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990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No. 1545-0052

Open to Public Inspection

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

For calendar year 2012 or tax year beginning 2012, and ending Name of foundation A Employer identification number MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION 45-6655317 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (408) 471-168018 PARK AVENUE City or town, state, and ZIP code C If exemption application is pending, check here LOS GATOS, CA 95030 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach X | Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X Cash | Fair market value of all assets at end If the foundation is in a 60-month termination Other (specify) ___ of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . > 2,160,586. *16)* ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment total of amounts in columns (b), (c), and (d) (c) Adjusted net for charitable expenses per income may not necessarily equal the amounts in income purposes books column (a) (see instructions)) (cash basis only) 200,000. ATCH 1 Contributions, gifts, grants, etc., received (attach schedule). if the foundation is not required to 2 3 Interest on savings and temporary cash investments 40,872 40,872. 40,872. ATCH 2 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 3,751 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3,751 7 Capital gain net income (from Part IV, line 2). Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances · · · 0 b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 244,623. 0,872. Total. Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 4,740 4,740. 4,740. 4,740 **b** Accounting fees (attach schedule) 18,385 18,385. 18,385. 18,385 c Other professional fees (attach schedule). *. . 17 Administ 18 Taxes (attach schedule) (see instructions) ATCH 4 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) Operat 24 Total operating and administrative expenses. 23,158 23,125 23,125 23,125. Add lines 13 through 23 86,590. 86,590. 25 Contributions, gifts, grants paid 109,748. 23,125 23,125. 109,715 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 134,875 a Excess of revenue over expenses and disbursements 21,498 b Net investment income (if negative, enter -0-) 17,747. c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

*ATCH 3

Form 990-PF (2012)

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PAGE

Б	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
_	- 1	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash - non-interest-bearing ,			
	2	Savings and temporary cash investments	2,000,000.	2,160,586.	2,160,586
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ŭ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less allowance for doubtful accounts			
s	8				
ssets		Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
1		Investments - U S and state government obligations (attach schedule).			
		Investments - corporate stock (attach schedule)			
	11 ^C	Investments - corporate bonds (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment hasis	1		
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		Instructions Also, see page 1, item I)	2,000,000.	2,160,586.	2,160,586
_	17	Accounts payable and accrued expenses			<u> </u>
	18	Grants payable			
s		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe	-		
	**	Other habilities (describe			
	23	Total liabilities (add lines 17 through 22)	o	ď	
_		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
or Fund Balanc	25	Temporarily restricted			
ä	26	Permanently restricted	I		
밀	20	Foundations that do not follow SFAS 117,			
Ī		check here and complete lines 27 through 31. ► X	<u> </u>		
		Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund		<u> </u>	
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,000,000.	2,160,586.	
4	30	Total net assets or fund balances (see instructions)	2,000,000.	2,160,586.	
Net	31	Total liabilities and net assets/fund balances (see	2,000,000.	2,100,000.	
	١٠'	·	2,000,000.	2,160,586.	
r	art I	Analysis of Changes in Net Assets or Fund		2,100,500.	**
		I net assets or fund balances at beginning of year - Part		aust agree with	
•			` '	·	2,000,000
2					134,875
2	Cille	er amount from Part I, line 27a er increases not included in line 2 (itemize) ATCH 5	• • • • • • • • • • • • • • • • • • • •	2	
ა ⊿	Othe				25,711
		lines 1, 2, and 3	• • • • • • • • • • • • • • • • • • • •		2,160,586
5	Dec	reases not included in line 2 (itemize) ▶	les 5) Dod II - 122	5	2 160 506
0	1018	i fiel assets or fund balances at end of year (line 4 minus	iine 5) - Part II, column (b),	line 30 6	2,160,586

2-story	nd describe the kind(s) of property sold brick warehouse, or common stock, 20	, , ,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCH	EDULE				
<u>b</u>			<u> </u>		
<u>c</u>					
d			ļ		
<u>e</u>				1.	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a</u>					
b					
С			<u> </u>		<u> </u>
<u>d</u>	 				
е	<u> </u>	<u> </u>			
Complete only for asset	s showing gain in column (h) and owr			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
a					
<u>b</u>				·	
<u>c</u>			ļ. <u>.</u>		
<u>e</u>			ļ _.		
2 Capital gain net income o		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		3,751.
3 Net short-term capital ga	in or (loss) as defined in sections	· · ·			
if gain, also enter in Pa	art I, line 8, column (c) (see in:	structions) If (loss), enter -0- ın $\}$			
Part I, line 8	<u> </u>	<u></u> J	3		0
Part V Qualification	Under Section 4940(e) for R	educed Tax on Net Investment I	ncome		
	or the section 4942 tax on the distr s not qualify under section 4940(e	ributable amount of any year in the b	ase perio	d?	Yes X No
	·	ar, see the instructions before making	anv entr	ies.	
(a)	(b)	(c)	g arry ornar	(d)	
Base period years Calendar year (or tax year beginning in)	Advicted avalifies distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2011		1,970,000.		` `	atio v col (c))
2010			1		atio y col (c))
2009					atio y col (c))
2008					atio y col (c))
2007					atio y col (c))
2007					atio y col (c))
					atio y col (c))
2 Total of line 1, column (d			2		atio y col (c))
2 Total of line 1, column (a3 Average distribution ratio	o for the 5-year base period - divi	de the total on line 2 by 5, or by the	2		y col (c))
2 Total of line 1, column (a3 Average distribution ratio	o for the 5-year base period - divi	de the total on line 2 by 5, or by the ess than 5 years	2 3		y col (c))
2 Total of line 1, column (of Average distribution ration number of years the four number of years numb	o for the 5-year base period - divi	de the total on line 2 by 5, or by the ess than 5 years		2,	y col (c))
2 Total of line 1, column (of Average distribution ration number of years the four number of years numb	o for the 5-year base period - dividendation has been in existence if le	de the total on line 2 by 5, or by the ess than 5 years	3	2,	y col (c))
 2 Total of line 1, column (a 3 Average distribution rationumber of years the four 4 Enter the net value of no 	o for the 5-year base period - dividendation has been in existence if le	de the total on line 2 by 5, or by the ess than 5 years	3	2,	y col (c))
 2 Total of line 1, column (a 3 Average distribution rationumber of years the four 4 Enter the net value of no 5 Multiply line 4 by line 3 	o for the 5-year base period - dividendation has been in existence if le	de the total on line 2 by 5, or by the ess than 5 years	3 4 5	2,	y col (c))
 2 Total of line 1, column (and Average distribution ration number of years the fourable of the second sec	o for the 5-year base period - dividendation has been in existence if lest oncharitable-use assets for 2012 for the content of	de the total on line 2 by 5, or by the ess than 5 years from Part X, line 5	3 4 5	2,	0 0 128,177.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete

. 10 X Form 990-PF (2012)

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Х

Х

8b

10

addresses

ATCH 6

X

Par	t 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 ► F. MATTHEW DINAPOLI Telephone no ► 408-471	-168	0	
	Located at ▶18 PARK AVENUE LOS GATOS, CA ZIP+4 ▶ 95030		- -	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	L	,	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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).			
_	, , , , , , , , , , , , , , , , , , , ,			
b	olf 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		
_	Organizations relying on a current notice regarding disaster assistance check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			x
_	were not corrected before the first day of the tax year beginning in 2012?	1c		
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))			
-	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?			
	If "Yes," list the years	1		
ŀ	b 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			ļ
	all years listed, answer "No" and attach statement - see instructions)	2b		X
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ļ		
	at any time during the year?		ļ	
ł	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or	ľ		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	1	
	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			1
	foundation had excess business holdings in 2012)	3b		L
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
ı	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?	4b	<u> </u>	<u> </u>

Form 990-PF (2012)

Form 990-PF (2012)

Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 NONE Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A 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 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2012)

Total. Add lines 1 through 3.

	San-Line Control		Page 6
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	gn foundat	lions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes ·		
а	Average monthly fair market value of securities	1a	2,160,586.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	2,160,586.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	2,160,586.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		4	32,409.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,128,177.
6	Minimum investment return. Enter 5% of line 5	6	106,409.
Pa	Int XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here > and do not complete this p	oart)	
1	Mınımum investment return from Part X, line 6	1	106,409.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 215.		
b	Income tax for 2012. (This does not include the tax from Part VI)	1 1	
С	Add lines 2a and 2b	2c	215.
3	Distributable amount before adjustments Subtract line 2c from line 1		106,194.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	106,194.
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	106,194.
			
Pá	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		····
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	109,715.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	109,715.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	215.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		109,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal	iculating w	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2012)

MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION 45-6655317 Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI, 106,194. Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only . . Total for pnor years 20_10_,20_09_,20_08 Excess distributions carryover, if any, to 2012 a From 2007 From 2008 **c** From 2009 **d** From 2010 From 2011 f Total of lines 3a through e Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) 106,194. d Applied to 2012 distributable amount Remaining amount distributed out of corpus . . 3,521. Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 3,521. Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b 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 4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013

3,521.

Form 990-PF (2012)

10 Analysis of line 9

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

e_ Excess from 2012 .

3,521.

Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013.

Subtract lines 7 and 8 from line 6a

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Form 990-PF (2012)

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Page **11**

Part XV Supplementary Information (continued)	oved for E	Litura Daymont	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	-uture Payment	
Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a v and coming and your				
ATCH 8				
		}		
T. 1.	<u> </u>	1		06.50
b Approved for future payment	1			86,59
Approved for fature payment				
			Į.	
		1		
,				
Total			▶ 3b	

Lincalade business recome Excluded by section 512, 513, or 514 (No. 100) Realisted or exempt purposes amounts unless otherwise indicated No. 100 (No. 100) Realisted or exempt purposes (other than by providing funds for such purposes) (See instructions)	nter gross amounts unless otherwise indicated		vities			
Program service revenue Business code Amount Exclusion code Amount See instructions		Unrela	ated business income	Excluded by	section 512, 513, or 514	
b c d d e f 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 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory. 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e) a Total. Add line 12, columns (b), (d), and (e) a Sew own'sharet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to t	Program service revenue			1		function income
b c d d d d d d d d d d d d d d d d d d	-					(ede mondonorio /
d e						
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 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property c Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 1 Other revenue a b C C C C C Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 5 Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to t						
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 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 3 Gain or (loss) from sales of assets other than inventory 4 Net income or (loss) from special events 5 Offices profit or (loss) from sales of inventory 1 Other revenue a b c d 2 Subtotal Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) 5 Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to testing the same and assessments 1 4 30, 405. 1 4 30, 405. 1 4 10, 467. 1 9 Not debt-financed property 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 14 10, 467. 1 15 Not debt-financed property 1 14 10, 467. 1 15 Not debt-financed property in the property in t	d					
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Interest on savings and temporary cash cities Interest on savings and cities Interest on savings and temporary cash cities Interest on savings and cities Interest on saving cash constitutes Interest on savin						· · · · · · · · · · · · · · · · · · ·
Membership dues and assessments Interest on savings and temporary cash investments Interest on savings and temporary cash interest from source cash			· · · · · · · · · · · · · · · · · · ·			
Interest on savings and temporary cash investments Dividends and interest from securities Divide	-					
Dividends and interest from securities				14	30 405	
Net rental income or (loss) from real estate a Debt-financed property b Not debt-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 a b c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-3 Relationship of Activities to the Accomplishment of Exempt Purposes ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to t	- · · · · · · · · · · · · · · · · · · ·					
a Debt-financed property					20/10/0	
b Not debt-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 a b c d e Subtotal Add columns (b), (d), and (e) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to testing as the size of the sales of inventory. It is a size of the size of						
Other investment income						
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events						 · · ·
Net income or (loss) from special events		1		18	3,751.	
Gross profit or (loss) from sales of inventory. Other revenue a b c Subtotal Add columns (b), (d), and (e)		4				
Other revenue a						
b c d d d d d d d d d d d d d d d d d d						
c d e Subtotal Add columns (b), (d), and (e)						
Subtotal Add columns (b), (d), and (e)						
Subtotal Add columns (b), (d), and (e)		II .				
Total. Add line 12, columns (b), (d), and (e)						
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to t	2 Subtotal Add columns (b), (d), and (e)				44,623.	
	Explain below how each dollar	-	· · · · · · · · · · · · · · · · · · ·	•	•	•
						

Par	t XVII	Information Research		ansfers To an	d Transact	ions a	nd Relationships With N	lonchar	itable	;
1	Did th			engage in any of	the following	with a	any other organization describ	ped	Yes	No
	ın sec	tion 501(c) of the Co					section 527, relating to politi		100	
_	-	izations?	. 				- 1			
а		fers from the reportin						l		v
	(1) Ca	asn	• • • • • • • •					1a(1		X
	(2) (1	tner assets	• • • • • • • •					1a(2	 	
b		transactions								
	(1) 58	ales of assets to a no	ncharitable exe	empt organization				1b(1		X
	(2) Pt	irchases of assets fro	om a noncharit	able exempt organ	lization			1b(2)	X
	(3) Re	ental of facilities, equi	pment, or othe	r assets				1b(3)	X
	(4) Re	eimbursement arrang	ements					1b(4)	X
	(5) Lo	oans or loan guarantee	es		<i>.</i>			. 1b(5)	X
	(6) Pe	erformance of service	s or members	hip or fundraising	solicitations .			. 1b(6)	X
										X
d	If the	answer to any of th	ne above is "Y	es," complete the	following so	chedule	Column (b) should always	show the	fair n	narket
							n If the foundation received			
	value		r sharing arrar	gement, show in	column (d) t		e of the goods, other assets,			
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt	organization		escription of transfers, transactions, an	d shanng am	angeme	nts
		N/A		 		N/A	<u> </u>			
			<u> </u>							
		<u> </u>								
						L				
					-					
				·						
						Ì				
								•		
									_	
-					<u></u>					
2a	ls the	foundation directly	or indirectly a	iffiliated with or i	related to on	e or m	ore tax-exempt organizations			
		ribed in section 501(c					· · · · · · · · · · · · · · · · · · ·		es X	OM D
h		s," complete the follo		other than occion	(0)(0)) 01	5000		٠ ــــــا ،	C3 [_ 140
		(a) Name of organization		(b) Type	of organization		(c) Description of re	elationship		
		,,		 	<u> </u>		(0)			
				 	·					
-									<u> </u>	
				1		-				
	Und	ler negalties of penury 1 deci	are that I have exam	nined this return include	ng accompanying s	chedules a	and statements, and to the heat of my kr	owledge and	holiaf i	is this
Sig	n corr	ect, and complete Declaration	of preparer (other)than	(axpayer) is based on all i	nformation of which	preparer h	and statements, and to the best of my kr as any knowledge	iomeoge and	Deliei, II	15 1146
_		- It. 1/1/at	T ////	1/1/8/2	0/13	17		he IRS discu		
Her	1 -	gnature of officer or trustee	~~\\	Date Date		Tulo		he preparer		
	3,	griature or onicer or trustee		V Date	_	1100	(see ins	tructions)?	X Yes	No.
		Print/Type preparer's	s name	Preparer's sig	nature//		Date / / Cheek	I.F PTIN		
Pai	d	BARBARA KOGEN		(7) /		_		ויינ	5350	2.5
Pre	parer		ILLER KAPL	AN APACK ITT	, // -			yed P00		دع
	Only	Firm s name - 13.					Firm's EIN ▶ 9	5-2036	233	
Joe	· · · · ·				_	_	01602-2020 -	0 760 1	2010	
		N(ORTH HOLLY	WOOD, CA			91602-2828 Phone no 81	8-769-2	7010	

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 MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION 45-6655317 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 501(c)(3) exempt private foundation 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 General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ______ ▶ \$_____ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION

Employer identification number 45-6655317

Part I	Contributors (see instructions) Use duplicate copies of P	Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MATT & GRETCHEN DINAPOLI 18 PARK AVENUE, LOS GATOS, CA 95030	- \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

45-6655317 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION

Employer identification number 45-6655317

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

Use c	butions of \$1,000 or less for the year. uplicate copies of Part III if additional sp	pace is needed.	Torice. See instructions.)				
No. om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he				
							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee				
 No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP +	• 4	Relationship of transferor to transferee				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he				
							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP +	- 4	Relationship of transferor to transferee				
	·						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP +	+ 4	Relationship of transferor to transferee				
		·					

GIFTS AND GRANTS RECEIVED FORM 990PF, PART I - CONTRIBUTIONS,

ATTACHMENT 1

NAME AND ADDRESS

DATE

SUPPORT DIRECT PUBLIC

18 PARK AVENUE, LOS GATOS, CA 95030 MATT & GRETCHEN DINAPOLI

12/20/2012

200,000.

TOTAL CONTRIBUTION AMOUNTS

200,000.

ATTACHMENT 1 PAGE 19

ATTACHMENT

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

ADJUSTED NET INCOME	51,668. -21,263. 9,013. 1,454.	40,872.
NET INVESTMENT INCOME	51,668. -21,263. 9,013. 1,454.	40,872.
REVENUE AND EXPENSES PER BOOKS	51,668. -21,263. 9,013. 1,454.	40,872.
		TOTAL
DESCRIPTION	INTEREST INCOME ACCRUED INTEREST PAID QUALIFIED DIVIDEND NONQUALIFIED DIVIDEND	

m ATTACHMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE	FURFUSES	18,385.	18,385.
ADJUSTED NET	TINCOME	18,385.	18,385.
NET INVESTMENT	LINCOME	18,385.	18,385.
REVENUE AND EXPENSES	FER BOOKS	18,385.	18,385.
			TOTALS
1 C C C C C C C C C C C C C C C C C C C	DESCRIPTION	FIDUCIARY COMPANY FEE	

ATTACHMENT 4

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

FOREIGN TAXES PAID

33.

TOTALS

33.

ATTACHMENT 5

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

INCREASE IN NET ASSETS/FUND BALANCES

25,711.

TOTAL

25,711.

FORM 990PF,

ATTACHMENT 6

4:57:03 PM V 12-6F 4618FM F173 8/9/2013

85-28403

- NEW SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A,

DATE

DIRECT PUBLIC SUPPORT

MATT & GRETCHEN DINAPOLI 18 PARK AVENUE, LOS GATOS, CA 95030 NAME AND ADDRESS

12/20/2012

200,000.

200,000.

TOTAL CONTRIBUTION AMOUNTS

ATTACHMENT 6 PAGE 24

7
ATTACHMENT

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
F. MATTHEW DINAPOLI 18 PARK AVENUE LOS GATOS, CA 95030	TRUSTEE 2.00	0	0	0	
GRETCHEN DINAPOLI 18 PARK AVENUE LOS GATOS, CA 95030	TRUSTEE 2.00	0	0	0	
MADISON DINAPOLI 18 PARK AVENUE LOS GATOS, CA 95030	TRUSTEE .25	0	0	0	
TINA CASTANEDA 18 PARK AVENUE LOS GATOS, CA 95030	TRUSTEE 1.00	0	0	0	
	GRAND TOTALS	0	0	0	

85-28403

45-6655317	
45-	

AITACHMENI 8	•	PURPOSE OF GRANT OR CONTRIBUTION	5,000.	.000.	10,000.	5,000.	1,600.	3,000.
D DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		RECIPIENT NAME AND ADDRESS	SAINT ANDREW'S EPISCOPAL SCHOOL	SAINT FRANCIS HIGH SCHOOL	TROJAN ATHLETIC FUND	USC MARSHALL PARTNERS	PRESENTATION HIGH SCHOOL	VALLE MONTE LEAGUE

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

85-28403

V 12-6F

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

NONE

NONE

NONE

CATHOLIC CHARITIES OF SANTA CLARA COUNTY

ALL STARS HELPING KIDS

INNER-CITY ARTS

NONE

NONE

CHILDREN'S MUSICAL THEATRE

COLUMBIA BUSINESS FUND

CHILDREN'S HEALTH COUNCIL

NONE

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 8 (CONT'D)

2,000.

2,500.

2,500.

3,000.

1,000.

2,500.

PAGE 27 ATTACHMENT 8

45-6655317

10,000.

15,490.

1,000.

1,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

NONE

NONE

NONE

PRESENTATION HIGH SCHOOL

MONTALVO ARTS CENTER

LOAVES & FISHES

RITA LEDESMA ELEMENTARY

NONE

NONE

SACRED HEART COMMUNITY SERVICE

SECOND HARVEST FCOD BANK

NONE

ATTACHMENT 8 (CONT'D)

2,500.

2,500.

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

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

בנוסקטוט ברום שישסושו

V 12-6F

5.49.49 PM

85-28403

ATTACHMENT 8 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

ST. MARY'S CATHOLIC CHURCH

NONE

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

10,000.

86,590.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 8

PAGE 29

SCHEDULE D (Form 1041).

Capital Gains and Losses

➤ Attach to Form 1041, Form 5227, or Form 990-T.
➤ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

2012

OMB No 1545-0092

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

MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION

Employer identification number

45-6655317

Note	: Form 5227 filers need to complete only Pa					
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a			- -			000000000000000000000000000000000000000
			_			
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b		<u>1</u> t	3,751.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	.4	2	
3	Net short-term gain or (loss) from partners	ships, S corpora	tions, and othei	r estates or trusts	3	
4	Short-term capital loss carryover Enter	the amount, i	f any, from l	ine 9 of the 2011	Capital Loss	,
5	Carryover Worksheet	lines la throug	gn 4 in coium	in (t). Enter here and	a on line 13,	
Par	column (3) on the back	SEAS - ASSATS	Held More T	han One Year	▶ 5	3,751.
T AI	(a) Description of property	(b) Date acquired			(e) Cost or other basis	(f) Gain or (loss) for
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(d) Sales price	(see instructions)	the entire year Subtract (e) from (d)
6a						
			-			1
			_			
b	Enter the long-term gain or (loss), if any, fi	rom Schedule D-	1, line 6b		6t	
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, ar	nd 8824		
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts	8	
9	Capital gain distributions				9	
10	Gain from Form 4797, Part I				10	<u> </u>
11	Long-term capital loss carryover Enter	the amount, if	any, from lir	ne 14 of the 2011	Capital Loss	
12	Net long-term gain or (loss). Combine li	nes 6a through	n 11 in colum	n (f). Enter here and	on line 14a,	
For F	column (3) on the back	uctions for Form 1	041.	<u></u>	▶ 12 Sched	ː ule D (Form 1041) 2012

	lule D (Form 1041) 2012				Page 2
Par	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this	oart.	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss)	13			3,751.
14	Net long-term gain or (loss):				
а	Total for year	14a		·	
		14b			
С		14c			
15	Total net gain or (loss). Combine lines 13 and 14a	15			3,751.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 , go to Part V, and do not complete Part IV If line 15, column (3), is a n	or For	rm 990-T, Part I, line 4	a) If lines 14a a	nd 15, column (2), are net
neces	ssary	GE 1033	, complete lassiv and	THE Capital Los	s carryover violistices, as
Par	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, Iı	ne 4c, if a trust), the sn	naller of.	
a	The loss on line 15, column (3) or b \$3,000 or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover.			16	
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover.	page :	1, line 22 (or Form 990)-T, line 34), is a	loss, complete the Capital
Par		S			
	1 1041 filers. Complete this part only if both lines 14a and 15 in col		2) are gains or an a	mount is entere	ed in Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e thar	n zero	mount is entere	70 mm and for half mana
Caut	ion: Skip this part and complete the Schedule D Tax Worksheet in the i				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
Forn	n 990-T trusts. Complete this part only if both lines 14a and 15 a	ire ga	ins, or qualified divid	lends are inclu	ded in income in Part I
	form 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Schedu	le D Tax Work	sheet in the instructions
	her line 14b, col (2) or line 14c, col (2) is more than zero.		 , , , , 		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		•
18	Enter the smaller of line 14a or 15 in column (2)			İ	
	but not less than zero			Ì	
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified			İ	
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19	····			
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,400		24		
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?		_		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or fir	ne 22	27		
20	Fator the amount from line 20 (If has 20 in blank, anter 0.)				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
20	Cubirosi kan 20 from kan 27]	
29	Subtract line 28 from line 27				
30	Multiply line 29 by 15% (15)			· <u>· · · · 30</u>	
31					
	(see the Schedule G instructions in the instructions for Form 1041) .			31	<u> </u>
22	Add lines 20 and 21				
32	Add lines 30 and 31			32	
33					
34	(see the Schedule Ginstructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33	horo		33	<u> </u>
34			•	l l	
	G, line 1a (or Form 990-T, line 36)	· · · ·			edule D (Form 1041) 2012
				Sch	equie D (E0rm 1041) 2012 :

JSA 2F1220 2 000

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Employer identification number Name of estate or trust MATT & GRETCHEN DINAPOLI FAMILY FOUNDATION 45-6655317

	(b) Date										
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)						
ENTEPRISE TRUST &											
INVESTMENT COMPANY			59,694.	52,640.	7,054						
ENTERPRISE TRUST &											
INVESTMENT COMPANY		1	170,000.	173,303.	-3,303						
		<u> </u>	<u></u> -								
V											
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2012

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Date acquired	or		ription	Desc		Kind of Property	
Gain		Excess of FMV over adj basis	Adj basis as of 12/31/69	FMV as of 12/31/69	Cost or other basis	Depreciation allowed/ allowable	Gross sale price less expenses of sale
VAR 7,054.	P					· 	59,694.
VAR -3,303.	P	PANY	ESTMENT COM	TRUST & INV	ENTERPRISE 173,303.		170,000.
3,751.						oss)	FOTAL GAIN(L
	Date acquired Gain or (loss) VAR 7,054. VAR -3,303.	Date Date Date Date Date Date Date Date	Excess of FMV over adjusted PANY P VAR 7,054. MPANY P VAR -3,303.	Adj basis Excess of as of FMV over 12/31/69 adj basis (loss) STMENT COMPANY P VAR 7,054. ESTMENT COMPANY P VAR -3,303.	FMV Adj basis Excess of as of FMV over 12/31/69 12/31/69 adj basis (loss) RUST & INVESTMENT COMPANY P VAR 7,054. TRUST & INVESTMENT COMPANY P VAR -3,303.	Cost or other as of as of FMV over basis 12/31/69 12/31/69 adj basis or (loss) ENTEPRISE TRUST & INVESTMENT COMPANY P VAR 52,640. ENTERPRISE TRUST & INVESTMENT COMPANY P VAR 173,303.	Depreciation allowed/ allowable

8868 Form

(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

Internal Revent	ue Service Prile a	seharare at	phication for each return.				
	e filing for an Automatic 3-Month Extension, one filing for an Additional (Not Automatic) 3-Mo						> X
	plete Part II unless you have already been gra						368
a corporation 8868 to re Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	nal (not aut forms liste il Benefit (tomatic) 3-month exten ed in Part I or Part II wi Contracts, which must	sion of time. You can e ith the exception of Foi be sent to the IRS i	lect rm : n p	ronic 8870 aper	ally file Form , Information format (see
	utomatic 3-Month Extension of Time. Or						
A corporation Part I only . All other co	on required to file Form 990-T and requesting or portains (including 1120-C filers), partnersh	an automa	atic 6-month extension	- check this box and com	 exte	 ensior	
to file incor	me tax returns Name of exempt organization or other filer, see in	etructions		Enter filer's identifying			
Type or print	MATT & GRETCHEN DINAPÓLI FAMII		ATION	Employer identification nu 45-6655317		r (E114) or
File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN							
due date for filing your return See instructions	18 PARK AVENUE City, town or post office, state, and ZIP code For LOS GATOS, CA 95030	a foreign ad	dress, see instructions		-		
Enter the R	Return code for the return that this application	ıs for (file a	a separate application fo	or each return)			04
Application	1	Return	Application				Return
ls For		Code	ls For		Code		Code
Form 990 d	or Form 990-EZ	01	Form 990-T (corporat	ion)	07		07
Form 990-E	3L	02	Form 1041-A				
Form 4720	- (ındıvıdual)	03	Form 4720				09
Form 990-F		04	Form 5227				10
	T (sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870	- •			12
Telepho If the org If this is for the who a list with t 1 I requuntil_ for th	ne No 408 471–1680 ganization does not have an office or place of for a Group Return, enter the organization's for place group, check this box	business in ur digit Gro f it is for pa ion is for rporation re exempt or	oup Exemption Number art of the group, check the group, check the group, check the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group are group and the group and the group are group are group and the group are group are group and the group are gro	this box	20_	_ If and a	this is attach
	s application is for Form 990-BL, 990-PF, 9 efundable credits. See instructions	90-T, 4720), or 6069, enter the	tentative tax, less any	3a	\$	500.
	is application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and		<u> </u>	
	nated tax payments made Include any prior year				3b	\$	0
c Balar	nce due. Subtract line 3b from line 3a Include	your paym					
	tronic Federal Tax Payment System) See instru				3с		500.
	you are going to make an electronic fund withdrawa		orm 8868, see Form 8453	3-EO and Form 8879-EO fo			
For Privacy	Act and Paperwork Reduction Act Notice, see Inst	ructions.			FOR	ი გგნ	68 (Rev 1-2013)

orn 886	8 (Rev 1-2013)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part I	and check this box		▶ X
	only complete Part II if you have already been gra					
lf you	are filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no copies nei	eded).	
			E	nter filer's Identifying		
	Name of exempt organization or other filer, see in	nstructions.		Employer identification	n number (I	EIN) or
Type o						
print	MATT & GRETCHEN DINAPOLI FAM			45-6655		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	zions	Social security number	r (SSN)	
due date :						
retum Se	e	r a toreign ad	dress, see instructions.			
nstruction		·····				
	ne Return code for the return that this application	1		ich return)		. 0 4
Applica	tion	Return	Application			Return
s For		Code	Is For			Code
	90 or Form 990-EZ	01		<u> </u>	·	7 7 4 4 7 °
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720			09
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already books are in the care of F. MATTHEW DIN		i automatic 3-month exten	ision on a previousi	y filed For	m 8868.
			#43/A1			
	SHORE ITO P		FAX No. ▶		_	. —
• If the	e organization does not have an office or place of	ousiness in	i the United States, check tr	is dox		
or the	s is for a Group Return, enter the organization's fo whole group, check this box ▶	fit is for no	ert of the group, shock this	N)	If ti	
	the names and EINs of all members the extensio		int of the group, check this i	^{DOX} ▶	and at	tacn a
	equest an additional 3-month extension of time u		1	1/15 , 20 13 .		
	or calendar year <u>2012</u> , or other tax year beginn			d ending		20
	the tax year entered in line 5 is for less than 12 m				rn ,	. 20
7 C	Change in accounting period	ייד זבא∩דיי	TME TO DECLITED TA	I ODDED MO ODM	Z TNI	
	ate in detail why you need the extension ADDIT IE DATA NEEDED TO FILE A COMPLETE			ORDER TO OBT	AIN	
	DATA NEEDED TO FIBE A COMPLETE	אט אני	SOUNTE VETOWN.			
_				<u> </u>	#WV-1	
8a lf	this application is for Form 990-BL, 990-PF, 99	90-T 4720	or 6060, enter the tent	ative tax lens and		
	onrefundable credits. See instructions	30-1, 4 120	, or oods, enter the tent	•	p	500.
	this application is for Form 990-PF, 990-T,	4720 or	6069 enter any refun	dable credite and	8a \$	500.
	stimated tax payments made Include any pr				-	
	nount paid previously with Form 8868	iot your o	rospaymont anomed as	•	8b \$	500.
	alance Due. Subtract line 8b from line 8a Include	vour paym	ent with this form, if requir	ed by using EETPS	20 2	
	lectronic Federal Tax Payment System). See instru		The state of the s		8c \$	0
· · · · · · ·	Signature and Verific		st be completed for P		00 10	<u> </u>
Jnder pe t is true, o	nalties of perjury, I declare that I have examined this form, correct, and complete and that I am authorized to prepare this for	including acc			my knowle	dge and belief,
Signature	(K/2-//		Tille > Accounts	+	/s	1, ,
- Huginia	- +/* - A	······································	1100 P //C (0)~/~	¬† Date ▶	50- 9000	//3
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