

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

OMB No 1545-0052

2012

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

				or tax year beginnir	ig <u>l</u>	May 23	, 2012	, and ending	Dec		
		of founda		ELLER FAMII	v F0	ד ארואיד	NC		Α	Employer identification no 45-5373276	ımber
7	Vumbe	r and str	eet (or PO box n	number if mail is not delive	ered to str	eet address)	IVC	Room/suite	В	Telephone number (see the	e instructions)
			CAMELBAC	K ROAD, SUIT	E 33	0				(602) 977-98	
	City or	town ENIX						ZIP code 85018	С	If exemption application is	s pending check here
-			Il that apply.	X Initial return		Instal Poture		mer public charit		ii exemption approation ii	punding, under nore
•	.	ileen a	и шасарріу.	Final return		Amended retu		mei public cham	y D	1 Foreign organizations, che	ck here
				Address char	ge	Name change	•••			2 Foreign organizations mee	
٠Ī	1	Check	type of organ	nization. X Sec	tion 50	1(c)(3) exempt p	rıvate f	oundation		here and attach computati	on •
: 0 J				(1) nonexempt cha				orivate foundation	<u>n</u> E	If private foundation statu	
J			rket value of all a art II, column (c),	assets at end of year	J Aco	counting method.	X C	ash Accrua	al	under section 507(b)(1)(A), check here
<i>)</i> 1	•	Ś		31,579.	(Part I	Other (specify) , column (d) mus	t he or	cash hasis T	_	If the foundation is in a 60 under section 507(b)(1)(B	
) [Parl	ŽEI A	nalvsis of	Revenue and	(i ait i	T				1	
ב ב		Ε	xpenses (7	The total of amounts		(a) Revenue a expenses per l		(b) Net investr	nent	(c) Adjusted net	(d) Disbursements for charitable
`				c), and (d) may not e amounts in columi		, , .					purposes
<u>.</u>			ee instruction		. (0)						(cash basis only)
コート		1		rifts, grants, etc, received		1,031,	500.		kapang Pangangan	ENTROPY PARTIES	全部有产业企业等。在产生
ζ		2	1 1	the foundn is not req to at savings and tempor		1970年第1867年	是法院	"种类"。	TIES !!		中的信息等于 公司信息
ת מ			cash investr	ments			99.		99.	99.	
-		4		interest from securities							计绝对语句 法数据
			Gross rents Net rental incon			The same of the sa	ader the late	Language Committee	Park EM		The state of the s
	R	6	or (loss) 3 Net gain/(loss) f	from sale of assets not on	line 10	2000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	المدرة والمدادة				THE RESERVE OF THE PERSON OF T
	Ë		Gross sales price assets on line 6	ce for all		二十二四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	8. S.				Patrick Control
	Ε	7	Capital coin-not	Income (from Part IV. Jin	e.2)	·····································				经验的	1977、1979年中央国
	N	8 9	Net short-ter	TRECEIVED			生物的		· · ·		TOWN COMPANY THE
	Ĕ		Gross sales less	s	78	C TO SERVE SERVE	12.7	STATE OF THE STATE	10,000		The state of the s
		Ι.	Gross sales less returns and allowances Less Costro goods sold	A <mark>UG 1 9 2013</mark>	O	f-definition of	1			2007年5月18日	
		'	goods sold	7,00 1 0 1013	SS.		指言其	90年8月1日	是这种		認為等語學語識
		11	Gross profit/(lo	oss) (att.sch) ne Ostalo Est Nedule)				が変わる。			
		''	Other Incom	ics(attack Collegeme)							· 我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
_		12	Total. Add II	ines 1 through 11		1,031,	599.		99.	99.	
		13	•	of officers, directors, truste	es, etc						
		14		e salaries and wages ns, employee benef	ıtc.						
			Legal fees (atta		11.5						
	Ô	<u> </u>	Accounting fees	•	, '					_	
	ı	`	Other prof fees								
	O I	17	Interest	••				-			
	E Ť	18	Taxes (attach schedu Depreciation	••	•						a appropriate the first of the
	Î	· '	sch) and de								
	N V G E		Occupancy	oronoos and mast							,
		1		erences, and meetir publications .	iys						
	A E	23		ses (attach schedul	e)						
	E N			Bank			20.		20.	20.	20.
	S E	24	ιοται operat expenses. Α	ting and administra Add lines 13 through	11 ve 23 .		20.		20.	20.	20.
	3	25	Contributions, g	gifts, grants paid		700,	000.	"这个是是不是		Service and the Post	700,000.
		26	Total expense	ses and disbursem	ents.	700	020		22		
		27		26 from line 12:		700,	U∠U.	est teat automati	20.	20.	700,020.
		1	Excess of re	evenue over expens	es	Suffer distance plants (Cartillametic, d			1257		
			and disburs	ements income (if negative, enter	. 0.1	331,	579.	声明空前为诗作	海部 型	The state of the s	では、
				come (if negative, enter			Maria Maria	おびからからからか	79.	79.	之一或这些种的。" 有一种的意思,也有种的
_		<u> </u>	.,	,	. ,	· · · · · · · · · · · · · · · · · · ·	- 3- 4-3	home- a thread been that the time	44 4 4 6 2 6 6	1 13.	in the mean of the party of the first

Page 2

Dai	43112	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	otion	Beginning of year			End o	f year		
<u>u</u> , aı	Cir	Daiance Sheets	(See instructions)	,	(a) Book Value	(b) E	Book Val	ue	(c) Fair	r Market	Value
	1	Cash - non-interest	bearing			1					
	2	Savings and tempora	ary cash investments		0.		331,	579.		331.	579.
	3	Accounts receivable	>			CONTRACTOR OF THE PARTY OF THE	2017		Hardina.	\$2.404.E	75.74
		Less allowance for o	doubtful accounts		32.71	and the same of th	122,60 - 748	المرابعة الموادات	ite. Billion in inch.	KEEL FOR V	- 1A-10 D-131
	4	Pledges receivable.				小湖 学家	語的為	語語以	於學典語	S. Jan	he with the
		Less [,] allowance for o	ioubtful accounts			1520 LTL at 140.	A CONTRACTOR OF THE PARTY OF TH	A Marie Contract	and the state of t	Military - Light	en er <u>tr⊒</u> g
	5	Grants receivable .				 					
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other the schedule) (see instructions)								
	7	Other notes and loans rece	eivable (attach sch)			5 MARTIN	第七种数	Crest H	學學 第	CHE LO	14.46
A		Less. allowance for o			The state of the s	E	The second second		E-12-12-12-12-12-12-12-12-12-12-12-12-12-	CHARLES TO	Editions.
S	8	Inventories for sale of				<u> </u>					
SET	9	Prepaid expenses an				 		-			
S	10 a	Investments – U.S. a obligations (attach so	and state government								
	l t	b Investments — corporate s	stock (attach schedule)						ĺ		
	0	: Investments — corporate t	oonds (attach schedule)								
	11	Investments – land, equipment: basis	buildings, and						1544	新疆	
		Less: accumulated depreciation (attach schedule).	ation ►				35 HT 37R. 49 S	E-10 - 21 k 11		**************************************	(CA) Prim
	12	Investments - mortg	age loans								
	13	Investments - other	(attach schedule)								
	14	Land, buildings, and	equipment basis F			il Carte					器工工
		Less: accumulated deprecia (attach schedule)	ation				334 1463 Ht 21/1/14/2 A		and the control of the	1001AL 20 40 M D	earn countries
	15 16	Other assets (describ Total assets (to be co	ompleted by all filers)							
	17		Also, see page 1, item I)		0.		331,	579.	Jan. 28	331,	579.
ī	18	Accounts payable and Grants payable	u accrueu expenses								
A B	19	Deferred revenue	• •	• •		ļ <u>.</u>					A. (4)
ĩ	20		ora trustage & ather discussified access						經經		
L	21		ors, trustees, & other disqualified persons			 				1	
Ť	22	Other liabilities (desc	payable (attach schedule)					[400
F	22	Other habilities (desc		'							10 m
E S	23	Total liabilities (add I	ines 17 through 22)					-			5.2
		Foundations that foll and complete lines 2	ow SFAS 117, check here 4 through 26 and lines 30 and 31.	•							
NF	24	Unrestricted						İ	THE ST	"影響	於湖
E U T N	25	Temporarily restricted	i , .						to the same	三次的	建建
D	26	Permanently restricte	d .					-		1 1 2 2 2 3	
A S B S A		Foundations that do and complete lines 2	not follow SFAS 117, check here 7 through 31.	► X						的 医基础	
E L T A S N	27	Capital stock, trust pr	incipal, or current funds				331,	579		美国	透透
SÑ	28		or land, building, and equipment fund						企業等		
C O F	29	Retained earnings, accumul	lated income, endowment, or other funds							W.S.C.W.	· 15
O Ē R S			ind balances (see instructions)				331,	579.			
		(see instructions)	et assets/fund balances		0.		331,		的 新疆 第		1000
Ŗār		Analysis of Chang	ges in Net Assets or Fund Ba	lanc	es						
1	Total end-o	net assets or fund bal of-year figure reported	ances át beginning of year – Part II, on prior year's return)	colum	ın (a), line 30 (must agr	ee with		1			
2	Enter	amount from Part I, Is	ne 27a					2		331,	579.
3	Other (increases not included in line	e 2 (itemize)					3			<u></u> -
4	Add I	ines 1, 2, and 3						4		331,	 579.
5	Decrea	ises not included in line 2 (it	temize)					5			<u></u>
6	Total	net assets or fund bal	ances at end of year (line 4 minus lii	ne 5) -	- Part II, column (b), Iin	e 30		6		331,5	579.

	use; or common stock, 200 shares ML(al estate, C Company)	(b) How acquire P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d)Date sold (month, day, year
1 a					
b					
С	-				
d	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
e	(0.0)			420	(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a					····
b					
					
					
	l wing gain in column (h) and owned by	the foundation on 12/31/69		41> Counc (Colu	(mn /h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(i) ny t	(I) Gains (Colu gain minus column (k) han -0-) or Losses (fro), but not less
a					
b					
C					
d					
е		anter in Dord Line 7		1	_
2 Capital gain net income or (n	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2	. <u> </u>	
	(loss) as defined in sections 1222(5)	_			
in Part I, line 8	ne 8, column (c) (see instructions). If (·``	3		
Part V Qualification Und	er Section 4940(e) for Reduce	d Tax on Net Investme	ent Income		
f section 4940(d)(2) applies, leave	this part blank				
Was the foundation liable for the set f 'Yes,' the foundation does not qualified an amount of the set of the s	ection 4942 tax on the distributable am alify under section 4940(e) Do not con tin each column for each year; see the	nplete this part instructions before making	•	Yes	No
Was the foundation liable for the set f 'Yes,' the foundation does not qu	ection 4942 tax on the distributable am alify under section 4940(e) Do not con	oplete this part	any entries	(d) Distribution lumn (b) divided b	ratio
Vas the foundation liable for the set if 'Yes,' the foundation does not qualified amount (a) Base period years Calendar year (or tax year	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Vas the foundation liable for the set f'Yes,' the foundation does not quent and the set of 'Yes,' the foundation does not quent and the set of	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Was the foundation liable for the set f 'Yes,' the foundation does not query and the set of 'Yes,' the foundation does not query and the set of	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Vas the foundation liable for the set 'Yes,' the foundation does not quentum 1. Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Vas the foundation liable for the set 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation liable for the set of 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation does not quently and the set of 'Yes,' the foundation does not quently and 'Yes,' the foundation does not quently and 'Yes,' the set of	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Vas the foundation liable for the set in Yes, the foundation does not query and the set in Yes, the foundation does not query and the set in Yes, the foundation does not query and the set in Yes, the set in	ection 4942 tax on the distributable am alify under section 4940(e) Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of	any entries	(d) Distribution	ratio
Vas the foundation liable for the set 'Yes,' the foundation does not quentum 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for	ection 4942 tax on the distributable am alify under section 4940(e) Do not cont in each column for each year; see the	nplete this part instructions before making (c) Net value of noncharitable-use asso	any entries ets (co	(d) Distribution	ratio
Vas the foundation liable for the set it 'Yes,' the foundation does not quenter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the (b) Adjusted qualifying distributions the 5-year base period — divide the tot	nplete this part rinstructions before making (c) Net value of noncharitable-use asso	any entries ets (co	(d) Distribution	ratio
Vas the foundation liable for the set it 'Yes,' the foundation does not quenter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation	ection 4942 tax on the distributable am alify under section 4940(e). Do not cont in each column for each year; see the (b) Adjusted qualifying distributions the 5-year base period — divide the tot on has been in existence if less than 5	nplete this part rinstructions before making (c) Net value of noncharitable-use asso	any entries ets (co	(d) Distribution	ratio
Was the foundation liable for the set f 'Yes,' the foundation does not quarter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation 4 Enter the net value of noncharts 5 Multiply line 4 by line 3	the 5-year base period — divide the toton has been in existence if less than 5	nplete this part rinstructions before making (c) Net value of noncharitable-use asso	ets (co	(d) Distribution	ratio
Was the foundation liable for the set f 'Yes,' the foundation does not question and the set of 'Yes,' the foundation does not question and the set of 'Yes,' the foundation does not question and the set of the	the 5-year base period — divide the toton has been in existence if less than 5	nplete this part rinstructions before making (c) Net value of noncharitable-use asso	2 3 4 5	(d) Distribution	ratio
f 'Yes,' the foundation does not qu 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation 4 Enter the net value of nonchar 5 Multiply line 4 by line 3 6 Enter 1% of net investment in	the 5-year base period — divide the tot on has been in existence if less than 5 arritable-use assets for 2012 from Part >	nplete this part rinstructions before making (c) Net value of noncharitable-use asso	2 3 4 5 6	(d) Distribution	ratio

Pa	IT WE Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see in				aye -
	a Exempt operating foundations described in section 4940(d)(2), check here .	isiru Seerik	Cuons)	7.7° det ** 1	4.U.A. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
•	Date of ruling or determination letter. (attach copy of letter if necessary — see instrs)	5707			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,				^
	check here ► and enter 1% of Part I, line 27b	1,4204.3	The state of the s	\$£ 1 15 pc :	Z.
	L. 1 K				
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		and the second second	د. د د د د د د د د د د د د د	- Particular Character
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				•
9	<u> </u>	2			<u>0.</u>
3	Add lines 1 and 2	3			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .	4	<u> </u>		0.
2	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	347-12-20 · 1	4,6° , 1	2.
0	Credits/Payments				
	a 2012 estimated tax pmts and 2011 overpayment credited to 2012 . 6a				
	b Exempt foreign organizations — tax withheld at source ~. 6b			1.50	
	c Tax paid with application for extension of time to file (Form 8868) 6c 0.				
_	d Backup withholding erroneously withheld	200			
7	Total credits and payments Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2.
10	, , , , , , , , , , , , , , , , , , ,	10			0.
]] [Da	Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded Refunded	11			
			18670	T Vaa	No
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	+	No X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see the instructions for definition) .		1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials publis or distributed by the foundation in connection with the activities.	hed			
	c Did the foundation file Form 1120-POL for this year?		. 1c		Х
'	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 ► \$		7		
	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		—— X		
	foundation managers • \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 2		X
	If 'Yes,' attach a detailed description of the activities		33	237	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
ŭ	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a	1	Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5		Х
	If 'Yes,' attach the statement required by General Instruction T		温 热	AC AM	A STATE
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		34		
	By language in the governing instrument, or				- 3
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that no mandatory directions that conflictly the extra legislation that effectively amends the governing instrument so that the extra legislation that effectively amends the governing that the extra legislation that effectively amends the governing that the extra legislation that extra legislation that effectively amends the governing that the extra legislation that extra legis	ct			E
7	with the state law remain in the governing instrument?		6	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	Car in herryly th
0.6	Enter the states to which the foundation reports or with which it is registered (see instructions)		- 1	100	13.00
	AZ - Arizona		-		
1	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	上述。 X	
^			7. 4 3 C	E The	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Pa	12(J)(! art XI		14:20 F* n	X 2年五五
10	·		· -		
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses.	95	10	х	
BAA			Form 99		(2012)

	•					
orr Ra	m 990-PF (2012) KARL AND STEVIE ELLER FAMILY FOUNDATION INC	45-	·537327	6	Р	age 5
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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualific advisory privileges? If 'Yes,' attach statement (see instructions)	d person	had 	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address	applicatio	on? .	13	Х	
14	The books are in care of Company Located at 2850 E CAMELBACK ROAD Telephone AZ ZIP + 4		(602 <u>)</u>	977	<u>-982</u>	20
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	324	15			
16		<u>'</u>			Yes	No
10	bank, securities, or other financial account in a foreign country?		ега	16	94.TE	X
nas	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the nar foreign country	ne of the			1	
βĠ	Statements Regarding Activities for Which Form 4720 May Be Required			<u>च्या</u>	- T	
1 :	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. a During the year did the foundation (either directly or indirectly):			1855 885 A	Yes	No CONTRACT
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	_ X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		過過	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	∑ X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	X No			
t	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)?			1 b		
	Organizations relying on a current notice regarding disaster assistance check here	•		建		金色
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?			1 c		X X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
а	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? If 'Yes,' list the years 20 , 20 , 20 , 20	Yes	X No			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions))(2) (2) to		2 b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20 , 20 , 20 , 20	re				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
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 May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)			3 b		

4a 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 purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? BAA

Form 990-PF (2012)

orm 990-PF (2012) KARL AND STEVIE EI	TER FAMILY FOUN	DATION INC	45-5	373276	Page (
Part VII B Statements Regarding Activi					
5 a During the year did the foundation pay or incu		· <u>·····</u>		ri Si	建长河外 河
(1) Carry on propaganda, or otherwise attempt		(section 4945(e))? .	. Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section 4 ation drive?	4955); or to carry	. Yes	X No	
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, org i 4940(d)(2)? (see instru	janization described ctions)	Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific, n of cruelty to children o	literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	n a current notice regardi · · ·	ing disaster assistance	ons	1937 1937 1937 1937	5 b
Organizations relying on a current notice rega	rding disaster assistance	e check here	• [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	· · ·	. Yes]No	
If 'Yes,' attach the statement required by Reg	ulations section 53.4945-	-5(d)		100 m	
6 a Did the foundation, during the year, receive as on a personal benefit contract?		3 3 ,	ا ليبا	X No	
b Did the foundation, during the year, pay prem	ums, directly or indirectly	y, on a personal benefit	contract? .	(fine)	6b X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	lation a party to a probib	utad tay chaltar transact	tion? Dyes f	JN. D	
b If 'Yes,' did the foundation receive any procee			<u> </u>	X No	7 b
Part VIII Information About Officers, D					
and Contractors	mectors, trustees,	roundation mana	gers, migniy raiu	Employe	ees,
1 List all officers, directors, trustees, foundation	on managers and their co	ompensation (see instri	uctions).		
1 List all officers, directors, trustees, foundation	,			(a) Expe	anse account
1 List all officers, directors, trustees, foundation (a) Name and address	(b) Title, and average hours per week devoted to position	ompensation (see instru (c)Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation) othe	ense account, er allowances
	(b) Title, and average hours per week	(c)Compensation (If not paid,	(d)Contributions to employee benefit plans and deferred) othe	ense account, er allowances
(a) Name and address	(b) Title, and average hours per week	(c)Compensation (If not paid,	(d)Contributions to employee benefit plans and deferred) othe	ense account, er allowances
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid,	(d)Contributions to employee benefit plans and deferred	othe	ense account, er allowances
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	othe	er allowances
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	othe	er allowances
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas.	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	othe	er allowances
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	othe	er allowances
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President	(c)Compensation (If not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation	othe	0.
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Crianna Eller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President	(c)Compensation (If not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation	othe	0.
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Crianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Crianna Eller 2850 E. Camelback, Suite 330 Choenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00	(c)Compensation (If not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation	othe	0 . 0 . 0 .
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Strianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Strianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 sometimes to the second to the second to position to the second to position to the second to the sec	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 other contributions to employee benefit plans and deferred compensation 0 other contributions to employee benefit plans and deferred compensation	othe	0. 0. 0.
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Clissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Crianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Crianna Eller 2850 E. Camelback, Suite 330 Choenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00	(c)Compensation (If not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation	nter 'NONE (e) Expe	0 . 0 . 0 .
(a) Name and address (arl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Slissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Srianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Srianna Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0. 0. ense account,
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0. 0. ense account,
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0. 0. ense account,
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0. 0. ense account,
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0.
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0.
(a) Name and address (arl Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (2ktorie Eller (2850 E. Camelback, Suite 330 (2hoenix AZ 85016 (3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 Vice President 2.00 (b) Title, and average hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. uded on line 1 — see insertion	(d) Contributions to employee benefit plans and deferred compensation 0 0 tructions). If none, e employee benefit plans and deferred and deferred and deferred and deferred and deferred	nter 'NONE (e) Expe	0. 0. 0.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	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	(-)
None	
· · · · · · · · · · · · · · · · · · ·	
7,	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	None
PartiX:A Summary of Direct Charitable Activities	
	
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Lybelises
1	
	-
	1
2	
	-
	-
3	-
4	
	1
	-
Ranki X:B. Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	Amount
1	
	_
2	
	1
All other program-related investments. See instructions.	<u> </u>
5	
	-
Total Add lines 1 through 3	

Form 990-PF (2012)

BAA

Form 990-PF (2012) KARL AND STEVIE ELLER FAMILY FOUNDATION INC

45-5373276

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

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, a Average monthly fair market value of securities		0.
b Average of monthly cash balances		39,067.
c Fair market value of all other assets (see instructions) .		lc 0.
d Total (add lines 1a, b, and c)		1d 39,067.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets		
3 Subtract line 2 from line 1d		39,067.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	2	586.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Pa	rt V, line 4	
6 Minimum investment return. Enter 5% of line 5.	6	
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and ()(5) private operating	foundations
and certain foreign organizations check here ► and do not cor	nplete this part.)	
1 Minimum investment return from Part X, line 6	. 1	1,924.
2 a Tax on investment income for 2012 from Part VI, line 5	2.	
b Income tax for 2012. (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2	2.
3 Distributable amount before adjustments Subtract line 2c from line 1	. 3	1,922.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	. 5	1,922.
6 Deduction from distributable amount (see instructions) .	. 6	
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XII	!, line 1 7	1,922.
PartXIIE Qualifying Distributions (see instructions)		· · · · · · · · · · · · · · · · · · ·
Quantying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purpose		
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		a 700,020.
b Program-related investments — total from Part IX-B	· · · · · · · · · · · · · · · · · · ·	b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,		
 Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) 		a
b Cash distribution test (attach the required schedule)	3	b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and F	Part XIII, line 4	700,020.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investme Enter 1% of Part I, line 27b (see instructions)	ent income 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	
	· <u></u>	1007020.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when	i calculating whether the fo	Jungation

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

BAA

Form 990-PF (2012)

Ran XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line 7				1,922.
2	Undistributed income, if any, as of the end of 2012: a Enter amount for 2011 only				
	b Total for prior years 20 , 20 , 20	等的。 等的是 等的是 等的 等的 等的 等的 等的 等的 等的 等的 等的 等的	College within " , willer for hite , to		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Excess distributions carryover, if any, to 2012:		新生态的 医动物性	THE STREET	
	a From 2007		数是是现在的		
1	From 2008 .	经过来		阿斯斯斯斯斯斯	
(From 2009 .		了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
(from 2010 ,				
•	e From 2011 .				
1	Total of lines 3a through e		国际的现在分词		
4	Qualifying distributions for 2012 from Part	行為於特別的學問語			聖學院里的一個
	XII, line 4: \$ 700,020.				
i	Applied to 2011, but not more than line 2a				推了的概念。
i	Applied to undistributed income of prior years (Election required — see instructions)				
(: Treated as distributions out of corpus (Election required — see instructions)				
(Applied to 2012 distributable amount .	ALL AND THE REAL PROPERTY.			
e	Remaining amount distributed out of corpus	700,020.	是1000年,1000年	A STATE OF THE STA	
5			工事的		
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
â	Corpus Add lines 3f, 4c, and 4e Subtract line 5	700,020.	P. F. W. China and China		是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
	Prior years' undistributed income Subtract line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
е	Undistributed income for 2011. Subtract line 4a from line 2a Taxable amount — see instructions .			0.	
	Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				1,922.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	1			
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	700,020.			
	Analysis of line 9:				HALLES TO
	Excess from 2008 0.	有意思的意思。		在第三条下的第三人	
	Excess from 2009 0.		是我们是我们的"我们"。 第二章	是是是是	
	Excess from 2010 0.			的是是多为的	
	Excess from 2011 . 0.	是否是是是重要人	一些特别是		
<u>е</u>	Excess from 2012 700, 020.	以完整的特殊化學	""。"是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	10分钟等等的	题的智慧不同的是

Form 990-PF (2012) KARL AND STEVIE E				45-5373276	
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or do is effective for 2012, enter the date of the r	etermination letter i uling	that it is a private o	perating foundation,	and the ruling	
b Check box to indicate whether the foundation	•	rating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		1. 0/(-)
income from Part I or the minimum investment return from Part X for	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter:			:		
(1) Value of all assets .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j(3)(8)(iii) .					****
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part-XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more i	n
assets at any time during the	_ 	structions.)			
Information Regarding Foundation Manage a List any managers of the foundation who ha close of any tax year (but only if they have	ive contributed mor	re than 2% of the to nan \$5,000) (See s	otal contributions rece section 507(d)(2))	erved by the foundation	on before the
b List any managers of the foundation who ow	n 10% or more of	the stock of a corpo	oration (or an equally	large portion of the	ownership of
a partnership or other entity) of which the fo	oundation has a 10	% or greater interes	st	ange perment of the	omicionip or
2 Information Deposition Contains to Contain the Contains	Cit Lass Cabala		· · · · · · · · · · · · · · · · · · ·		
2 Information Regarding Contribution, Grant Check here ☐ if the foundation only ma requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions t	to preselected char	itable organizations a	and does not accept uations under other co	insolicited anditions,
a The name, address, and telephone number	or e-mail of the pe	rson to whom appli	cations should be ad-	dressed	
Stevie Eller					
2850 E. Camelback Road, Su	ite 330				
Phoenix	AZ 8501		02) 977-9820		
b The form in which applications should be su Written on letter sized pa			-		
		 			
c Any submission deadlines: November 15 of each year					
d Any restrictions or limitations on awards, su	ch as by geograph	ical areas, charitah	le fields, kinds of ins	titutions, or other fact	tors:
Primarily Arizona based ne					

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home o	r business)	substantial contributor	recipient	Sommodadii	
a Paid during the year					
Barrows Neurological	Foundation				
350 West Thomas Road					
Phoenix	AZ 85013		501 (c) (3)	Goldman 3D Project	700,000.
•					
					}
	-				
Tabel					
Total . b Approved for future payment				→ 3a	700,000.
b Approved for fature payment					
					,
	İ				
	ĺ	ļ			
Total				. ► 3b	ļ
iulai , ,				. ► 3h	I

er gross amounts unless otherwise indicated	Unrelat	ed business income	Excluded	d by section 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemption function income (See instructions
a			code		
b	 				
c					
d			+		
e			_	 	
f			 		
g Fees and contracts from government agencies		-	-	 	
Membership dues and assessments .					
Interest on savings and temporary cash investments			3	99.	<u> </u>
Dividends and interest from securities .		.,	+ 3	33.	
Net rental income or (loss) from real estate			20世界		
a Debt-financed property .	fragett medicines by	San Thair Come - the Land and A Sand Side of a said the	- 13 como proprieta	SAME STATES AND AND AND THE SAME	And the second section of the second
h Not dobt financed property					
Net rental income or (loss) from personal property	` 				
Other investment income	}		-		
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			_		
Other revenue.	10.30		p section.		
2	20年2年2月2日	Ya いまれまた いっこう こうこうだい マデューデルバー	Can Lasta Chiaratera.	same and a substitution of the substitution of the	STATE OF THE STATE OF
b					· · · · · · · · · · · · · · · · · · ·
c					
d			-		
e			 		···
	200年を記述をよる			99.	
Subtotal, Add columns (b), (d), and (e)	. INTERCHENCE THE LAND		THE PROPERTY		
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	(
Total. Add line 12, columns (b), (d), and (e)	•			13	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate	ons)				
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate	ons)	ishment of Exemp	ot Purpo		
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Relationship of Activities to the	ons) le Accompl			oses	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Relationship of Activities to the	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 12, columns (b), (d), and (e)	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 12, columns (b), (d), and (e)	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 12, columns (b), (d), and (e)	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 12, columns (b), (d), and (e)	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 13 instructions to verify calculate worksheet in line 12, columns (b), (d), and (e)	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate REXVLEB Relationship of Activities to the No. Explain below how each activity for which is	ncome is repo	rted in column (e) of P	art XVI-A	oses	to the

Form 990-PF (2012) KARL AND STEVIE ELLER FAMILY FOUNDATION INC 45-5373276 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

d-	old the organization dire escribed in section 501 elating to political organ	(c) of the Code (other t	e in any of the following with han section 501(c)(3) organ	h any other organization sizations) or in section 527,	Yes No
аT	ransfers from the repor	rting foundation to a noi	ncharitable exempt organiza	ation of	
(1	1) Cash				1 a (1) X
(2	2) Other assets	••	•		1 a (2) X
b O	Other transactions				
(1	Sales of assets to a	noncharitable exempt of	organization .		1 b (1) X
•	•	from a noncharitable e	-		1 b (2) X
-	*	equipment, or other assi	· =		1 b (3) X
•	4) Reimbursement arra	• •	,		. 1 b (4) X
•	5) Loans or loan guara	•		••	1 b (5) X
•	•		fundraising solicitations	·	1 b (6) X
•	•	•	ther assets, or paid employe	•	
C S	maining of facilities, equ	ipment, maining iists, or	iller assets, or paid employe	, 	1c X
th	ne goods, other assets.	or services given by the	e reporting foundation. If the	Column (b) should always show the foundation received less than fail e goods, other assets, or services	r market value in
(a) Line	e no (b) Amount involve	ed (c) Name of non-	charitable exempt organization	(d) Description of transfers, transa	ctions, and sharing arrangements
			=		
	- 		•		
				 	
-					
					· · · · · · · · · · · · · · · · · · ·
			· , , , , , , , , , , , , , , , , , , ,		
de	the foundation directly escribed in section 501 'Yes,' complete the following the foll	(c) of the Code (other the	vith, or related to, one or monan section 501(c)(3)) or in	ore tax-exempt organizations section 527?	Yes X No
	(a) Name of organi	····	(b) Type of organization	(c) Descripti	on of relationship
					
	 	· · · · · · · · · · · · · · · · · · ·			
			 		
					
	Under penalties of perjury, I d	declare that I have examined the	nis return, including accompanying si	chedules and statements, and to the best of n	sy knowledge and belief, it is true.
	correct, and complete Declar	ration of preparer (other than ta	expayer) is based on all information	chedules and statements, and to the best of n of which preparer has any knowledge	
Sign	1	11.		.	May the IRS discuss this return with the
Here	/our	ve.	8/12/13	Secretary Treasu	preparer shown below (see instructions)?
	Signature of officer or trust		Date	Title	X Yes No
	Print/Type preparer	's name	Preparer's signature	Date Check	If PTIN
Paid	Kevin W.	Clark	I AUM MX CXCU	(1//33//3 self-em	ployed P01433547
Prepa		C Financial,	LLC	Firm's EIN	
Use O	ii ei		th Street		
USC U	villy	Chandler		AZ 85249 Phone no	(480) 895-9602
BAA		3		1	Form 990-PF (2012)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number		
KARL AND STEVIE ELLER FAMILY	FOUNDATION INC	45-5373276		
Organization type (check one)				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
٠.	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Ge	neral Rule or a Special Rule			
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions		
General Rule For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one		
Special Rules				
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the re from any one contributor, during the year, a contribution of the VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	ne greater of (1) \$5.000 or		
For a section 501(c)(7), (8), or (10) organiz total contributions of more than \$1,000 for u the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ that received from any one co ise <i>exclusively</i> for religious, charitable, scientific, literary, or eals Complete Parts I, II, and III	intributor, during the year, educational purposes, or		
contributions for use exclusively for religious of this box is checked, enter here the total contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions for use exclusively for religious of the contributions f the contribution of the contributions of the contribution of the con	ation filing Form 990 or 990-EZ that received from any one cost, charitable, etc, purposes, but these contributions did not tole ontributions that were received during the year for an exclusival inless the General Rule applies to this organization because in	tal to more than \$1,000 /elv religious, charitable, etc.		
religious, charitable, etc, contributions of \$5	,000 or more during the year	. ►\$		
Caution: An organization that is not covered by the G answer 'No' on Part IV, line 2, of its Form 990, or che meet the filing requirements of Schedule B (For	eneral Rule and/or the Special Rules does not file Schedule B (Form sck the box on line H of its Form 990-EZ or on Part I, line 2, of its For m 990, 990-EZ, or 990-PF)	990, 990-EZ, or 990-PF) but it must m 990-PF, to certify that it does not		
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule B (I	Form 990, 990-EZ, or 990-PF) (2012)		

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)		
Name of organization						

Page 1 of Employer identification number

1 of Part 1

KARL AND STEVIE ELLER FAMILY FOUNDATION INC

45-5373276

Part Contr	ibutors (see instructions)). Use duplicate copies of Part I if a	dditional space is needed
------------	----------------------------	--	---------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Red River Resources, Inc. 2850 E. Camelback Road, Suite 330 Phoenix AZ 85016	\$7 <u>00,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Red River Charitable Remainder Unitrust 1850 N. Central Avenue, Suite 1100 Phoenix AZ 85004	\$31,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

AFFIDAVIT OF PUBLICATION

ARIZONA CAPITOL TIMES

P.O. Box 2260

Phoenix, AZ 85002

Phone: (602) 258-7026

Fax: (602) 258-2504

ELLER FAMILY FOUNDATION

Karl and Stevie Eller Family Foundation is making their Annual return available to inspection Any person requesting inspection can apply for a free copy in writing to Karl Eller, Principal Manager of the Karl and Stevie Eller Family Foundation at 2850 E Camelback Road, Ste 330, Phoenix, AZ 85016 or call 600-977-9820

8/2, 2013 edition Arizona Capitol Times

STATE OF ARIZONA) County of Maricopa) ss

I, Laura Kaminski as Public Notice Manager of the Arizona Capitol Times (AZ), am authorized by the publisher as agent to make this affidavit of publication. Under oath, I state that the following is true and correct.

The Arizona Capitol Times (AZ) which is published weekly, is of general circulation. The notice will be/has been published 1 consecutive times in the newspaper listed above

DATES OF PUBLICATION:

8/2/2013

DESCRIPTION:

ELLER FAMILY FOUNDATION

AUTHORIZED SIGNATURE Laura Kaminski

SUBSCRIBED AND SWORN TO BEFORE ME ON THE ____ 2nd __ DAY OF __ August 2013

> NOTARY SIGNATURE Laurinda Cook

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you ar	e filing for an Automatic 3-Month Extension, co	mplete опly	Part I and check this box .			<u> </u>
If you ar	re filing for an Additional (Not Automatic) 3-Mon	th Extension	, complete only Part II (on page 2 of this	form)		
Do not com	plete Part II unless you have already been grante	ed an automa	atic 3-month extention on a previously file	d For	m 8868.	
Electronic f corporation request an e Associated	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which noting of this form, visit www irs gov/efile and click	8 if you need t automatic) Part I or Pa nust be sent	I a 3-month automatic extension of time t 3-month extension of time. You can elect t II with the exception of Form 8870, Info to the IRS in paper format (see instruction	o file (ronica	(6 months fo ally file Form on Return fo	n 8868 to r Transfers
Parti	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copies needed).	 -		
	on required to file Form 990-T and requesting an		······································		Part Lonly	, , ,
	rporations (including 1120-C filers), partnerships,			•	-	
income tax	returns.	riemos, ar				
	Name of exempt organization or other filer, see instructions		Enter filer's identi			on number (EIN) or
Type or	Marie of exempt organization of other filer, see instructions			Embi	oyer identification	on number (EIN) or
print					45 5333036	
	KARL AND STEVIE ELLER FAMILY Number, street, and room or suite number. If a P O box, see		CION INC		45-5373276 Social security number (SSN)	
File by the due date for					ocal sccarty	namber (0014)
filing your return See	2850 E CAMELBACK ROAD, SUITE City, town or post office, state, and ZIP code For a foreign as		uctions			
instructions	PHOENIX			7	AZ 850)18
Enter the Re	eturn code for the return that this application is fo	r (file a sepa	arate application for each return)			04
Application Is For		Return Code	Application Is For	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BI		02	Form 1041-A			08
Form 4720 ((ındıvıdual)	03	Form 4720			09
Form 990-Pi	F	04	Form 5227	rm 5227		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephor If the org If this is check the exter I requesion the exter The exter X If the total the orgen in the exter I requesion the external the exte	ne No. \(\(\) (602) \(\) 977 - 9820 \\ ganization does not have an office or place of but for a Group Return, enter the organization's four is box \(\) \\ \(\) \(siness in the digit Group I check this bo ation required anization ret	Exemption Number (GEN) . If x		*	
	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	720, or 6069,	enter the tentative tax, less any	3 a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			0.			
c Balanc EFTPS	ce due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System). See	r payment wi	th this form, if required, by using	3 c	\$	0.
Caution. If y	ou are going to make an electronic fund withdray	val with this l	Form 8868, see Form 8453-EO and Form	8879-	EO for	