

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



Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

20**12**

(7 5)	For	cale	ndar year 2012 or tax year begi	nning	, aı	nd ending				
2013	Nai	me of f	oundation				AE	mployer identification nu	ımber	
	KN	OWL	ES, JOSEPHINE K. T/U/W				ŀ	94-6101	384	
S			nd street (or P O box number if mail is not	delivered to street ac	ldress)	Room/suite	ВТ	elephone number (see ins		
\supset	We	lis Fa	rgo Bank N.A 1 W 4TH ST 4TH	FLOOR MAC	D4000-041		1	(888) 730-	-4933	
딥			vn, state, and ZIP code	11 2001(1111(0)	31000 011		C If	exemption application is pe		
S	WI	NSTC	N SALEM		NC	27101-3818	"	oxomphon application to pr	inding, dilock flore t	
	G		k all that apply. Initial retur	n 🗍 Initi:	al return of a former p		D 1.	Foreign organizations, che	eck here	
균	•	0.100	Final return	<u>—</u>	ended return	Jabilo Gilanty	1			
5 8 8 8			X Address ch	=	ne change		2.	Foreign organizations me check here and attach coi		
ENVELOPE STMARK OF		Choc	k type of organization: X Section				1		·	
			tion 4947(a)(1) nonexempt charita		Other taxable private			private foundation status w nder section 507(b)(1)(A), o		
D	_	•			•		┥		-	
			market value of all assets at end			n ∐ Accrual		the foundation is in a 60-m ider section 507(b)(1)(B), o		
			ar (from Part II, col. (c), (6) ▶ \$ 4,685,356	Other (sp	d) must be on cash bas	us)	"	ider section 507(b)(1)(b), (LINECK HEIG	
		rt I	Analysis of Revenue and Expe			,			(d) Disbursements	
			amounts in columns (b), (c), and (d) may n		(a) Novembe and	(b) Net investn	nent	(c) Adjusted net	for charitable	
			the amounts in column (a) (see instruction	books	income		ıncome	purposes (cash basis only)		
		1	Contributions, gifts, grants, etc., received (attach schedule)						
		2	Check ► X if the foundation is not require	75, 11 57 68		TO HIS	7 C.			
		3 Interest on savings and temporary cash investments				_			CARACTER OF	
		4	Dividends and interest from securitie		177,899	16	4,884	RECFIVED		
		5 a	Gross rents							
2013	ക	b	Net rental income or (loss)			14 A 14 A	外公		7	
2	'n	6 a	Net gain or (loss) from sale of assets	not on line 10	-7,749			SER 1 4 2019	O SAME SERVICE	
g	Revenue	b	Gross sales price for all assets on line 6a	856,867			l-ai	Now a service of	2	
_	æ	7	Capital gain net income (from Part IV	/, line 2)		1	_ (GOPNIE	# 2 8 3 2 5 3	
۵.		8	Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·				
SEP		9	Income modifications	1			X .	1989 Sa 08. 00-7 c b44. 25. 2575 F J	200	
		l .	Gross sales less returns and allowances				- 1	Service Control of the Control of th	2.0	
		1	Less Cost of goods sold				argenger) Al de bloc			
₹			Gross profit or (loss) (attach schedule)	е)	5,408	890-7 2-1 -3 3-175	4,300			
}\$		11 12	Other income (attach schedule) Total. Add lines 1 through 11							
প্র	_				175,558		9,184 2,563		14,188	
[E	Expenses	13 14	Compensation of officers, directors, to Other employee salaries and wages	rustees, etc	56,750	4	2,303		14,100	
	, us	15	Pension plans, employee benefits							
	g	1	Legal fees (attach schedule)							
	_	l 1.	Accounting fees (attach schedule)		2,333				2,333	
	<u>×</u>	٦	Other professional fees (attach sche	dule)				Ť.		
	rat	17	Interest	,						
	St	18	Taxes (attach schedule) (see instruc	tions)	2,933		1,905			
	in	19	Depreciation (attach schedule) and o	•						
	ф	20	Occupancy	-						
	Ā	21	Travel, conferences, and meetings							
	ū	22	Printing and publications .							
	<u> </u>	23	Other expenses (attach schedule)		5,964		5,954		10	
	Operating and Administrative	24	Total operating and administrative	expenses.						
	, Ta		Add lines 13 through 23		67,980	ALL DE MAN CONTRACTOR A MODERNIA CONTRACTOR DE LA CONTRAC	0,422			
	Ď	25	Contributions, gifts, grants paid		284,096					
			Total expenses and disbursements. Add	lines 24 and 25	352,076		0,422			
		27	Subtract line 26 from line 12							
		1	Excess of revenue over expenses and di		-176,518		0.700			
	;	1	Net investment income (if negative				8,762			
		, C	: Adiusted net income (if negative, e	1161-0-1	1 (a) 364588889998887888866576 25	1 Y . / ' ''X 77 Y SWAP' AND WAR	88 (1980) (1985) - 1985	a	LEVELON TELESCOPE TO THE CONTROL OF	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

1/100

Form	990-P	F (2012) KNOWLES, JOSEPHINE K T/U/W		94-	Page 2		
Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year		
Pa	(CIII	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Mar	ket Value	
	1	Cash—non-interest-bearing	9,494	1,545		1,545	
	2	Savings and temporary cash investments	301,340	55,873		55,873	
'	3	Accounts receivable		- 18 Sept 18 S	1.2	(A) (A)	
		Less allowance for doubtful accounts					
	4	Pledges receivable ▶	10 to		14 S	No.	
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other			•		
		disqualified persons (attach schedule) (see instructions)			<u> </u>		
	7	Other notes and loans receivable (attach schedule)				- 10 m	
		Less allowance for doubtful accounts			 		
Ş	8	Inventories for sale or use			 		
Assets	9	Prepaid expenses and deferred charges					
Ä	10 a	Investments—U.S. and state government obligations (attach schedule) .			<u> </u>		
		nvestments—corporate stock (attach schedule) .					
		c Investments—corporate bonds (attach schedule)			***************************************		
	11	Investments—land, buildings, and equipment. basis		· A LAK	S 100 (100 (100 (100 (100 (100 (100 (100	196	
		Less accumulated depreciation (attach schedule)			 		
	12	Investments—mortgage loans	2217.721		 		
	13	Investments—other (attach schedule)	3,945,501			,627,941	
	14	Land, buildings, and equipment basis ▶					
	4.5	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)	4,256,335	4,072,001		. 60E 2E0	
_	17	Accounts payable and accrued expenses	4,250,335	4,072,001	12.00 May 18.00	1,685,359	
1	18	Grants payable Grants payable					
es	19	Deferred revenue .					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				\tilde{I}	
ab	21	Mortgages and other notes payable (attach schedule)				7.7	
Ξ	22	Other liabilities (describe			1		
	23	Total liabilities (add lines 17 through 22)	0	0			
_		Foundations that follow SFAS 117, check here	<u> </u>				
alances	İ	and complete lines 24 through 26 and lines 30 and 31.					
S	24	Unrestricted					
<u>a</u>	25	Temporanily restricted		<u> </u>		* 14.00	
8	26	Permanently restricted	<u> </u>				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here				Ŷ.	
Ī		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	4,256,335	4,072,001			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
SS.	29	Retained earnings, accumulated income, endowment, or other funds					
₹	30	Total net assets or fund balances (see instructions)	4,256,335	4,072,001	Tay and		
Š	31	Total liabilities and net assets/fund balances (see					
		instructions)	4,256,335	4,072,001	3		
	rt III	Analysis of Changes in Net Assets or Fund Balances					
1		net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with				
_		of-year figure reported on prior year's return)	1	Ţ	1,256,335		
_		amount from Part I, line 27a		. 2	 	<u>-176,518</u>	
3		rincreases not included in line 2 (itemize) See Attached Stateme	ent	3	 	4,620	
4		ines 1, 2, and 3		4	+	1,084,437	
5		eases not included in line 2 (itemize) See Attached Statement		5	 	12,436	
0	ıotal	net assets or fund balances at end of year (line 4 minus line 5)-Part II, of	ວເບເກກ (ສ), IINE <i>3</i> ປ	6	1 4	1.072.001	

Form 990-PF (2012) KNOWLES	S, JOSEPHINE K T/U/W			9	4-6101384 Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	stment Inco	_		
	kind(s) of property sold (e.g., real es se, or common stock, 200 shs MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Attached Statement			D—Donation		
b See Attached Statement	•				
c See Attached Statement					
d See Attached Statement					
e See Attached Statement					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		ain or (loss) (f) minus (g)
а			-		0
b					0
<u>c</u>					0
d	.				0
e l	(h) d		40/04/00		0
Complete only for assets show	ing gain in column (h) and owne			1	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		ot less than -0-) or (from col (h))
a					0
b					0
C			-		0
d					0
e	(If gain	also enter in Pa	art Line 7	<u> </u>	<u> </u>
2 Capital gain net income or	(net capital loss) { If (loss),	enter -0- ın Pa	art I, line 7	2	-7,749
3 Net short-term capital gain if gain, also enter in Part I,	or (loss) as defined in sectior line 8, column (c) (see instruc				
in Part I, line 8 .			J	3	0
Part V Qualification Und	ler Section 4940(e) for Re	educed Tax of	on Net Investm	ent Income	
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	e section 4942 tax on the dis	e). Do not com	plete this part		
	ount in each column for each	<u>year; see the i</u>	nstructions before	making any entri	
(a) Base period years Calendar year (or tax year beginning i	(b) Adjusted qualifying distribution	ons Net value	(c) of noncharitable-use a	iccate I	(d) stribution ratio) divided by col (c))
2011	•	2,924	4,612	2,906	0 035319
2010	14	4,592	4,402	2,075	0.032846
2009	17	8,560		3,774	0 045623
2008_	26	3,381	5,010	0,293	0 052568
2007		<u> </u>			0 000000
2 Total of line 1, column (d)				2	0 166356
3 Average distribution ratio for the number of years the for	or the 5-year base period—div undation has been in existence			y	0 041589
4 Enter the net value of nonc				4	4,627,174
5 Multiply line 4 by line 3 .	• •			5	192,440
6 Enter 1% of net investment	income (1% of Part I, line 27	b)	• •	6	1,188
7 Add lines 5 and 6		٠		7	193,628
8 Enter qualifying distribution		5		8	300,627
If line 8 is equal to or greate the Part VI instructions.	er than line 7, check the box	n Part VI, line	1b, and complete	that part using a	1% tax rate. See

Form	1990-PF (2012) KNOWLES, JOSEPHINE K T/U/W 94-610	1384	Pa	ige 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	tions	5)	
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter(attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	, 188	
	here \blacktriangleright X and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
_	of Part I, line 12, col (b)		_	
2 3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3		.188	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	'	, 100	├
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	1	,188	_
6	Credits/Payments	7		17
	a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 2,443	2: 4		*
	Exempt foreign organizations—tax withheld at source			
(Tax paid with application for extension of time to file (Form 8868) 6c 4,128			
(Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d	- 6	,571	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here		_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded 11		,353	-
11	1,100	4	,165	Ь
`	rt VII-A Statements Regarding Activities		¥	N-
1 :	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1,98	Yes	\vdash
	participate or intervene in any political campaign?	1a		LX.
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1b		Ιx
	Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	-15		s and the second
	published or distributed by the foundation in connection with the activities	0904		
,	Did the foundation file Form 1120-POL for this year?	1c	1 Person	Х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		14	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		11.4	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Section .	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a	Х	├^
	of "Yes," has it filed a tax return on Form 990-T for this year?	4b	×	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	243	43.	\$ 2
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	el attraction
8	2 Enter the states to which the foundation reports or with which it is registered (see instructions)			
,	CA			
,	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	8b	X	
9	General (or designate) of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	100		8
3	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"		(A) (A)	
	complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			
	their names and addresses	10		Х

Form	990-PF (2012) KNOWLES, JOSEPHINE K T/U/W 94-610	1384	P	age 5
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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X	
	Website address ► N/A			
14	The books are in care of ► WELLS FARGO BANK N A Telephone no ► 888-730-49			
	Located at ► 1 W 4TH ST 4TH FLOOR MAC D4000-041 WINSTON SALEM NC ZIP+4 ► 27101-381	3		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		>	▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year 15 N/A		Yes	No
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	1 46	Tes	X
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of	16	- 	
	the foreign country	- 25	, <u>.</u> <	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	<u> </u>	1 77-2007- 30
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7 fleet	Yes	No
1a	During the year did the foundation (either directly or indirectly)	33.	163) (A
	(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)		118 25	
	a disqualified person?			4.5
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	3		*
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1.25	注	
	(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)?	1 24	35	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		å	
	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)	100		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			,
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here .		1	
С	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?	1c		Χ
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))		7. 1981, 1889	
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d		74	
	and 6e, Part XIII) for tax year(s) beginning before 2012?		·	
	If "Yes," list the years 20 20 20 20			**
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		7. W.	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	<u> 20</u>	IN/A	v 13
С	the provisions of section 4542(a)(2) are being applied to any of the years listed in 2a, list the years here 20	25 m		- 1.7.4 - 1.7.4
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		~ ~	
	enterprise at any time during the year?	772	`	7
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	l w		- 3
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	S. J.		1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	3	\$. ,	- / \
	if the foundation had excess business holdings in 2012)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? .	4a		Х
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	* **	 	· 100
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		Х

Form	990-PF (2012) KNOWLES, JOSEPHINE K	T/U/\	N					94-610	1384	Page 6
Pa	t VII-B Statements Regarding Activit	ies f	or Which Form	ı 47	'20 May Be Re	quired	(continued)			
5a	During the year did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific public	to infli electi	uence legistation (sion (see section 49		• • •		Yes	X No		
	 on, directly or indirectly, any voter registration (3) Provide a grant to an individual for travel, str (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49 	udy, o n a ch	or other similar purp nantable, etc , orga	nıza	tton described		Yes Yes	X No		
	(5) Provide for any purpose other than religious educational purposes, or for the prevention	, char	ntable, scientific, lit	erar	y, or		Yes	X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the		•	-	•		bed in	_	- 13	
	Regulations section 53 4945 or in a current notice	_	=		·	าร)?			5b N/	<u> </u>
С	Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945–5(d)									
	Did the foundation, during the year, receive any fu premiums on a personal benefit contract?						Yes	X No	6b	
	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870									X
	At any time during the tax year, was the foundation	•					Yes	X No	* \$2. 25	
	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,									
Р		, Dir	ectors, Truste	es,	Foundation	Manag	ers, Highly	Paid En	npioyees	5 ,
_	and Contractors List all officers, directors, trustees, found	lation		l 4b	ois componenti	on /coo	inetructions			
_ <u></u>	(a) Name and address	(b)	Title, and average hours per week evoted to position	(0	c) Compensation f not paid, enter -0-)	(d) emple	Contributions to byee benefit plans erred compensation	, (e) Expense a other allowa	
We	ls Fargo Bank, N A.	_	stee		<u></u>	4110 001	on our gonda			
	4TH ST 4TH FLOOR MAC D4000-041 WIN	<u> </u>	4 00		56,750					
2	Compensation of five highest-paid emploenter "NONE."	yees	(other than the	se	included on li				ne,	
(a	Name and address of each employee paid more than \$50	0,000	(b) Title, and avera hours per week devoted to position		(c) Compensation	.	d) Contributions (employee benefit plans and deferre compensation	t (e) Expense a other allowa	
NO	NE									
			·			\perp				
									·····	
							-			
Tot	at number of other employees paid over \$50	,000	•			,		•		0
								F	orm 990-	FF (2012)

Form 990-PF (2012			94-6101384 Page 7
Part VIII	Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Paid	d Employees,
	and Contractors (continued)		
3 Five higher	st-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
(a) N	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	of others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant state ganizations and other beneficianes served, conferences convened, research pape		Expenses
1 NONE			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins		
	largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 NONE			ŀ
	·		
2			
			1
All other program-	-related investments. See instructions		·-··
3 NONE			
		 	
Total. Add line	es 1 through 3	>	0

Form **990-PF** (2012)

Form	990-PF (2012) KNOWLES, JOSEPHINE K T/U/W	94-6	3101384 Page 8
Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities .	1a	4,583,333
b	Average of monthly cash balances	1b	114,306
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	4,697,639
е	Reduction claimed for blockage or other factors reported on lines 1a and	* 9	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,697,639
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	70,465
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,627,174
6	Minimum investment return. Enter 5% of line 5	6	231,359
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	231,359
2a	Tax on investment income for 2012 from Part VI, line 5		20,,000
b	Income tax for 2012 (This does not include the tax from Part VI) 2b 16	0.0000000000000000000000000000000000000	
С	Add lines 2a and 2b	2c	1,204
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	230,155
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	230,155
6	Deduction from distributable amount (see instructions)	6	200,100
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	ڵ	
•	line 1	7	230,155
		<u> </u>	200,100
Par	t 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	300,627
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.	1, 2	
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	300,627
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	1,188
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	299,439
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 9	990-PF (2012) KNOWLES, JOSEPHINE K T/U/W			94-6	3101384 Page 9
Part	XIII Undistributed Income (see instructions))			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
2			***		230,155
a	Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only			137,691	
	Total for prior years 20, 20, 20		7% - "TMONT - MIN	137,091	
3	Excess distributions carryover, if any, to 2012				"(C# 24 - 0+ 12 kH
a	From 2007				
b	From 2008				
C	From 2009				
d	From 2010		被 建		75.37
е	From 2011				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2012 from Part				Salara System
	XII, line 4 > \$ 300,627	1 4 4			
а	Applied to 2011, but not more than line 2a	建		137,691	
b	Applied to undistributed income of prior years	10 m			
	(Election required—see instructions) .	±			#. #f.
С	Treated as distributions out of corpus (Election		12 PM		in the second
	required—see instructions)	. 4			47
d	Applied to 2012 distributable amount		A CATALON AND A	6/14/57/88/68/68/6	162,936
_ e	Remaining amount distributed out of corpus		A LANGE OF STREET		
5	Excess distributions carryover applied to 2012		70	\$86 A.S. 1	
	(If an amount appears in column (d), the same amount must be shown in column (a))			\$3544VA32	3.0
6	Enter the net total of each column as		144		
•	indicated below:	Total Control			
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0	3.0	*	40
	Prior years' undistributed income Subtract			25.47	21. 146. 1 12. 12. 12. 13.
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed			3.5	
	income for which a notice of deficiency has			100	
	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			SAN SAN TOPPOR	
е	Undistributed income for 2011 Subtract line	- 3	45.5		
	4a from line 2a Taxable amount—see				
	instructions .	3,544,250,033		0	
f	Undistributed income for 2012 Subtract	海 斯斯			
	lines 4d and 5 from line 1. This amount must				07.040
7	be distributed in 2013 Amounts treated as distributions out of		C Section 34	Alispera in the second	67,219
′					
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007		222 (NV 4.5)		
•	not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.		30V 8.		
_	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W 2	74. V.	*** **/
а	Excess from 2008				1867
b	Excess from 2009		* * * * *	**	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Excess from 2010	* * * * * * * * * * * * * * * * * * *			, , ,
d	Excess from 2011		·	,	,
e	Excess from 2012	W 16 3	/	,	

	m 990-PF (2012) KNOWLES, JOSEPHINE K.				94-6101	
	rt XIV Private Operating Foundations (s			uestion 9)	<u>_</u>	W/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2012, ent			•		
	Check box to indicate whether the foundation is a	private operating fo	undation described i	n section	4942(J)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed					0
	9 85% of line 2a					0
C	Qualifying distributions from Part XII, Inne 4 for each year listed					0
C	Amounts included in line 2c not used directly for active conduct of exempt activities					0
€	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
t	o "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c	"Support" alternative testenter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	Supplementary Information (Cor assets at any time during the ye			ndation had \$5,	,000 or more in	
1	Information Regarding Foundation Manag					
a	List any managers of the foundation who have con			•	the foundation	
NC	before the close of any tax year (but only if they ha	ive contributed mor	e man \$5,000). (See	section 507(d)(2))		
	ONE List any managers of the foundation who own 10%	or more of the stor	ck of a corporation (c	or an equally large p	ortion of the	
	ownership of a partnership or other entity) of which		· ·			
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sci	nolarship, etc., Pı	rograms:		
	Check here X if the foundation only makes unsolicited requests for funds if the foundation may other conditions, complete items 2a, b, c, and d					
a	The name, address, and telephone number or e-m	ail of the person to	whom applications s	should be addressed	I	
t	The form in which applications should be submitted	d and information a	nd matenals they sh	ould include		
	: Any submission deadlines					
c	Any restrictions or limitations on awards, such as t factors	oy geographical are	as, chantable fields,	kınds of ınstitutions,	or other	

Total

Form 990-PF (2012) Page 11 KNOWLES, JOSEPHINE K. T/U/W 94-6101384 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year See Attached Statement **▶** 3a 284,096 Approved for future payment NONE

0

▶ 3b

Form 990-PF (2		JOSEPHINE	K T/U/W				94-610		Pag	e 13
Part XVII	Information Reg	arding Tran	sfers To and Trai	nsactions a	nd Rela	ationships Wi	th Noncharit	able		
	Exempt Organiza									
	organization directly on 501(c) of the Code	or indirectly e							Yes	No
a Transfer	rs from the reporting	foundation to	a noncharitable exe	mpt organizat	tion of:			<u> </u>	,	1, 1,
(1) Cas								1a(1)		X
· ·	er assets		•					1a(2)		X
b Other tr	ansactions.							. 3	***	192
(1) Sale	es of assets to a non-	charitable exe	empt organization					1b(1)		Х
(2) Pur	chases of assets fror	n a noncharita	able exempt organiz	ation				1b(2)		Х
	ital of facilities, equip		r assets .		•			1b(3)		X
• •	mbursement arrange				•	• •		1b(4)	-	X
	ns or loan guarantee				•			1b(5)	_	X
	formance of services						•	1b(6)	_	÷
-	of facilities, equipme	_							4	_^
value of	nswer to any of the al the goods, other as any transaction or s	sets or servic	es given by the repo	rting foundati	on If the	e foundation rec	eived less thai	n fair ma	arket	•
(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt o	rganization	(d) Des	scription of transfers,	transactions, and	shanng ar	rangem	ents
		Not Applicab	le							
										
										
		<u> </u>								
									-	
			-					•		
	<u>-</u>	 	, <u>.</u>							
						<u> </u>		_		
	·					•				
describ	oundation directly or led in section 501(c) or complete the follow	of the Code (c	ated with, or related other than section 50	to, one or mo 11(c)(3)) or in	re tax-e section	xempt organizat 527? .	ions	Yes X] No	
	(a) Name of organization		(b) Type o	f organization		(c)	Description of rela	tionship		
	- ·									
				_						
	_					<u> </u>				
	der penalties of perjury, I declare						Medge and belief, it is	true,		
Sign Here	7.0	ells Fargo Bar		May the IRS discussions based on all information of which preparer has any knowledge May the IRS discuss with the preparer substitutions of the preparer has any knowledge.						
' 3	Signature of officer or truste		Date	Title						
Paid	Print/Type preparer's r		Preparer's signature			Date	Check X if	PTIN		
Preparer	JOSEPH J. CAST				_	9/3/2013	self-employed	P0125		
Use Only	I Eremia noma Di		eCoopers, LLP	NI DA 15010	0777					
-	I Eiron a addressa 🖿 Cf	いんいつみんけんしょ	DELI DITTEDITO/	. ⊔ ∪∧ 16710	1111		-none no - <i>1</i> .1	1- 322-H	1 14 11 1	

KNOWLES, JOSEPHINE K. T/U/W		<u></u> .		94-6101	1384 Page	1 of 1
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	ne Year
Recipient(s) paid during the year						
Name OHSU SCHOOL OF MEDICINE						
Street 1121 S W SALMON ST STE 200						
City	····	State	Zip Code	Foreign Count	try	
PORTLAND	<u> </u>	OR	97205			
Relationship NONE	Foundation Status 501(C)(3) PUBLIC C	HARIT	Y			
Purpose of grant/contribution GENERAL SUPPORT GRNAT	100.(0)(0)				Amount	113,639
Name						
BERKELEY HUMANE SOCIETY, INC Street	<i>, , , , , , , , , , , , , , , , , , , </i>		 			
2700 NINTH STREET						
City			Zip Code 94710	Foreign Count	try	
BERKELEY Relationship	Foundation Status		194710	<u> </u>		
NONE	501(C)(3) PUBLIC (Υ			
Purpose of grant/contribution GENERAL SUPPORT GRNAT					Amount	127,843
Name						
LIGHTHOUSE FOR BLIND Street						
214 VAN NESS AVE						
City			Zip Code	Foreign Count	try	
SAN FRANCISO Relationship	Foundation Status		94102			
NONE	501(C)(3) PUBLIC (Υ			
Purpose of grant/contribution GENERAL SUPPORT GRNAT					Amount	42,614
Name		- -				
Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	•	•	•		-
Purpose of grant/contribution					Amount	
Name						
Street		<u> </u>				
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status			L		· · · ·
Purpose of grant/contribution	1				Amount	-
Name		_			<u> </u>	
Street						<u>-</u>
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status		1			
Purpose of grant/contribution	<u> </u>				Amount	

9/3/2013 3.03.53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K T-U-W

Inventory
er Thar
sets Oth
ale of As
s from S
- Gain/Los
(990-PF)
t I, Line 6
Part

	-7,749	9	Net Garn	or Loss	196'8-	-821	8171-	1 200	1,300	-1 000	-320	-770	-228	1,007	1,523	144/	1045	1 300	340	219	-2.526	4,352	-87	-245	-19	99	1541	7 667	3 384	-1,552	2.680	6,568	1 884	1,723	2,678	3,668	989	613	-9,202	2,106	250	-24	-555	2,084	9 599	-871	10,479	-2,453	-3,482	16,572	61	2
or Loss			<u> </u>		3	0 0	5 0))		0	100	0	0	0	0.	0 0	2 0	90	0	0	0	0	0	0	0	9	00	1	0	0	9	0	90	0	ō	0	1	0	0	0	0	0	0	0		0	0	0	0	0	=	-
	i			Adjustments																																																
Basis and Expenses	864,61	0		Depreciation																***************************************																																
Cost, Basis and			Expense of Sale and Cost of Improve-	ments			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					To the same and th																		1 1 1																						
	856,867	0	Valuation	Method																																															1	
Sales			Cost or	Other Basis	43,091	6,438	9,832	9.405	10,200	26.000	6 570	25,770	6,478	9,544	9,028	9.912	0.410	26.300	065 9	17.696	17,696	23,059	2,502	2,660	6,395	15,988	8,012	000'67	25,000	25,000	25,000	43,432	5,442	23,277	5,296	18 472	6,130	25.634	21.460	17,893	10,736	8,419	8,950	3,008	22 218	2.273	65,000	25,000	14,717	0	0	
lotats	Capital Gains/Losses	Other sales	Gross Sales	Рпсе	33,704	5,617	8,613	9,152	25 740	25,000	6 250	25,000	6,250	10,551	10,551	8.465	204.0	25,000	6 250	17,915	15.170	27,411	2,415	2,415	6,376	15,922	9,553	724'67	28.384	23,448	22,320	50,000	9/6//1	25,000	7,974	22,140	5,232	25,000	12.258	19,999	10,986	8,395	8,395	5,092	12 617	1,402	54.521	22,547	11,235	16,572	61	2
	Ö		Date	Sold	7/23/2012	772372012	21028271	10/2/2012	10/2/2012	7/12/2012	7/12/2012	7/12/2012	7/12/2012	9/20/2012	9/20/2012	10/2/2012	1000001	7730/2012	7/30/2012	2/22/2012	3/26/2012	10/23/2012	5/10/2012	5/10/2012	2772012	5/9/2012	5/9/2012	5/0/2012	5/23/2012	5/23/2012	5/10/2012	2/22/2012	10030012	5/18/2012	10/23/2012	10/2/2012	272222012	7/18/2012	3/26/2012	3/26/2012	10/23/2012	10/23/2012	10/23/2012	10/23/2012	1/6/2012	1/6/2012	1/6/2012	2772012	7/23/2012	1/1/2012	12/31/2012	
			Acquisition	Method			Ì																							:														1							1	_
				Acquired	4/16/2008	7/16/2008	8/6/2007	8/6/2007	0007/5009	1/6/2012	2770012	1/6/2012	2772012	9/16/2011	6/8/2012	3/26/2012	3/21/2012	1/6/2012	2/7/2012	8/25/2009	8/25/2009	8/25/2009	1/6/2012	3/26/2012	1/16/2008	7/16/2008	8/25/2009	1,470,14	9/10/2010	1/4/2011	1/12/2011	7/16/2008	1,03,0010	5/20/2010	7/30/2010	3/25/2009	1/8/2007	5/20/2010	8/6/2007	8/25/2009	9/16/2011	1/6/2012	3/26/2012	716/2008	10200	7/30/2010	2/27/2004	7/22/2010	1/11/2008	1/1/2010	1/1/2012	_
			Check "X" if Purchaser is a	Business																																	-							-			-			1	1	_
				Purchaser																																																
Amount	7,205	0		CUSIP#	1	464287234	-	1	470450404	48124G104	481246104	481247204	48124Y204	500255104	500255104	674599105	674500105	693505208	693505208	704549104	704549104	713448108	718546104	718546104	742718109	742718109	742718109	76628D615	780905451	780905451	87234N849	880208400	894175100	903300200	H0023R105	594918104	008252108	05531H208	057224107	057224107	191216100	20825C104	20825C104	254687106	381416104	38141G104	38141W679	448108100	464287234	000000000	000000000	-
•	Long Term CG Distributions	Short Term CG Distributions		Description	SHAKES IK MSCI EMEKGING	HARES IR MSCI EMERGING	HAKES IK MSCI EMERGING	ISHAKES IK MSCI EMERGING	MANON & LOUNGON	JOHNORGAN CHASE CAP XXVI	MORGAN CHASE CAP XXVI	M CHASE CAPITAL XXVIII 7	JPM CHASE CAPITAL XXVIII 7	KOHLS CORP	KOHLS CORP	OCCIDENTAL PETE CORP	OCCIDENTAL PETE CORT	PNC CAPITAL TRUST F	VC CAPITAL TRUST E	EABODY ENERGY CORPORA	PEABODY ENERGY CORPOR	PEPSICO INC	PHILLIPS 66	PHILLIPS 66	POCTER & GAMBLE CO	ROCTER & GAMBLE CO	PROCTER & GAMBLE CO	DOEWOOTH ED MIDCAD VA	OYCE PREMIER FUND W CL	ROYCE PREMIER FUND W CL	SW SMALL CAP GROWTH FL	TEMPLETON GLOBAL BOND F	TRAVELERS COMPANIES INC	USB CAPITAL XI	ACE LIMITED	MICROSOFT CORP	APACHE CORP	38T CAPITAL TRUST VII 8 10	BAKER HUGHES INC COM	BAKER HUGHES INC COM	COCA COLA CO	CONOCOPHILLIPS	CONOCOPHILLIPS	WALL DISNEY CO	DI DMAN SACHS GROUP IN	GOLDMAN SACHS GROUP IN	OLDMAN SACHS HIGH YIELI	HUSSMAN STRATEGIC GROW	ISHARES TR MSCI EMERGING	K-1 LONG-TERM GAIN	K-1 SHORT-TERM GAIN	Unrecaptured Section 1256 Gair
			Check "X" to include		١	× >		<u> </u>		<u>ا</u>	Γ	Γ	×	T		Ī	× ×	Τ	×				×		- [1	× >		ļ	×	Ì	T	۲ ×	Ī		×	T	×	Γ	×		T	T	Ī	4×					T	T	×
			OZ	1	- -	4.	,	•	, «	•	- 60	6	9	=	2	2 :	: :	9	<u> </u>	18	49	20	21	22	23	24	2 2	3 5	28	82	<u>۾</u>	F 2	; =	×	35	ا ۾	2 2	8 8	\$	¥	42	:	ş :	2 ×	2 5	2	49	ន	5	22 :	: S3	3

9/3/2013 3.03 53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K T-U-W

Part I, Line 11 (990-PF) - Other Income

		5,408	4,300	0
	 -	Revenue	Nat Income	A
l		and Expenses	Net Investment	Adjusted
	Description	per Books	Income	Net Income
1	FROM PARTNERSHIP K-1	-308	-308	
2	Other Taxable Income	4,608	4,608	
3	UNRELATED BUSINESS TAXABLE INCOME	1,108		

9/3/2013 3:03⁻53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part I, Line 16b (990-PF) - Accounting Fees

	2,333	0		2,333
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 TAX PREP FEES	2,333			2,333

9/3/2013 3:03.53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part I, Line 18 (990-PF) - Taxes

 1, Eme 16 (666 1 1) Taxee				
	2,933	1,905		0 0
	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Description	per Books	Income	Net Income	Purposes
FOREIGN TAXES PAID	1,905	1,905		
PY EXCISE TAXES PAID	1,000			
ESTIMATED EXCISE TAXES PAID	28			

9/3/2013 3.03.53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part I, Line 23 (990-PF) - Other Expenses

		5,964	5,954	0	10
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	ADR FEES	38	38		
2	Partnership Expenses	5,916	5,916		
3	STATE AG FEES	10			10

9/3/2013 3.03 53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part II, Line 13 (990-PF) - Investments - Other

			3,945,501	4,014,583	4,627,941
	Acceptation	Basis of	Book Value	Book Value	FMV Fnd of Veer
-	Asset Description	Valuation		ם ב	LIII OL
- -				0 702	24.00
7	- 1			14,785	22,12
~	TEVA PHARMACEUTICAL INDUSTRIES - A		0	2//86	22,404
4	THERMO FISHER SCIENTIFIC INC		0	24,983	31,890
2	TOTAL FINA ELF S.A. ADR	•	0	19,883	20,804
9	UNION PACIFIC CORP		0	17,137	37,716
7	UNITED TECHNOLOGIES CORP		0	18,105	24,603
∞	PRECISION CASTPARTS CORP		0	19,160	37.884
5	MI CAP TRUST V 7 28% SERIES		C	22 268	25 050
۶	VANCIUADO SMALL CAD GRATH INDX 861			25,000	28 430
4	MANAGORIA GINALE ON GRAVIII INDA GO			200,000	201700
				66/07	29,340
12	UNITED PARCEL SERVICE-CL B		0	24,644	25,806
13	TARGET CORP		0	19,401	23,668
14	UNITEDHEALTH GROUP INC		0	14,566	21,696
15	WAL-MART STORES INC 4 125% 2/01/19		0	036'66	113,784
16	AMEX UTILITIES SPDR		0	23,689	26,190
12	ARTIO GLOBAL HIGH INCOME-I 1525		0	100,000	96,776
18	VERIZON COMMUNICATIONS		0	14,819	21,635
<u>6</u>	FID ADV EMER MKTS INC- CL I 607		0	25.000	27,110
2	MONSANTO CO NEW		0	11,865	14,198
2	RHP BILLITON LIMITED		0	21 265	27 839
2	ISHARES TR SMALLCAP 600 INDEX FD		0	74.796	114,026
2	IPMORGAN CHASE & CO		C	28 761	32 977
24	IIS BANCORP DEI NEW		0	21 142	23,955
25	ANHEUSER-BUSCH INBEV SPN ADR		0	21 544	21 852
18	IP MORGAN AI FRIAN MI P INDEX		0	73.563	76 920
	PRAXAIR INC 4 500% 8/15/19		0	102 343	115 783
i «	CIG		0	16 454	33 250
i s	SHELL INTERNATIONAL 4 300% 9/22/19		C	99 374	115.850
=	.I			40 205	56 774
3	PROTECTIVE LIFE CORP 8% PFD		0	29.942	30,165
32	AFI AC INC		O	26.697	26,560
33	ABBOTT LABORATORIES		0	20,613	26,200
34	JP MORGAN CHASE 7% SERIES		0	24.266	25,520
35	SPDR S&P MIDCAP 400 ETF TRUST		0	57,315	74,284
38	PIMCO EMERGING LOCAL BOND IS 332		0	20.000	50.460
37	ARTISAN INTL SMALL CAP FD-IV 1465		0	10.000	10.318
38	ISHARES IBOXX \$ INV GR CORP BD FD		0	58,520	66.544
39	WYNN RESORTS LTD		0	17,073	16,874
各	PIMCO EMERG MKTS BD-INST 137		0	50,000	55,556
4	GOLDMAN SACHS GRTH OPP FD-I 1132		0	20,000	900'69
42	WASATCH EMERGING MKT S/C FD		0	25,000	28,791
43	PITNEY BOWES INC 4 750% 5/15/18		0	101,965	103,752
4	ᄓ		0	166,189	193,790
45	ABERDEEN EMERG MARKETS-INST 840		0	30,000	34,035
4	ISHARES TR RUSSELL MIDCAP GROWTH		0	43,926	47,100

9/3/2013 3 03.53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K T-U-W

Part II, Line 13 (990-PF) - Investments - Other

			3,945,501	4,014,583	4,627,941
L		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg of Year	End of Year	End of Year
47	ISHARES TR MSCI EMERGING MARKETS		0	73,340	88,700
84	LOOMIS SAYLES BOND FD INSTL 1162		0	82,952	91,350
6	TOUCHSTONE SMALL CAP CORE-IN 555		0	10,000	9,849
22	CB RICHARD ELLIS REALTY TRUST		0	129,308	185,174
51	BLACKROCK DIVERSFD PEP III CLASS B1		0	230,000	209,300
25	FSP GALLERIA NORTH CORP *CH*		0	95,857	53,000
53	JPMORGAN HIGH YIELD FUND SS 3580		0	150,000	153,580
35	MORGAN STANLEY 5.375% 10/15/15		0	100,849	108,718
55			0	23,112	31,088
28	CISCO SYSTEMS INC 5 500% 2/22/16		0	100,126	114,305
22	胎		0	26,595	31,250
28	DIVIDEND CAPITAL TOTAL REALTY TRUS		0	41,631	35,638
29	BANK OF AMERICA CORP 5 700% 1/24/22		0	49,793	60,128
8	OPPENHEIMER DEVELOPING MKT-Y 788		0	25,000	24,296
6			0	22,849	25,190
62	GENERAL ELEC CAP COR 5 400% 2/15/17		0	99,923	115,010
ဆ	TRAVELERS COS INC		0	50,929	28,728
8	CME GROUP INC		0	13,564	12,668
65	DEUTSCHE BK CAP FUND IX		0	25,990	31,338
99	PRINCIPAL PREFERRED SEC-INS 4929		0	150,000	158,772
67	ASTRAZENECA PLC 5 900% 9/15/17		0	102,397	121,503
89			0	24,556	31,238
69	ALLIANZ SE		0	24,550	25,625
2	ACE LIMITED		0	20,735	31,920
7	E.I. DU PONT DE NEMO 6 000% 7/15/18		0	99,463	123,413
22			0	24,377	32,538
73	APACHE CORPORATION COM		0	30,586	31,400
7	APPLE COMPUTER INC COM		0	23,885	53,217
12	CVS/CAREMARK CORPORATION		0	22,888	24,175
2	CAPITAL ONE FINANCIAL CORP		0	25,693	28,965
77	CELGENE CORP COM		0	22,119	31,388
78	DANAHER CORP		0	15,815	27,950
62	DIAGEO PLC - ADR		0	22,470	34,974
8	WALT DISNEY CO		0	18,052	32,364
20	E M C CORP MASS		0	22,340	25,300
82	HARBOR INTERNATION FD INST 2011		0	50,000	52,194
83	INTERNATIONAL BUSINESS MACHS COR		0	25,318	38,310
8	MERGER FD SH BEN INT 260		0	25,000	25,079
8	NESTLE S.A REGISTERED SHARES - ADR		0	21,226	32,585
86	NOVARTIS AG - ADR		0	19,908	25,320
84	QUALCOMM INC		0	24,852	30,930
88	ROSS STORES INC		0	13,096	16,227
83	SCHLUMBERGER LTD		0	30,029	27,719
8	RACKSPACE HOSTING INC		0	22,617	37,135

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 3 - Other increases not included in Part III, Line 2		
1 MUTUAL FUND & CTF INCOME ADDITIONS	1	2,693
2 Partnership Income Adjustment	2	1,927
3 Total		4,620
Line 5 - Decreases not included in Part III, Line 2 1 MUTUAL FUND & CTF INCOME SUBTRACTION	1	3,684
	3	8,736
2 PY RETURN OF CAPITAL ADJUSTMENT		
3 COST BASIS ADJUSTMENT	3	16
4 Total	4	12.436

9/3/2013 3 03 53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Long Term CG Distributions	7,205												
Short Term CG Distributions	0				849,662	0	0	ļ	-14,954	0	٥		-14 954
	•	How	Date	Date	Gross	Depreciation		Cost or Other Basis Plus		FMV as of	Adjusted Basis as of	Excess of FMV	of FMV Over Adjusted
Description of Property Sold	CUSIP #	Acquired	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of S		12/31/69	12/31/69	Over Adj Basis	Basis or Losses
ISHARES TR MSCI EMERGING MARKET	464287234		4/16/2008	7/23/2012	33,704		0		-8,387	0	0		100 8:
SHARES TR MSCI EMERGING MARKET	464287234		7/16/2008	723/2012	5,617			6,438	1 210		0		1 219
SHARES IN MICH EMERGING MARKET	404201234		840,2007	100001	0000				253		0	0	-253
ISHARES TR MSCI EMERGING MARKET	464287234		8/25/2009	10/2/2012	11,648		0		1,380	0	0	0	1 380
JOHNSON & JOHNSON	478160104		8/25/2009	5/9/2012	25,719		0		1,179	0	0		1,179
	48124G104		1/6/2012	7/12/2012	25,000		0		1,000	o	0		1,000
JPMORGAN CHASE CAP XXVI 4	48124G104		٦	7/12/2012	6,250		0		-320	0	0		920
JPM CHASE CAPITAL XXVIII 7 200% PF048124Y204	48124Y204		7	7/12/2012	25,000		0	25,770	077-	0	0	0	0//-
	18124Y204		7	7/12/2012	6,250		0		-228	0	Ö		977:
	500255104		9/16/2011	9/20/2012	10,551		0	9,544	1007		0		/00,1
12 KOHLS CORP	500255104		6/8/2012	9/20/2012	10,551		ة إد		1,523				7447
OCCIDENTAL PETE CORP	674599105		3/20/2012	707/701	0,403				1 461				1451
14 OCCIDENTAL PETE CORP	674599105		3/2//2012	2102/2012	8,465			9,916	10,41-				
	674599105		3/28/2012	10/2/2012	9,465				Con.				1 300
	69350SZ08		1/6/2012	1/30/2012	25,000		0		005,1-		0		
	89350SZ08		211/2012	1/30/2012	6,250		0		340				950
PEABODY ENERGY CORPORATION	704549104		8/25/2009	272272012	17,915				218) (617
PEABODY ENERGY CORPORATION	704549104		8/25/2009	3/26/2012	15,170		0		-2,526	0	0		070'7-
PEPSICO INC	713448108		8/25/2009	10/23/2012	27,411		0		4,352	0	0		4,332
PHILLIPS 88	718546104		1/8/2012	5/10/2012	2,415		0		-97		0		70-
PHILLIPS 68	718546104	İ	3/28/2012	5/10/2012	2,415		0		-245	0	0		647
PROCTER & GAMBLE CO	742718109		7/16/2008	2772012	6,376				AL.		0		99
PROCTER & GAMBLE CO	742718109		7/16/2008	5/9/2012	15,922				8 2		0		1541
SINCEWORTH FORMINGAP VALED 1 547	76828R815		9/10/2010	5/8/2012	25 427		, 0		427	0	0		427
RIDGEWÖRTH FD-MIDCAP VAL EQ I 5476628R615	76628R615	_	1/4/2011	5/9/2012	22,333				-2,667	0	0		-2 667
ROYCE PREMIER FUND W CLASS 588	780905451		9/10/2010	5/23/2012	28,384		0		3,384	0	0	3	3,384
ROYCE PREMIER FUND W CLASS 568	780905451		1/4/2011	5/23/2012	23,448		0		1,552	0	0		1,552
2	87234N849		1/12/2011	5/10/2012	22,320		0		-2,680	0	0		2,680
LETON GLOBAL BOND FD-ADV 8	880208400		7/16/2008	2/22/2012	20,000			43,432	896'9	0 0	0		900'0
	885797101	-	7/30/2010	2722/2012	17,578]		248		5		1 884
TRAVELERS COMPANIES, INC.	89417E109		11/23/2010	10/23/2012	7,328		0		1,084			0	1723
IV.	903300200		0107070	21020176	000,62				978				2,678
MICROSOFT CORP.	504018104		•	1023201	22 140		0		3 668		0	0	É
AFFILIATED MANAGERS GROUP INC C008252108	008252108	T	11/8/2007	2/22/2012	5 232			6.130	868-	0	0	0	868-
APACHE CORP	037411105		•	22222012	3,334		0	2,294	1080	0	0	0	1,040
8 100% PFD	35531HZ08		5/20/2010	7/18/2012	25,000		0		-613	0	0)	-613
	057224107		8/8/2007	3/26/2012	12,258		0		-9,202	٥	0		-9,202
INC COM	057224107			3/26/2012	18,999		0		2,106	0	0		2,106
	191216100		+	10/23/2012	10,986		0		250	0	0		ne7
	20825C104		1	10/23/2012	8,395	-	3		-24				77-
CONOCOPHILLIPS	Z0825C104		3/26/2012	10/23/2012	8,385				400 0				2 084
FATON VANCE CLOBAL MACRO - LOGS	277023728		+	4000012	AR 207			49.849	-1842	0	0		-
	381416104	-	8/25/2009	1/8/2012	12.817		0		-9.599	0	0)	669'8-
	38141G104		7/30/2010	1/8/2012	1.402		0	2,273	178-	0	0		-871
527	38141W679		12/27/2004	1/8/2012	54,521		0	65,000	-10,479	0	0	0	
\mathbf{x}	448108100		7/22/2010	2172012	22,547		0	25,000	-2,453	0	0	0	
ERGING MARKET	464287234		1/11/2008	7/23/2012	11,235		0	14,717	-3,482	0	0		
	00000000		t	1/1/2012	16,572		0	0	16,572	0			7/6'01
Ī	00000000		1/1/2012	12/31/2012	91		0		9	0			6
Unrecaptured Section 1256 Gain				1	2				7				6.
55 Section 1231 Gain	4	T	1	+			-	18	15,	7	T.		

9/3/2013 3:03 53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K T-U-W

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

<u> </u>		i a - 1	
	Expense		:
0	Benefits	0	
56,750	Avg Hrs Compensation	56,750	
	Avg Hrs Per Week	4 00	
	Title		
	Foreign Country		
	Zin Code	NC 27101-3818	
	State	NC Z	
	Ą	INSTON SALEM	
	toes!	Wells Fargo Bank N.A. Trust Tax C. X. 1 W.4TH ST.4TH FLOOR MAC D400/WINSTON SALEM	
	Check "X"	×	
	Name	Wells Fargo Bank N A Trust Tax D	
	i		~

9/3/2013 3·03:53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date	Amount
1 Credit from prior year return .	1	2,415
2 First quarter estimated tax payment	2	
3 Second quarter estimated tax payment	3	
4 Third quarter estimated tax payment	4	
5 Fourth quarter estimated tax payment .	12/11/2012 5	28
6 Other payments	6	0
7 Total	, <u> </u>	2,443

9/3/2013 3·03.53 PM - 712709 - 1807 - WWS - KNOWLES, JOSEPHINE K. T-U-W

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		
1 Distributable amounts for 2011 that remained undistributed at the beginning of the 2012 tax year	1	137,691
2	2	
3	3	
4	4	
5	5	
6	6	
7	7 <u></u>	
8	8	
9	9	
10 Total	10	137,691

Form **8868**

(Rev January 2013)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension of provided in the form 8808. Electronic filling (e-file). You can electronically file Form 8808 if you need a 3-month automatic extension of time to file (in form 590-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8808. Black for equate an extension of time to file any of the forms issted in Part I or Part II with the exception of Form 8817. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form; visit www vs govelifies and click on e-file for Characts & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file in morme lax returns Type or print file's identifying number, see instructions Type or law feet of the form or suite no file 7 0 box, see instructions Type or print file's judge to the file's identifying number, see instructions (NOWLES, JOSEPHINE K, TJU/W) Name of exempt organization or other filer, see instructions which is print file's identifying number, see instructions or print file's byte discrete the file's identifying number, see instructions Type or print file's judge file form or suite no file 7 0 box, see instructions Type or print file's judge file file file's identifying number, see instructions Type or print file's judge file file file's judge file file's judge file's		e filing for an Automatic 3-Month Extensi					_	▶ _
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms issued in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, vist www are goverhile and click on e-file for Charties & Nonprofits. Part I only Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automate 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print Type or print Type or Name of exempt organization or other filer, see instructions Type and the composition of the filer or the filer, see instructions KNOWLES, JOSEPHINE K. TU/JW Number, street, and crown or suite no. If a P O box, see instructions KNOWLES, JOSEPHINE K. TU/JW Wells Fargo Bank N A Trust Tax Dept. 101N Independence Mall E.MACY1372-062 Return (and the composition of the filer) or the filer of the return that this application is for (file a separate application for each return). Quality of the return that this application is for (file a separate application for each return). Quality of the organization form of the organization form of the organization form of the organization form of the filer organization form of the organization form of the organization form of the organization form of the organization form of the organization form of the organization form of the organization form of the organization form of the organization form of th								
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time vou can electronically file Form 8868 to request an extension of time to file any of the forms issued in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certian Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs govietile and click on e-file for Charites & Nonprofits. Part I only Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print the file mome tax returns Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or see instructions Type organization filer organization or set in the filer organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization	Do not com	plete Part II unless you have already be	en granted	an automatic 3-month extension o	n a previous	ly file	d Form	8868.
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time vou can electronically file Form 8868 to request an extension of time to file any of the forms issued in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certian Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs govietile and click on e-file for Charites & Nonprofits. Part I only Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print the file mome tax returns Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or other filer, see instructions Type or Name of exempt organization or see instructions Type organization filer organization or set in the filer organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization filer (filer) organization	Electronic f	filing (e-file). You can electronically file Fo	orm 8868 r	f you need a 3-month automatic ex	tension of tin	ne to	file (6 m	onths for
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.rs.gov/efile and click on e-file for Chanties & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
Detail								
Acorporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print File by the Name of exempt organization or other filer, see instructions Type or print File by the Name of exempt organization or other filer, see instructions Type or print File by the Name of exempt organization or other filer, see instructions Type or print File by the Name of exempt organization or other filer, see instructions Type or print File by the Name of exempt organization or other filer, see instructions Type or print File by the Name of exempt organization or suite no file a PO box, see instructions Type or print File by the Name of exempt organization or suite no file a PO box, see instructions Publicated plant Organization File by the Name of exempt organization or suite no file a PO box, see instructions Publicated plant Organization File by the Name of exempt organization or suite no file a Separate application for each return) File by the Name of exempt organization in set for file a separate application for each return) File by the Name of exempt organization in set for file a separate application for each return) Form 990-EZ Organization Form 990-EZ Organization Form 990-EZ Organization Form 990-EZ Organization Form 990-EZ Organization Form 990-EZ Organization Form 990-EZ Organization Form 990-FO Organi	Return for T	ransfers Associated With Certain Persona	l Benefit C	ontracts, which must be sent to the	IRS in pape	r forn	nat (see	
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's Identifying number, see instructions	instructions)	. For more details on the electronic filing o	f this form,	visit www irs gov/efile and click o	n <i>e-file for</i> C	hantı	es & No	nprofits.
Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne tax returns Enter filer's identifying number, see instructions Fine by the due date for file by the due date for filer seems to file P.O. box, see instructions Wells Fargo Bank N.A. Trust Tax Dept - 101N Indepndence Mall E.MACY1372-062 City, town or post office, state, and ZIP code For a foreign address, see instructions PA 19106-2112 Enter the Return code for the return that this application is for (file a separate application for each return). Q4 Application Form 990 or Form 990-EZ Porm 190-EX Porm 990-T (corporation) Porm 990-PF Porm 990-PF Q4 Form 5227 Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm	Part I	Automatic 3-Month Extension of 1	ime. Onl	y submit original (no copies nee	ded).			
Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne tax returns Enter filer's identifying number, see instructions Fine by the due date for file by the due date for filer seems to file P.O. box, see instructions Wells Fargo Bank N.A. Trust Tax Dept - 101N Indepndence Mall E.MACY1372-062 City, town or post office, state, and ZIP code For a foreign address, see instructions PA 19106-2112 Enter the Return code for the return that this application is for (file a separate application for each return). Q4 Application Form 990 or Form 990-EZ Porm 190-EX Porm 990-T (corporation) Porm 990-PF Porm 990-PF Q4 Form 5227 Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm 990-PF Porm 990-T (corporation) Porm	A corporatio	n required to file Form 990-T and requesti	ng an auto	matic 6-month extension—check th	is box and o	ompl	ete	
Type or print Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print Name of exempt organization or other filer, see instructions Employer identification number (EIN) or 94-6101384 Number, street, and room or suite no if a P O box, see instructions Social security number (SSN) Social security number (SSN) Wells Fargo Bank N A Trust Tax Dept - 101N Independence Mall E MACY1372-062 Organization Philladelphia PA 19106-2112	Part I only							. ▶ 🗌
Speed Name of exempt organization or other filer, see instructions Embers in eleminication number (EIN) or print File by the Gue date for filing your return. See instructions 94-6101384 Social security number (SSN) Wells Fargo Bank N A Trust Tax Dept - 101N Independence Mall E MACY1372-062 City, town or post office, state, and ZIP code. For a foreign address, see instructions PA	All other cor	porations (including 1120-C filers), partnei	rships, REI	MICs, and trusts must use Form 70	04 to reques	t an e	xtensio	n of
Name of exempt organization or other filer, see instructions	tıme to file ır	ncome tax returns			•			
Print KNOWLES, JOSEPHINE K. T/U/W 94-6101384 Social security number (SSN) Wullst Fargo Bank N a Trust Tax Dept - 101N Independence Mall E MACY1372-062 City, town or post office, state, and ZIP code For a foreign address, see instructions PA		· · · · · · · · · · · · · · · · · · ·						
Number, street, and room or suite no If a P O box, see instructions Social security number (SSN)			e instruction	ns	Employer ide	ntıficatı	on numbe	r (EIN) or
due date for filling your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions Philadelphia. Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Return								
titus see instructions City, town or post office, state, and ZIP code For a foreign address, see instructions Philadelphia Application Return Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 099 Form 990-PF 04 Form 5227 10 Form 990-T (trust other than above) 05 Form 8870 11 The books are in the care of ▶ WELLS FARGO BANK N.A Telephone No. ▶ (888) 730-4933 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for a Group Return, enter the organization return for the organization named above The extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013 It the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 5 Latax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 5 Latax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 4,128 ETITES (Electronic Federal Tax Payment System). See instructi	-		· ·		Social secu	rity nu	mber (S	SN)
Enter the Return code for the return that this application is for (file a separate application for each return). Application Return Code Separate Return Separate		Wells Fargo Bank N A Trust Tax Dept - 1	01N Indep	ndence Mall E MACY1372-062			_	
Enter the Return code for the return that this application is for (file a separate application for each return). Application Return Code Is For Co			For a foreigi	n address, see instructions				
Application Is For Code Return Application Return S For Code S For S	instructions	Philadelphia			PA	19	106-211	12
S For Code Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07	Enter the Re	eturn code for the return that this application	on is for (file	e a separate application for each re	eturn)			04
S For Code Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07	Application	1	Return	Application				Return
Form 990-BL Form 4720 (Individual) Form 990-PF O4 Form 5227 D5 Form 6069 D5 Form 6069 D6 Form 8870 D6 Form 890-T (trust other than above) D7 Form 990-T (trust other than above) D8 Form 890-T (trust other than above) D8 Form 8870 D7 Service 401(a) or 408(a) trust) D8 Form 890-T (trust other than above) D9 Form 8870 D7 Service 401(a) or 408(a) trust) D8 Form 8870 D8 Form 8870 D9 Trust other than above) P6 Form 8870 D7 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) P9 Serv				• •				1
Form 990-BL Form 4720 (Individual) Form 990-PF O4 Form 5227 D5 Form 6069 D5 Form 6069 D6 Form 8870 D6 Form 890-T (trust other than above) D7 Form 990-T (trust other than above) D8 Form 890-T (trust other than above) D8 Form 8870 D7 Service 401(a) or 408(a) trust) D8 Form 890-T (trust other than above) D9 Form 8870 D7 Service 401(a) or 408(a) trust) D8 Form 8870 D8 Form 8870 D9 Trust other than above) P6 Form 8870 D7 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P7 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P8 Service 401(a) or 408(a) trust) Form 890-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) Form 990-T (trust other than above) P9 Service 401(a) or 408(a) trust) P9 Serv	Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)				07
Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of WELLS FARGO BANK N.A Telephone No.	Form 990-E	BL						†
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of WELLS FARGO BANK N.A Telephone No. (888) 730-4933 FAX No (888) 730-49	Form 4720	(ındividual)	03					09
The books are in the care of ► WELLS FARGO BANK N.A Telephone No. ► (888) 730-4933 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If the vector of the whole group, check this box If the whole group, check this box If this is for the whole group, check this box If the whole group, check this box If the whole group, check this box If the whole group, check this box If the whole group, check this box If the whole group, check this box If the same and EINs of all members the extension is for a corporation required to file Form 990-T) extension of time until 8/15/2013 If the organization's return for. If the organization's return for. If the organization's return for. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128	Form 990-F	PF	04	Form 5227				10
The books are in the care of	Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069				11
Telephone No. ►	Form 990-T	(trust other than above)	06	Form 8870				12
Telephone No. ►								
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013 to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 2012 or tax year beginning and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128 	The book	s are in the care of ► WELLS FARGO	BANK N.A					
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013 to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 2012 or tax year beginning and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128 	Talaskas	N N- (000) 700 4	000	FAVAL A				
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	•						•	
for the whole group, check this box .	_	<u>-</u>					16 4	. ▶ L
list with the names and EINs of all members the extension is for 1		·	_	, , , ,			_	
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until		-		eart of the group, check this box	• •		and	o aπacn a
until8/15/2013, to file the exempt organization return for the organization named above The extension is for the organization's return for. ▶ X calendar year 2012 or ▶ tax year beginning, and ending				required to file Form 990-T\ exten	sion of time			
If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ☐ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit ☐ Salance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ☐ 3c \$ 4,128						ove 1	The exte	neinn
▶ X calendar year 2012 or ▶ tax year beginning , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 13a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 13a \$ 4,128 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. 3b \$ 4,128 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128			CACITIPE OI	gamzadon return for the organization	iii iiaiiieu ab	OVE	THE EXIC	,1131011
tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c. \$ 4,128								
If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. This is private to the tentative tax, less any and set to the tentative tax, less		<u> </u>						
If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. This is private to the tentative tax, less any and set to the tentative tax, less	▶□	tax year beginning		, and ending				
Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 4,128	2 If the				Final	retur	n	•
nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 4,128			- ····-,					
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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128			90-T, 4720	, or 6069, enter the tentative tax, le	ss any			
estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b \$ 4,128						3a	\$	4,128
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128		• •		•				
EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 4,128						3b	\$	4,128
				-	y using	,	•	4 400
					orm 8879-F∩			

If you ar						age 2
	e filing for an Additional (Not Automat	ic) 3-Month E	xtension, complete only Par	t II and check th	is box	- 🛛
•	complete Part II if you have already bee	•				
-	e filing for an Automatic 3-Month Exte	-		•		
Part II	· =: · ·			inal (no copies	needed).	
					number, see instruc	tions
ype or	Name of exempt organization	_			cation number (EIN) or	
rint	KNOWLES, JOSEPHINE K. T/U/W			94-6101384		
	Number, street, and room or suite no. If a l	P.O. box. see in	structions.	-	number (SSN)	
by the	Wells Fargo Bank N.A. Trust Tax Dept	-		1 -		
e date for ng your	City, town or post office, state, and ZIP coo			<u> </u>		
um. See	Philadelphia		,	PA	19106-	2113
structions	Filliadelpilla				19100-	2112
nter the R	teturn code for the return that this applic	ation is for (file	e a separate application for ea	ch return)		04
		Detrem	Application		l Bed	
Applicatio	on	Return	Application			um
For		Code	is For	Brank in mineral control		de
	or Form 990-EZ	01				_
orm 990-		02	Form 1041-A			8
orm 4720) (individual)	03	Form 4720	<u>.</u>		9
orm 990-	PF	04	Form 5227		1	0
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		1	1
orm 990-	T (trust other than above)	06	Form 8870		1	2
10.00	ne No. ► (888) 730-49	255	FAX No. ▶			
If this is at the who st with the state of t	ganization does not have an office or plate for a Group Return, enter the organization of group, check this box	ace of busines ion's four digit If it is for patension is for. time until r beginning in 12 months,	is in the United States, check to Group Exemption Number (Group Exemption Numb	his box	. If this is . ▶ and attace	
if this is or the who st with the 4 I request for 5 For 5 State IS FI	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit If it is for partension is for. tension is for. time until r beginning in 12 months,	is in the United States, check to Group Exemption Number (Group Exemption Numb	his box	If this is If this is and attace If return CCURATE RETURE	N
if this is in the who st with the state of t	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit If it is for particle in tension is for. time until r beginning in 12 months, DDITIONAL 1	is in the United States, check to Group Exemption Number (Group Exemption Numb	his box	If this is If this is and attace If return CCURATE RETURE	N
If this is or the who st with the 4 I request of 5 For 5 State IS FI STATE OF STATE	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit lension is for tension is for time until r beginning in 12 months, DDITIONAL 1	s in the United States, check to Group Exemption Number (Group Exemption Numbe	his box	If this is If this is and attace If return CCURATE RETURE	N
If this is or the who st with the 4 1 reques 5 For 5 6 If the 1 S FI 1 S	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit lension is for tension is for time until r beginning in 12 months, DDITIONAL 1	s in the United States, check to Group Exemption Number (Group Exemption Numbe	his box	. If this is and attact and attact and attact and attact and attact at a second	N
if this is or the who st with the 4 I reques 5 For 5 6 If the 1 S FI 1 S	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit lension is for tension is for time until r beginning in 12 months, DDITIONAL 1	s in the United States, check to Group Exemption Number (Group Exemption Numbe	his box	. If this is and attact and attact and attact attact and attact at a second at a second attact attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact att	N
if this is or the who st with the 4 I request of 5 For 5 6 If the IS FI 8a If this nonrous if this estimamor c Bala	ganization does not have an office or platfor a Group Return, enter the organization of a Group, check this box	ace of busines ion's four digit lension is for tension is for time until reginning in 12 months, DDITIONAL 1 7, 990-T, 4720 4720, or 6069 orior year over linclude your p	s in the United States, check to Group Exemption Number (Group Exemption Numbe	his box	. If this is and attact and attact and attact attact and attact at a second se	1,25 6,57
if this is or the who st with the 4 I request of 5 For 5 Go of 5 If the 1 State 1 S FI S FI S FI S FI S FI S FI S FI S	ganization does not have an office or platfor a Group Return, enter the organization of a Group Return, enter the organization of a Group, check this box. In ammes and EINs of all members the expenses and EINs of all members the expenses and additional 3-month extension of calendar year2012, or other tax year entered in line 5 is for less that change in accounting period and in detail why you need the extension A LED Sapplication is for Form 990-BL, 990-PF efundable credits. See instructions. Sapplication is for Form 990-PF, 990-T, nated tax payments made. Include any punt paid previously with Form 8868. Ince due. Subtract line 8b from line 8a. Ince due. Subtract line 8b from line 8a. Ince due. Symmetric Federal Tax Payment Symmetric Programment Symme	ace of busines ion's four digit literature in tension is for tension is for tension is for tension is for itime until responsible in 12 months, DDITIONAL 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s in the United States, check to Group Exemption Number (Group Exemption Number (Grart of the group, check this bound of the group, check this bound of the group, check this bound of the group, check this bound of the group of	inis box. EN) and ending eturn Fina Fin	. If this is and attact and attact and attact attact and attact at a second at a second attact attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact at a second attact att	1,25 6,57
st with the who st with the who st with the who st with the state of the who st with the state of the who st with the state of the who state o	ganization does not have an office or platfor a Group Return, enter the organization of a Group Return, enter the organization of a Group, check this box. In ammes and EINs of all members the expenses and EINs of all members the expenses and additional 3-month extension of calendar year2012, or other tax year entered in line 5 is for less that change in accounting period and in detail why you need the extension A LED Sapplication is for Form 990-BL, 990-PF efundable credits. See instructions. Sapplication is for Form 990-PF, 990-T, nated tax payments made. Include any punt paid previously with Form 8868. Ince due. Subtract line 8b from line 8a. Ince due. Subtract line 8b from line 8a. Ince due. Symmetric Federal Tax Payment Symmetric Programment Symme	ace of busines ion's four digit lension is for tension is for. It ime until r beginning in 12 months, DDITIONAL 1 and the properties of this form, include your patern). See inside that I am autiliar to the properties of the prop	s in the United States, check to Group Exemption Number (Group Exemption Numbe	and ending eturn Final F	If this is and attact and attact and attact attact and attact at a second secon	1,25