Total for prior years:				, ",
· · · · · · · · · · · · · · · · ·	* +4, (), (A)	0.	45 *	<u>.</u>
3 Excess distributions carryover, if any, to 2012:		200 m 1000 2	~37.78.64 mis	( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
<b>a</b> From 2007		1 1	100 100 100 100 100 100 100 100 100 100	
<b>b</b> From 2008		The second of the second		
c From 2009				
d From 2010	Mark Al Andrews	- A A A A A A A A A A A A A A A A A A A	War and the state of the state	w Same
e From 2011		With Supplement of the Control of th	",	
f Total of lines 3a through e	0.			1 · · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2012 from	2000 A 1000 A 10	, , , ,	′′	
Part XII, line 4: ►\$428,410.		California Para	" "Thereby in my	,
a Applied to 2011, but not more than line 2a	W		425,008.	· · · ·
<b>b</b> Applied to undistributed income of prior	2015 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J. 1884 ( )	
years (Election required - see instructions)		0.	A VINCE OF THE PARTY OF THE PAR	* * * * * * * * * * * * * * * * * * * *
c Treated as distributions out of corpus		· Sister		7 >
(Election required - see instructions)	0.			200
d Applied to 2012 distributable amount	34.		· 544	3,402.
e Remaining amount distributed out of corpus	0.	200 A A A		3,102.
5 Excess distributions carryover applied to 2012	0.	* 15 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	>x#22.4 > x x x x x	0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	470.75 Y 13 1	***************************************	3 3, 53 3	· ·
	334	Wor 3	7.4.	* (\$\frac{1}{2}\frac{1}{2}\frac{1}{2}
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			A STATE OF
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	(), %)	
c Enter the amount of prior years'	5 8 8 5 5 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S		<b>♦</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	` ,
undistributed income for which a notice of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠
deficiency has been issued, or on which the section 4942(a) tax has been previously			• •	,
assessed		0.	and restallmentations to	6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
d Subtract line 6c from line 6b. Taxable	Company of the Compan		2.30	23.50
amount - see instructions	Maria Maria	0.		
e Undistributed income for 2011. Subtract line		2 382 1YP		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract			**************************************	
lines 4d and 5 from line 1. This amount must	Nova 85 (1977) 8 7 7 7 7 7	`	18 m	
be distributed in 2013		*******	****	417,202.
7 Amounts treated as distributions out of		. 17 M C C C C C C C C C C C C C C C C C C	V \$17.5	
corpus to satisfy requirements imposed by		, , , , , , , , , , , , , , , , , , ,	, \$\$	`
section 170(b)(1)(F) or 4942(g)(3)	0.		· · · · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2007			* 228*.	37,
not applied on line 5 or line 7	0.			taile (
9 Excess distributions carryover to 2013.		35. 2. 2	2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, , , ,
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		~*************************************	1	,
a Excess from 2008	my hand the same of the			,
b Excess from 2009	gas can, is in the		· 100 60 1	<b>3</b>
c Excess from 2010			3 ************************************	
d Excess from 2011				A STATE OF THE STA
e Excess from 2012			S SA	
6 LAUGSS 110111 20 12		St. Salar St.		50 000 DE 100
******				Form <b>990-PF</b> (2012)

N/A

3 Grants and Contributions Paid During th		rayment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
BIG SHOULDERS FUND OF CHICAGO	N/A	PUBLIC CHARITY	UNRESTRICTED	
212 WEST VAN BUREN, SUITE 900				
CHICAGO, IL 60607				10,00
HABITAT FOR HUMANITY OF GREATER	N/A	PUBLIC CHARITY	UNRESTRICTED	
PORTLAND ME				
BOX 10505				
PORTLAND, ME 04104				1,20
HAZELDEN FOUNDATION	N/A	DUDI 10 0000000		
PO BOX 11, BC2	N/A	PUBLIC CHARITY	UNRESTRICTED	
CENTER CITY, MN 55012				30,00
·		**		
HINSDALE HOSPITAL FOUNDATION	N/A	PUBLIC CHARITY	INRESTRICTED	
120 NORTH OAK STREET				
HINSDALE, IL 60521				10,00
				· · · ·
HOPE FOR HAITI	N/A	PUBLIC CHARITY	UNRESTRICTED	
1021 5TH AVE N.				
NAPLES, FL 34102				10,00
	ONTINUATION SHEE	T(S)	<b>▶</b> 3a	422,20
<b>b</b> Approved for future payment		]		
NONE		_		
				<del></del>
Total			<b>▶</b> 3b	- 000 DE (001)

Part XVI-A Analysis of Income-Prod				36-	4545339 Page 12
Enter gross amounts unless otherwise indicated.		ousiness income	Exclud	led by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
<b>a</b>	_	<del>.</del>			
b	-	<del></del>	+		
d	<del>-   -</del>		+		
e	-		+ +		<del></del>
1	-				
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			_		
4 Dividends and interest from securities		·	14	241,145.	
5 Net rental income or (loss) from real estate:	× 100 000 000 000		(A)	Market H	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-financed property			-		
b Not debt-financed property	<b></b>		-}}		
6 Net rental income or (loss) from personal					
property 7 Other investment income			+-+		
8 Gain or (loss) from sales of assets other	<del></del>	<del></del>	-		
than inventory			18	273,411.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					· · · · · · · · · · · · · · · · · · ·
a	_				
b	_		+		
c			-}}		-
d	- <del> </del>	<del></del>		<del></del>	
e 12 Subtotal. Add columns (b), (d), and (e)			) <u>.</u>	514,556.	0.
13 Total. Add line 12, columns (b), (d), and (e)	7 -834-7			13	514,556
(See worksheet in line 13 instructions to verify calculations.)	<b>)</b>			"-	322/330
Part XVI-B Relationship of Activities		nlichment of l	Evemnt	Purnoses	
Relationship of Activities	to the Accom		cxempt		
Line No. Explain below how each activity for which in			-A contribi	uted importantly to the accon	plishment of
the foundation's exempt purposes (other the	an by providing funds	for such purposes).			<del></del>
N/A	<del></del>	<del></del>			
<del></del>					
<del></del>					
	<del></del>			<del></del>	
		<del> </del>		· · · · · · · · · · · · · · · · ·	
					<del></del>
	·	<del></del>	<del></del>	<del></del>	·

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a)Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes." complete the following schedule. (a) Name of organization (c) Description of relationship (b) Type of organization N/A Under penalties of perjury, I declare that I ha examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign Here X Yes of officer or trustee Title Date Check Print/Type preparer's name Date Preparer's sugnature self- employed 5/28/13 Paid WILLIAM C. SQUIRES P00436818 **Preparer** Firm's name ▶ DELOITTE /TAX Firm's EIN ▶ **Use Only** Firm's address ▶ 111 SOUTH WACKER DRIVE CHICAGO, IL 60606 (312) 486-1000 Phone no.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, 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	- Contribution	
ST. MATTHEW'S HOUSE	N/A	PUBLIC CHARITY	INDESTRICTED	
2001 AIRPORT ROAD SOUTH	N/A	TOBBIC CIBACITI	DAKEBIKICIED	1
NAPLES, FL 34112			İ	15,000.
THE COMMUNITY HOUSE 415 EIGHTH STREET	N/A	PUBLIC CHARITY	UNRESTRICTED	
HINSDALE, IL 60521				12,000.
THE GUADALUPE CENTER	N/A	PUBLIC CHARITY	UNRESTRICTED	
509 HOPE CIRCLE				20.000
IMMOKALEE, FL 34142				20,000.
UCAN	N/A	PUBLIC CHARITY	UNRESTRICTED	
3737 N. MOZART STREET		ļ	ļ	1
CHICAGO, IL 60618				100,000.
UNIVERSITY OF CHICAGO CANCER RESEARCH	N/A	PUBLIC CHARITY	UNRESTRICTED	
FOUNDATION				1
5841 S. MARYLAND AVENUE				1
CHICAGO, IL 60637				35,000.
				1
UNIVERSITY OF WISCONSIN FOUNDATION	N/A	PUBLIC CHARITY	UNRESTRICTED	
1848 UNIVERSITY AVENUE				
MADISON, WI 53726				75,000.
WELLNESS HOUSE	N/A	PUBLIC CHARITY	TIME DOWN TOWN	į
131 N. COUNTY LINE RD.	N/A	FUBLIC CHARITI	DNRESTRICTED	
HINSDALE, IL 60521				30,000.
YMCA OF THE COULEE REGION 3219 COMMERCE ST.	N/A	PUBLIC CHARITY	UNRESTRICTED	
LA CROSSE, WI 54603				14,000.
	<del> </del>			1
BETWEEN FRIENDS	N/A	PUBLIC CHARITY	UNRESTRICTED	
FO BOX 608548 CHICAGO, IL 60660				5 000
CHICAGO, III 00000		<u> </u>		5,000.
ASSOCIATION OF SMALL FOUNDATIONS	N/A	PUBLIC CHARITY	UNRESTRICTED	
1720 N STREET, NW				
WASHINGTON, DC 20036	<u> </u>	<u> </u>	<u> </u>	1,000. 361,000.
Total from continuation sheets		<del></del>		301,000.

#### DIERMEIER FAMILY FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient YOUTH HAVEN, INC. N/A PUBLIC CHARITY UNRESTRICTED 5867 WHITAKER ROAD 14,000. NAPLES, FL 34112 PUBLIC CHARITY UNRESTRICTED **JDRF** N/A 26 BROADWAY, 14TH FLOOR 10,000. NEW YORK, NY 10004 AMERICAN CANCER SOCIETY N/A PUBLIC CHARITY UNRESTRICTED 250 WILLIAMS STREET ATLANTA, GA 30303 15,000. N/A PUBLIC CHARITY UNRESTRICTED CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE, SUITE 150 NAPLES, FL 34104 15,000. Total from continuation sheets

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
PERSHING, LLC	•		249,397.		8,252.	241,14	5.
TOTAL TO FM 990-PF, PART I, I	,N 4		249,397.		8,252.	241,14	5.
FORM 990-PF	AC	COUNTI	NG FEES	<del></del> -		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
TAX PREPARATION FEES (DELOITTE TAX, LLP)		5,500.		0.		5,50	0.
TO FORM 990-PF, PG 1, LN 16B		5,500.	=======================================	0.		5,50	0.
FORM 990-PF C	THER	PROFES	SIONAL FI	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT MGMT FEES (STAIRWAY PARTNERS LLC)	3	4,756.	34,	,756.			0.
TO FORM 990-PF, PG 1, LN 16C	3	4,756.	34	,756.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS '	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITAB E PURPOSE	
EXCISE TAX FOREIGN TAXES PAID		6,500. 7,118.	7 ,	0.			0.
TO FORM 990-PF, PG 1, LN 18	1	3,618.	7,	,118.			0.

FORM 990-PF	OTHER E	EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ASSOCIATION OF SMALL FOUNDATIONS DUES IL FILING FEES	695. 15.		0.		695 15	
TO FORM 990-PF, PG 1, LN 23	710.		0.	***	710	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT (	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET VALUE	
44,606 SHS ISHARES MSCI EAFE FUND	INDEX	COST				
27.710 SHS ISHARES RUSSELL 3	000	COST	2	2,171,557.	2,536,297	
27,710 SHS ISHARES RUSSELL 3 INDEX FUND 42,034.908 SHS US HIGH YIELD INCOME TIAA-CREE BOND FUND I	FIXED	COST		1,748,689.	2,346,483	
INDEX FUND 42,034.908 SHS US HIGH YIELD INCOME TIAA-CREF BOND FUND I 129,004.304 SHS VANGUARD TOTA MARKET INDEX - SIGNAL	FIXED I AL BOND	COST	1			
INDEX FUND 42,034.908 SHS US HIGH YIELD INCOME TIAA-CREF BOND FUND I 129,004.304 SHS VANGUARD TOTA MARKET INDEX - SIGNAL 19,015 SHS VANGUARD EMERGING MARKETS ETF 60,419.41 SHS VANGUARD SHORT	FIXED I AL BOND	COST	1	397,106. 1,288,215. 0.	2,346,483 439,265 1,430,658	
INDEX FUND 42,034.908 SHS US HIGH YIELD INCOME TIAA-CREF BOND FUND I 129,004.304 SHS VANGUARD TOTA MARKET INDEX - SIGNAL 19,015 SHS VANGUARD EMERGING MARKETS ETF	FIXED I AL BOND -TERM	COST COST	1	397,106. 1,288,215.	2,346,483 439,265 1,430,658	

FORM 990-PF	PART XV - LINE 1A	STATEMENT 7
	LIST OF FOUNDATION MANAGERS	

#### NAME OF MANAGER

JEFFREY J. DIERMEIER JULIA M. DIERMEIER

## Stairway Partners, LLC REALIZED GAINS AND LOSSES

### Diermeier Family Foundation 00000005

From 01-01-12 Through 12-31-12

Open Date	Close Date	Quantity	Security	Cost Basis	Amort. or Accretion	Proceeds	Gain Or Loss	
							Short Term	Long Term
12-29-05	02-14-12	463	iShares Russell 3000 Index Fund	33,650 84		37,157 10		3,506 26
09-22-05	02-14-12	484	ıShares Russell 3000 Index Fund	33,895 26		38,842 41		4,947 15
09-22-05	04-03-12	1,397	ıShares Russell 3000 Index Fund	97,834 05		117,156 77		19,322 72
01-09-08	05-14-12	8,765 625	TIAA-CREF High Yield Bond Fund II	83,987 65		88,269 84		4,282 19
10-07-08	05-14-12	13,395 000	TIAA-CREF High Yield Bond Fund II	107,328 95		134,887 65		27,558 70
09-21-11	05-14-12	38,838 208	TIAA-CREF High Yield Bond Fund II	372,070 03		391,100 76	19,030 73	
08-08-11	10-26-12	780	Vanguard Emerging Markets ETF	32,747 31		32,435 57		-311 74
10-03-11	10-26-12	10,750	Vanguard Emerging Markets ETF	388,451 25		447,028 73		58,577 48
10-07-08	10-26-12	4,730	Vanguard Emerging Markets ETF	134,445 05		196,692 64		62,247 59
11-21-08	10-26-12	2,755	Vanguard Emerging Markets ETF	54,619 53		114,564 10		59,944 57
06-04-12	10-26-12	1,408	Vanguard Emerging Markets ETF	52,497 19		58,550 37	6,053 18	
TOTAL GA	SSES	2				-	25,083 91 0 00	240,386 66 -311 74
TOTAL RE	ALIZED G	™ ⊩ n maketh	265,158 83	<u>. 1,391,527.11</u>	₹ 0.00	1,656,685.94	25,083.91	240,074.92

#### Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (ion page 2 of this form)  Do not complete aff II (inless) you can electronically file Form 8888 if you need a 3-month automatic extension of time to file (in months for a corporation required for the Form 8901), or an adjustance in the page 3-month automatic extension of time to file (in months for a corporation required for the Form 8901), or an adjustance in the page 3-month automatic extension of time to file any of the forms listed in Part for Part II with the exception of Form 8701, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IBS in paper format (see instructions). For more details on the electronic filing of this form, wait www.rs.govidele and click on a-file for Charlete & Rongrootitis (including II 20-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file incrome tax returns  Type or   Value of exempt organization or other filer, see instructions.   Employer identification number (EIN) or print   International Page 3-months of the incrome tax returns  IDENTIFIES FAMILY FOUNDATION 36-4545339   Social security number (SIN)   Social security number (SIN)   Tiles by the print   International Page 3-months of the incrome tax returns   Social security number (SIN)   Tiles by the print   International Page 3-months of the incrome tax returns   Social security number (SIN)   Tiles by the print   International Page 3-months of the print   International Page 3-months of the print   International Page 3-months of the print   International Page 3-months of the print   International Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of the Page 3-months of	• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons					
Electronic filing (p. deg). You can electronically life Form 3888 if you need a 3-month automatic extension of time to file (in emoths for a corporation resputed to file Form 9807), and additional (not automate). Pamorith extension of time to file any of the forms leited in Part i or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRIs paper format (see instructions). For more details on the electronic filing of this form, were travely and professional and circle on effect for Counters 3 Monprofits    Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).	•	•	-									
et time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filing of this form, your www.irs.gov/drifle and click on e-file for Charities & Norprofits  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  Acorporation required to file Form 990 Trail requisition and interesting on automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print Pict by time.  Pict							rporation					
Personal Banelit Contracts, which must be sent to the IRS in paper format (see instructions). For more defails on the electronic flang of this form, vest www.rs. gov/felfe and click on e-rife for Charaftes & Nonprofits  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fair are fairns.  Type or print  Type or print  Time of exempt organization or other filer, see instructions.  DIERMEIER FAMILY FOUNDATION  Number, streat, and room or suite no. If a P O box, see instructions  DIERMEIER FAMILY FOUNDATION  Number, streat, and room or suite no. If a P O box, see instructions  Social security number (SSN)  NAPLES, FL 34105  Enter the Return code for the return that this application is for (file is separate application for each return)  O	required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	file Form 8	868 to request an	extension					
visit www.rs.povefille and click on e-file for Chartles & Norprofits Part I \ Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partinerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Tipe or I print Tipe or I print DIERMETER FAMILY FOUNDATION  Social security number (SNN)  Number, street, and room or suite no. If a P O box, see instructions  DIERMETER FAMILY FOUNDATION  Number, street, and room or suite no. If a P O box, see instructions  DIERMETER FAMILY FOUNDATION  Number, street, and room or suite no. If a P O box, see instructions  City town or post office, state, and ZIP code. For a foreign address, see instructions  NAPLES, FI 34105  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Code Is For  Code Is For  Code Is For  Code Is For  Code Is For  Code Is For  Code Is For  Social security number (SNN)  OI 1  Application  Return Code Is For  Code Is For  Code Is Form 990-T(corporation)  OI 7  Form 990-	of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers.	Associated With (	Certain					
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A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  **Part I only **Part I on												
April   Apri												
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file incorpore tax returns  Type or print  Tipe by the desire for the desire for the return that this application is for PO box, see instructions  DIERMETER FAMILY FOUNDATION  36-4545339  Number, street, and room or suite no. If a PO box, see instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NAPLES, FL 34105  Enter the Return code for the return that this application is for (file a separate application for each return)  DIERMETER FAMILY FOUNDATION  36-4545339  Number, street, and room or suite no. If a PO box, see instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NAPLES, FL 34105  Enter the Return code for the return that this application is for (file a separate application for each return)  DIERMETER FAMILY FOUNDATION  Application  Return Application  Beturn Code  Form 990-Tem 990-EZ  DIERMETER FAMILY FOUNDATION  Application  Beturn Code  Code  Is Form 990-Tem 990-Tem 990-EZ  DIERMETER FAMILY FOUNDATION  DIERMETER FA	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete											
Type or print DIERMEIER FAMILY FOUNDATION  DIERMEIER FAMILY FOUNDATION  Social security number (EIN) or print Place of exempt organization or other filer, see instructions.  DIERMEIER FAMILY FOUNDATION  Social security number (SSN)  213 CANNA WAY  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NAPLES, FL 34105  Enter the Return code for the return that this application is for (file a separate application for each return)  OI4  Application  Form 990 or Form 990 ez  OI Form 990 or Form 990 ez  OI Form 990 or Form 990 ex  OI		•					<b>-</b>					
Type or print  DIERMEIER FAMILY FOUNDATION  36 – 45 45 339  Number, street, and room or suite no. If a P O box, see instructions  2113 CANNA WAY  Number, street, and room or suite no. If a P O box, see instructions  2113 CANNA WAY  NAPLES, FL 34105  Enter the Return code for the return that this application is for (file a separate application for each return)  Return Sport Code  Sport S			IICs, and t	rusts must use Form 7004 to reques	st an exter	ision of time						
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DIERMETER FAMILY FOUNDATION   36-4545339   Number, street, and room or suite no. If a P O box, see instructions   2113 CANNA WAY   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   NAPLES   FL 34105		Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or								
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Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Separate application Code Separate application Separate application Separate application Separate application Separate application Separate Appl		City, town or post office, state, and ZIP code. For a fo										
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Is For	Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4					
Is For	Applica	ion	Return	Application			Return					
Form 990 or Form 990-EZ			Code				1					
Form 4720 (individual)  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 8870  12   JEFFREY J. DIERMEIER  ↑ The books are in the care of ▶ 2113 CANNA WAY - NAPLES, FL 34105  Telephone №  (239) 263-7283  FAX No. ▶  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2013  It file the exempt organization return for the organization named above. The extension is for the organization's return for:  ■		0 or Form 990-EZ	01				07					
Form 990-PF	Form 99	0-BL	02	Form 1041-A	08							
Form 990-T (sec. 401(a) or 408(a) trust)  DIEFREY J. DIERMETER  The books are in the care of ▶ 2113 CANNA WAY - NAPLES, FL 34105  Telephone No ▶ (239) 263-7283  FAX No. ▶  if the organization does not have an office or place of business in the United States, check this box  if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2013  It file the exempt organization return for:  X calendar year 2012 or  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Change in accounting period  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The final return  The final return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for less than 12 months, check reason.  Initial return  The file tax year entered in line 1 is for	Form 47	20 (individual)	03		09							
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The books are in the care of ▶ 2113 CANNA WAY - NAPLES, FL 34105 Telephone No ▶ (239) 263-7283 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2012 or  ▶ and ending  If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return  Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  3a \$ \$ 0.	Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.