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Return of Private Foundation

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

Treated as a Private Foundation

OMB No 1545-0052

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Department of the Treasury Internal Revenue Service Open to Public Inspection Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 07/01 , 2012, and ending 06/30. **20** 13 For calendar year 2012 or tax year beginning Name of foundation A Employer identification number KNELLER FAMILY FOUNDATION 26-3854939 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite (970) 547-7137 PO BOX 9792 City or town, state, and ZIP code C If exemption application is pending, check here BRECKENRIDGE, CO 80424 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation | X | Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method | X Cash | Fair market value of all assets at end If the foundation is in a 60-month termination of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here 1,968,944. (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per ıncome income purposes may not necessarily equal the amounts in books column (a) (see instructions)) (cash basis only) 90,000 Contributions, gifts, grants, etc., received (attach schedule), if the foundation is **not** required to 2 attach Sch B 37 37 37 ATCH 1 3 Interest on savings and temporary cash investments 32,832 32,832. 32,832. ATCH 2 Dividends and interest from securities **5a** Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 400,000 Reven assets on line 6a Capital gain net income (from Part IV, line 2). Net short-term capital gain Income modifications . Gross sales less returns and allowances · · · 110 a b Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 122,869 32,869 32,869 Total, Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 15 16 a Legal fees (attach schedule) 찣 761. 761. **b** Accounting fees (attach schedule)ATCH 3 **Administrative** c Other professional fees (attach schedule). . . 17 272 272. Taxes (attach schedule) (see instructions) ATCH . 4 . 18 Depreciation (attach schedule) and depletion. 19 20 21 Travel, conferences, and meetings 22 13. 13. Other expenses (attach schedule) ATCH . ${\bf 5}$. 23 24 Total operating and administrative expenses. 1,046 1,046 Add lines 13 through 23 96,000. 96,000. 25 Contributions, gifts, grants paid 97,046. 1,046. 96,000. Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 25,823 a Excess of revenue over expenses and disbursements 32,869. **b** Net investment income (if negative, enter -0-)

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c Adjusted net income (if negative, enter -0-).

31,823.

D-411)		Attached schedules and amounts in the	Beginning of year	E	End of year			
12	art l	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1,	Cash - non-interest-bearing		<u> </u>				
	2	Savings and temporary cash investments	379,287.	305,1	10. 305,110			
	3	Accounts receivable ▶						
		Less allowance for doubtful accounts ▶						
	4	Pledges receivable						
		Less allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less allowance for doubtful accounts ▶						
ţ	8	Inventories for sale or use						
ssets	9	Prepaid expenses and deferred charges						
Ą	10 a	Investments - U S and state government obligations (attach schedule)		·				
		Investments - corporate stock (attach schedule)						
		Investments - corporate bonds (attach schedule)						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	(attach schedule) ————————————————————————————————————		· · · · · · · · · · · · · · · · · · ·				
	13	Investments - other (attach schedule) ATCH 6	1,550,000.	1,650,00	00. 1,663,834			
	14	Land, buildings, and						
		equipment basis 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)	1,929,287.	1,955,1	10. 1,968,944			
_	17	Accounts payable and accrued expenses						
	18	Grants payable		<u> </u>				
Ś	19	Deferred revenue						
ies	20	Loans from officers, directors, trustees, and other disqualified persons						
abil	21	Mortgages and other notes payable (attach schedule)						
Ξ	22	Other liabilities (describe)						
		, ,						
	23	Total liabilities (add lines 17 through 22)	0		0			
		Foundations that follow SFAS 117, check here						
S		and complete lines 24 through 26 and lines 30 and 31.						
nce	24	Unrestricted						
aja B	25	Temporarily restricted						
B	26	Permanently restricted						
ğ		Foundations that do not follow SFAS 117,						
7		check here and complete lines 27 through 31. ▶ X						
Assets or Fund Balances	27	Capital stock, trust principal, or current funds						
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund						
As	29	Retained earnings, accumulated income, endowment, or other funds	1,929,287.	1,955,1				
Net	30	Total net assets or fund balances (see instructions)	1,929,287.	1,955,1	10.			
Z	31	Total liabilities and net assets/fund balances (see						
		instructions)	1,929,287.	1,955,1	10.			
		Analysis of Changes in Net Assets or Fund		-				
1	Tota	il net assets or fund balances at beginning of year - Part	II, column (a), line 30 (must agree with				
		of-year figure reported on prior year's return)			1 1,929,287			
2	Ente	er amount from Part I, line 27a			2 25,823			
3	Othe	er increases not included in line 2 (itemize) ▶			3			
		lines 1, 2, and 3			4 1,955,110			
		reases not included in line 2 (itemize) ▶			5			
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b), line 30	6 1,955,110			

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(c) Date

(b) How

Capital Gains and Losses for Tax on Investment Income

Part IV

Pag	е	3

(a) List and 2-story br	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a</u>					
b					
С					
d					
e					
Complete only for assets s	showing gain in column (h) and owne	d by the foundation on 12/31/69	(0)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
a					
b					
С					
d					
e					
If gain, also enter in Part	or (loss) as defined in sections 12	ructions) If (loss), enter -0- in $\}$	3		
		duced Tax on Net Investment I	ncome		
		outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1 Enter the appropriate amo	ount in each column for each year	, see the instructions before making	any entr	ies	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
2011	78,680.	1,957,804.			0.040188
2010	89,634.	1,964,836.		<u> </u>	0.045619
2009	110,000.	1,957,450.			0.056196
2008	15,000.	1,952,361.			0.007683
2007					
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,			
2 Total of line 1, column (d)			2		0.149686
3 Average distribution ratio t	for the 5-year base period - divide	e the total on line 2 by 5, or by the sthan 5 years	3		0.037422
•	charitable-use assets for 2012 fro		4	1.	965,666.
5 Multiply line 4 by line 3			5		73,559.
•					329.
			7	-	73,888.
8 Enter qualifying distribution If line 8 is equal to or gre		n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	96,000. x rate See the
Part VI instructions					

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	ctions	<u>s) </u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			329.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			329.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		;	329.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 320.			
ь	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			320.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			1
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			l
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			١.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			l "
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_^
	If "Yes," attach the statement required by General Instruction T			
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	_	х	
_	with the state law remain in the governing instrument?	6 -	X	
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_		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) CO,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
_	of each state as required by General Instruction G? If "No," attach explanation	8 b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," 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

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orm	990-PF (20	KNELLER FAMILY FOUNDATION	26-3854	939	F	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		X
12		foundation make a distribution to a donor advised fund over which the foundation or a				
	person ha	ad advisory privileges? If "Yes," attach statement (see instructions)		12		X
13		foundation comply with the public inspection requirements for its annual returns and exemption applica-	ation?	13	Х	
	Website	address \blacktriangleright N/A				
14	The book	ks are in care of MARY LYNNE KNELLER Telephone no Lat PO BOX 9792 BRECKENRIDGE, CO ZIP+4	970-547	-713	7	
	Located	at ▶PO BOX 9792 BRECKENRIDGE, CO ZIP+4 ▶	80424	-	- - -	
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶	Ш
		er the amount of tax-exempt interest received or accrued during the year				
16		time during calendar year 2012, did the foundation have an interest in or a signature or other	ı		Yes	
		ank, securities, or other financial account in a foreign country?		16		<u> x</u>
		instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the	name of			
D		gn country >				
Par		Statements Regarding Activities for Which Form 4720 May Be Required			V I	NI.
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.	}	_	Yes	No
٦а		he year did the foundation (either directly or indirectly)	X No		1	
		age in the sale or exchange, or leasing of property with a disqualified person? Yes ow money from, lend money to, or otherwise extend credit to (or accept it from) a	NO			
		ualified person?	X No			
	-	hish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No			
	• •	compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			
		sfer any income or assets to a disqualified person (or make any of either available for				
		penefit or use of a disqualified person)?Yes	X No			
		te to pay money or property to a government official? (Exception. Check "No" if the				
		dation agreed to make a grant to or to employ the official for a period after				
		ination of government service, if terminating within 90 days)	X No	l		
b	If any a	nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Re	gulations			
	section 5	53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	· <u></u> · · · ·	1b		
		ations relying on a current notice regarding disaster assistance check here				
С	Did the	foundation engage in a prior year in any of the acts described in 1a, other than excepted a	icts, that			17
		corrected before the first day of the tax year beginning in 2012?		1c		X
2		n failure to distribute income (section 4942) (does not apply for years the foundation was	a private			
	•	g foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the e	end of tax year 2012, did the foundation have any undistributed income (lines 6d and	∇			
	be, Part	XIII) for tax year(s) beginning before 2012? Yes	iii No			
L		list the years ▶,,,,, list the years listed in 2a for which the foundation is not applying the provisions of section 4	942(a)(2)			
O		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942				
		listed, answer "No" and attach statement - see instructions)		2b		
c	•	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
·	_					
3 a		foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any tir	me during the year?	X No			
b		did it have excess business holdings in 2012 as a result of (1) any purchase by the found	dation or			
	disqualif	ried persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	by the			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the				
	the 10-	, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	e if the			
		on had excess business holdings in 2012)		3b		
		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a_		X
b		foundation make any investment in a prior year (but after December 31, 1969) that could jeopa		1		.,
	_charitabl	le purpose that had not been removed from jeopardy before the first day of the tax year beginning	ın 2012?	4b		<u> </u>

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Par	t VII-B Statements Regarding Activities for	or Which Form 4	<u>720 May Be Requ</u>	i red (continued)					
5a	During the year did the foundation pay or incur any amou	ınt to							
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	Yes X No	o				
	(2) Influence the outcome of any specific public ele	ction (see section 4	4955), or to carry or	n,					
	directly or indirectly, any voter registration drive? Yes X No								
	(3) Provide a grant to an individual for travel, study, or of			1	1 1				
	(4) Provide a grant to an organization other than a	• •		· — —					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (,				
	(5) Provide for any purpose other than religious, ch								
	purposes, or for the prevention of cruelty to children	•	•						
h	If any answer is "Yes" to 5a(1)-(5), did any of the				- 1				
	Regulations section 53 4945 or in a current notice regard								
	Organizations relying on a current notice regarding disas				<u></u>	_			
c	If the answer is "Yes" to question 5a(4), does the								
·	because it maintained expenditure responsibility for the g		•		,				
	If "Yes," attach the statement required by Regulations sec				,				
62	Did the foundation, during the year, receive any fund		ectly to pay premium	۹					
vu	on a personal benefit contract?	•			,				
h	Did the foundation, during the year, pay premiums, dire				6b	х			
	If "Yes" to 6b. file Form 8870	only or man oonly, on a	portorial borioni contra	~					
7 a	At any time during the tax year, was the foundation a pa	irty to a prohibited tax	shelter transaction?	Yes X N	o				
	If "Yes," did the foundation receive any proceeds or hav			• — —	1				
Par	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,				
1	and Contractors List all officers, directors, trustees, foundation i	nanagers and thei	r compensation (see	instructions)					
•		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account.			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owances			
			_			_			
ATC	Н 8	<u></u>	0	0		0			
		· · · · · · · · · · · · · · · · · · ·							
	Compensation of five highest-paid employees	(other than the	e included on line	1 - see instructi	ions) If no	ne enter			
-	"NONE."	(other than thos	oc moradea on mi	. I See monder	0110). 11 110				
	Name and address of each analysis and each the CCO	(b) Title, and average	(-) ((d) Contributions to employee benefit	(e) Expens	e account.			
(a	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	`óther alle	owances			
NON	E			oomponedation.					
	- -		0	d		0			
			-						
Γota	I number of other employees paid over \$50,000 .								
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KNELLER FAMILY FOUNDATION 26-3854939 Form 990-PF (2012) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE

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3 NONE

Total. Add lines 1 through 3.

All other program-related investments. See instructions

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Pa	Minimum Investment Return (All domestic foundations must complete this part Foreign see instructions)	gn foundat 	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,624,004.
b	Average of monthly cash balances	1b	371,596.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	1,995,600.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	,	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,995,600.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	29,934.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,965,666.
6	Minimum investment return. Enter 5% of line 5	6	98,283.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this process.	oart)	
1	Minimum investment return from Part X, line 6	1	98,283.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 329.		
b	Income tax for 2012 (This does not include the tax from Part VI)	1	
	Add lines 2a and 2b	2c	329.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	97,954.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	97,954.
6		6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	97,954.
Pa	rt 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	96,000.
b	Program-related investments - total from Part IX-B	1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	96,000.
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	329.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,671.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wi	nether the foundation

Form **990-PF** (2012)

KNELLER FAMILY FOUNDATION

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) Years prior to 2011 2011 2012 Corpus Distributable amount for 2012 from Part XI, 97,954. Undistributed income, if any, as of the end of 2012 96,582. Enter amount for 2011 only . . . Total for prior years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 3 From 2007 From 2008 b c From 2009 From 2010 From 2011 Total of lines 3a through e Qualifying distributions for 2012 from Part XII, 96,000. line 4 ▶ \$ 96,000. a Applied to 2011, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2012 distributable amount e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2011 Subtract line 582 f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be 97,954. distributed in 2013 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. 0 Subtract lines 7 and 8 from line 6a Analysis of line 9 10 Excess from 2008 . . . b Excess from 2009 . . . Excess from 2010 . . . d Excess from 2011 . . . Excess from 2012 . . .

Form 990-PF (2012)

Pa	rt XIV Private Oper	rating Foundations (see instructions an	<u>d Part VII-A, questio</u>	<u>n 9)</u>	NOT APPLICABLE
	If the foundation has					.
	foundation, and the ruling					
b	Check box to indicate wh					(j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	I or the minimum investment		<u> </u>			
	return from Part X for each year listed					
						
D	85% of line 2a					
С	Qualifying distributions from Part					
d	XII, line 4 for each year listed . Amounts included in line 2c not				-	
_	used directly for active conduct					
_	of exempt activities			 		
•	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the			<u> </u>		
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i)				 	
-	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed				 	
С	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4) Gross investment income					
Pa		ary Information (C	omplete this part	only if the found	lation had \$5,000	or more in assets
	at any time	during the year - se	e instructions.)	•	•	
1	Information Regardin					
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the total	al contributions recei	ved by the foundation
	before the close of any	y tax year (but only if th	ney have contributed	more than \$5,000) (S	see section 507(d)(2))
	ATTACHME	INT 9				
b	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) o	f which the foundatio	n has a 10% or greate	r interest	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
						and does not accept
				ants, etc (see instruc	tions) to individuals of	or organizations under
	other conditions, comp				b d d b d d	
а	The name, address, a	and telephone number	or e-mail of the person	on to whom application	is should be addressed	
1.	The form in which app	hadrons should be su	hmitted and informati	on and materials that	should include	
D	The form in which app	olications should be su	binitted and informati	on and materials they	Should include	
	Any submission deadl	ines				
-	,					
d	Any restrictions or li	imitations on awards	, such as by geogr	aphical areas, charita	able fields, kinds of	institutions, or other

PAGE 11

Page **11**

Part XV Supplementary Information (c	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	100.0.11		
a raid daming the year				
7mCH 10				
ATCH 10				
				1
				1
				!
				1
				<u> </u>
				!
				1
				<u> </u>
Total			▶ 3a	96,000.
b Approved for future payment				-
a ripprovod for fataro paymont				
				1
		L		
Total			▶ 3b	

Form 990-PF (2012)

Page **12**

Part XVI	-A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
				 		(OCC MON CONOTIC)
		_	. = .			
		-		1		
· -				1		 -
	and contracts from government agencies			 		
	ship dues and assessments	···		 		
	on savings and temporary cash investments		· · · - · · - · · - · · - · · - · · · - ·	14	37.	
	ds and interest from securities			14	32,832.	
	al income or (loss) from real estate				, , , , ,	
	-financed property					
	debt-financed property			1		
	il income or (loss) from personal property					
	vestment income					
	loss) from sales of assets other than inventory		<u></u>			
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory.	ı				
•	venue a					
						
е						
	Add columns (b), (d), and (e)			<u> </u>	32,869.	
	dd line 12, columns (b), (d), and (e)				13	32,869.
	heet in line 13 instructions to verify calci					· · · · · · · · · · · · · · · · · · ·
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activit accomplishment of the foundation	-				· · · · · · · · · · · · · · · · · · ·
						····
			- ·			

		-				 .
						·
						
	 				 	
	<u> </u>					

Par	t XVII	Information R Exempt Organ		ansfers To and Tr	ransacti	ons an	d Relations	hips With Non	chari	table	-
1	ın se	he organization direct	e organization directly or indirectly engage in any of the following with any other organization described tion 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political zations?								No
а				o a noncharitable exer							
									1a(1)		X
									1a(2)		Х
D		r transactions	ncharitable eve	empt organization					1b(1)		Х
				able exempt organization					1b(2)		X
				r assets					1b(3)		Х
	(4) R	eimbursement arrang	ements						1b(4)		Х
	(5) L	oans or loan guarantee	es						1b(5)		X
				hip or fundraising solic					1b(6)		X
		-	-	sts, other assets, or pa					_1c	<u> </u>	X
d	value	of the goods, other	assets, or serv	es," complete the foll vices given by the rep	orting for	undation	If the founda	ation received less	than	fair m	narke
-(2)	value ine no	(b) Amount involved		noncharitable exempt organi				ers, transactions, and share			
(a) L	ine no	N/A	(c) Name of	nonchantable exempt organi	ization	N/A	cription of transic	is, transactions, and small	ing and	ingenie	
					·				•		
										-	
		<u> </u>	 								
											
-				_							
											
	desc	ribed in section 501(c) es," complete the follo) of the Code (o	ffiliated with, or relate other than section 501	(c)(3)) or		n 527?	l		es X	No
		(a) Name of organizatio	<u>n</u>	(b) Type of org	аліхатіой		(0) Description of relations	ыпр		
٠.	0.000	der penalties of perjury, I decli rect, and complete Deglaration of	are that I have exam of preparer (other than	nined this return, including acc taxpayer) is based on all informa	ompanying so	hedules and preparer has a	statements and to any knowledge	the best of my knowledg	e and l	oelief, it	is true
Sig Hei	re 📜	ignature of officer or trustee		10)15/3	06/3	Title	easur 6C	May the IRS with the pr (see instruction	eparer	shown	
Paid	d	Print/Type preparer's		Preparer's signature	a. m	at '	Date 9/4/13	CHECKII	PTIN	E 201	
	parei	PATRICIA A MA		N & BROWN, P.C.		arcu		self-employed Firm's EIN ▶ 84-1			,0
	Only	Firm shame		RY STREET #716				FIMISEIN DOZ-I	- 30	14	
	- • • • • •		ENVER. CO	KI DIKEBI WITO		80:	246-2665	Phone no 303-6	91-9	606	

Form 990-PF (2012)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number Name of the organization KNELLER FAMILY FOUNDATION 26-3854939 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ______ ▶ \$______ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

JSA

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

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

Employer identification number 26-3854939

Part I	art I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	STEPHEN R & MARY LYNNE KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	\$ 90,000. 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1 1		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			

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

Name of organization KNELLER FAMILY FOUNDATION

Employer identification number 26-3854939

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

Name of organization KNELLER FAMILY FOUNDATION

Employer identification number

•	•			26-3854939
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the ye	individual contributionar. Complete column	ons to section 501 s (a) through (e) a	(c)(7), (8), or (10) organizations and the following line entry
	For organizations completing Part III, er contributions of \$1,000 or less for the	nter the total of <i>exclusi</i> year (Enter this inforr	<i>vely</i> religious, cha mation once See	aritable, etc , ınstructions) ▶\$
	Use duplicate copies of Part III if additio	nal space is needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, and	d ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, and	d ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
		(e) Transfer (of gift	
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee

(c) Use of gift

(e) Transfer of gift

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

1861-01

ATTACHMENT 1

ASH INVESTMENTS	
CASH	
IEMPORARY	
NO	
INTEREST	
ı	
PART I	
990PF,	
FORM 9	

ADJUSTED NET INCOME	37.	37.
NET INVESTMENT INCOME	37.	37.
REVENUE AND EXPENSES PER BOOKS	37.	37.
		TOTAL
	TS CORPORATION	
DESCRIPTION	RBC CAPITAL MARKETS CORPORATION	

ATTACHMENT 1 PAGE 19

ATTACHMENT 2

- DIVIDENDS AND INTEREST FROM SECURITIES

FORM 990PF, PART I

32,832.

32,832.

32,832.

32,832.

ADJUSTED NET INCOME

INVESTMENT NET

ATTACHMENT 2 PAGE 20

REVENUE AND EXPENSES PER BOOKS	32,832.	32,832.					
		TOTAL					
	CORPORATION						
	MARKETS						
DESCRIPTION	RBC CAPITAL MARKETS CORPORATION						

ATTACHMENT 3 PAGE 21

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FEES	
ACCOUNTING	
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PART	
990PF,	
FORM	

CHARITABLE		
ADJUSTED NET INCOME	761.	761.
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	761.	761.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT

- TAXES FORM 990PF, PART I REVENUE AND EXPENSES PER BOOKS

ADJUSTED NET INCOME

272.

FEDERAL EXCISE TAX

DESCRIPTION

272.

TOTALS

ATTACHMENT 4 PAGE 22

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1861-01

KNELLER FAMILY FOUNDATION

12:32:16 PM V 12-6.5T 9/4/2013

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

ADJUSTED NET INCOME

DESCRIPTION POSTAGE

TOTALS

1861-01

ATTACHMENT 5 PAGE 23

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	ENDING
	ENDING BOOK VALUE
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION

01,18	01,53	01,58	102,559	00,05	55,04	02,80	00,12	05,17	99,87	8,20	45,69
00,00	00,00	00,00	100,000.	00,00	50,00	00,00	00,00	00,00	00,00	50,00	50,00

1,663,834.

1,650,000.

ATTACHMENT 6 PAGE 24

ATTACHMENT 7

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

COLORADO DOES NOT REQUIRE FILING WITH THE STATE IF THE FOUNDATION DOES NOT RECEIVE CONTRIBUTIONS FROM MORE THAN 10 PERSONS DURING A FISCAL YEAR AND DOES NOT CONTRACT WITH PAID SOLICITORS.

ATTACHMENT 8	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0 0	0 0	0 0
	COMPENSATION	5	S	
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRPERSON AND PRESIDENT	SECRETARY/TREASURER	GRAND TOTALS
FORM 990PE, PART VIII - LIST	NAME AND ADDRESS	STEPHEN R KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	MARY LYNNE KNELLER PO BOX 9792 BRECKENRIDGE, CO 80424	

ATTACHMENT 9

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

STEPHEN R KNELLER MARY LYNNE KNELLER

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

26-3854939

1861-01

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION
SECOND WIND FUND OF METRO DENVER 13701 W JEWELL AVENUE, SUITE 251 LAKEWOOD, CO 80228	NONE 501(C)(3)	COUNSELING SERVICES TO UNINSURED/UNDERINSUR: YOUTH AT-RISK FOR SUICIDE
BRECKENRIDGE OUTDOOR EDUCATION CENTER PO BOX 697 BRECKENRIDGE, CO 80424	NONE 501(C)(3)	ADAPTIVE SKI PROGRAM
ST. THOMAS' EPISCOPAL CHURCH PO BOX 735 DUBDIS, WY 82513	NONE 501(D)	COMMUNITY FOOD BANK
SUMMIT COUNTY LIBRARY FOUNDATION PO BOX 770 FRISCO, CO 80443	NONE 501(C)(3)	CAPITAL IMPROVEMENTS
SUMMIT PUBLIC RADIO PO BOX 6392 BRECKENRIDGE, CO 80424	NONE 501(C)(3)	BROADCAST PROGRAM SUPPORT

1,000.

10,000.

5,000.

SUPPORT OF HUMANE SOCIETY PROGRAMS

NONE 501(C)(3)

WESTERN FREMONT COUNTY HUMANE SOCIETY

DUBOIS, WY 82513 PO BOX 1198

1,000.

ATTACHMENT 10

10,000.

10,000.

ATTACHMENT 10 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE COLORADO TRAIL FOUNDATION 710 10TH STREET #210 GOLDEN, CO 80401	NONE 501(C)(3)	COVER COSTS OF MAINTAINING TRAIL	5,000.
COLORADO STATE UNIVERSITY FOUNDATION 510 UNIVERSITY SERVICES CENTER 601 SOUTH HOWES STREET FORT COLLINS, CO 80523	NONE 501 (C) (3)	FUNDING OF ANIMAL CANCER CENTER	15,000.
EDINBORO UNIVERSITY FOUNDATION 210 MEADVILLE STREET EDINBORO, PA 16444	NONE 501 (C) (3)	FUNDING OF SCHOLARSHIPS/PROGRAMS FOR THE GEOSCIENCES DEPARTMENT	10,000.
FAMILY TREE, INC. 3805 MARSHALL STREET #100 WHEAT RIDGE, CO 80033	NONE 501(C)(3)	PROVISION OF FAMILY SAFETY	1,000.
SUMMIT COMMUNITY CARE CLINIC 360 PEAK ONE DRIVE, SUITE 100 PO BOX 4337 FRISCO, CO 80443	NONE 501 (C) (3)	PROVISION OF HEALTH CARE TO LIMITED INCOME, UNINSURED PEOPLE OF SUMMIT COUNTY	1,000.
SUMMIT COUNTY RESCUE GROUP PO BOX 1794 BRECKENRIDGE, CO 80424	NONE 501(C)(3)	TO FUND GENERAL PROGRAMS	1,000.

12:32:16 PM

V 12-6.5T

KNELLER FAMILY FOUNDATION

1861-01

26-3854939

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SUMMIT THERAPY ANIMALS

PO BOX 1124

BRECKENRIDGE, CO 80424

501(C)(3)

501(C)(3)

NONE

SAINT MARY'S HOME OF ERIE

4855 WEST RIDGE ROAD ERIE, PA 16506-1213

FOR THE READING EDUCATION ASSISTANCE DOGS (READ) PROGRAM PURPOSE OF GRANT OR CONTRIBUTION NONE

TO SUPPORT THE MISSION OF SAINT MARY'S HOME OF ERIE

25,000.

1,000.

AMOUNT

ATTACHMENT 10 (CONT'D)

TOTAL CONTRIBUTIONS PAID

96,000.

PAGE 30 ATTACHMENT 10

12:32:16 PM

SCHEDULE D (Form 1041).

Department of the Treasury

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

Information about Schedule D (Form 1041) and its separate instructions is at

OMB No 1545-0092

2012

www.irs.gov/form1041. Internal Revenue Service Name of estate or trust Employer identification number 26-3854939 KNELLER FAMILY FOUNDATION Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (b) Date acquired (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo , day, yr) (see instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (f) Gain or (loss) for (b) Date acquired (e) Cost or other basis (c) Date sold (a) Description of property (Example 100 shares 7% preferred of "Z" Co) the entire year Subtract (e) from (d) (d) Sales price (mo, day, yr) (mo, day, yr) (see instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

Sche	dule D (Form 1041) 2012	_		Page 2
Pai	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(0) T-4-1
	Caution: Read the instructions before completing this part	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss)13			
14	Net long-term gain or (loss):			
а	Total for year			
	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b	1 1		
	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo	orm 990-T, Part I, line 4	la) If lines 14a an	d 15, column (2), are net
gains	s, go to Part V, and do not complete Part IV. If line 15, column (3), is a net los	s, complete Part IV and	d the Capital Loss	Carryover Worksheet, as
$\overline{}$	rt IV Capital Loss Limitation	-		
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I,	ling 40 if a trivat) the am	nalles of	
16 a	The loss on line 15 column (3) or b. \$3,000	line 4c, ii a trust), trie Sn	16	(
Note	The loss on line 15, column (3) or b \$3,000 c: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page Carryover Worksheet in the instructions to figure your capital loss carryover	1, line 22 (or Form 990)-T, line 34), is a	loss, complete the Capital
Loss			<u>, </u>	
	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column		mount is entered	In Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more tha			
	tion: Skip this part and complete the Schedule D Tax Worksheet in the instru ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or	ctions if		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are ga	ains or qualified divid	lands are includ	led in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and o			
	her line 14b, col (2) or line 14c, col (2) is more than zero			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)	• • • • • • • • • • • • • • • • • • • •		
10	• • • • • • • • • • • • • • • • • • • •			
40	but not less than zero			
19	·			
	from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 19			
20	· · ·	 		
20	Add lines 18 and 19			
21	amount from line 4g, otherwise, enter -0 > 21			
22		22		
22		23		
23	Subtract line 22 from line 17 If zero or less, enter -0	23		
24	Enter the amplies of the amount on line 17 or \$2,400	24		
24	Enter the smaller of the amount on line 17 or \$2,400	24		
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			
	No. Enter the amount from line 23	25		
26				
	Subtract line 25 from line 24	20		
27		27		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	21		
20	Enter the amount from line 26 (If line 26 is blank, enter -0-)	20		
28	Enter the amount from line 20 (if line 20 is blank, enter -0-)	28		
20	Cubbrat has 20 from his 27			
29	Subtract line 28 from line 27			
30	Multiply line 29 by 15% (15)		30	
31				
	(see the Schedule Ginstructions in the instructions for Form 1041)		31	
	Add			
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2012 Tax Rate Sch	nedule for Estates an		
		33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here	· · · · · · · · · · · · · · · · · · ·	1	
	G, line 1a (or Form 990-T, line 36)	<u></u>		
			Sche	dule D (Form 1041) 2012

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Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side KNETLIER FAMILY FOUNDATION

Employer identification number 26–3854939

Part II Long-Term Capital Gains an	d Losses - Asset	ts Held More Tha	ın One Year	20 303433	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a DISCOVER BANK GREENWOOD DEL C/D	04/30/2009	11/06/2012	100,000.	100,000.	
GE MONEY BANK, SLC, UT C/D	12/21/2009	12/31/2012	200,000.	200,000.	
ALLY BANK, MIDVALE, UT C/D	04/28/2010	05/07/2013	100,000.	100,000.	
					
					·
				-	
		<u> </u>			
6b Total. Combine the amounts in column	(f) Enter here and	l on Schedule D, lin	e6b	1	